

Official

Aboriginal Tutorial Assistance Scheme (ATAS)



Aboriginal
Access Centre



Attn: Sandra Hanson
AAC/TAFESA
Regency Campus
Days Road
Regency Park SA 5010
P: 08 8348 2480

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STUDENT APPLICATION

1. Student Details

Student ID No.: Course Name: Year (ie. 1st, 2nd)

2. Personal Details:

First Name: Surname:

Male: ☐ Female: ☐ Origin: Australian Aboriginal ☐ Torres Strait Islander ☐

3. Contact Details:

Home Phone: Mobile:

Work Phone: Email:

Postal Address:

4. Tuition Details: *Note: You have to re-apply for ATAS assistance each semester by completing an ATAS Application.*

What semester are you applying for assistance?

Have you applied for ATAS assistance before? Yes ☐ No ☐ If yes, what year?

*If you would like a particular tutor who are they? Name: Phone:

*The person I am recommending as my ATAS tutor is NOT a family member, a close relation, a personal friend, work supervisor or class lecturer or tutor.

I understand that to be tutored by anyone of this nature is a serious conflict of interest.

5. Unit of Study Details: Please list ALL the Units of Study (subjects) and codes in which you require assistance:

Unit of Study:	Unit of Study Code/s:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. Further Information: Please give reasons WHY you need tutoring in these Unit of Studies (subject/s)

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7. Educational Assessment: To be completed by a member of Academic staff e.g. Class Lecturer, TSO or Tutor

An educational assessment of the above listed Unit/s of Study has been undertaken. This assessment has been based on Course requirements including:

Understanding of Academic Language	<input type="checkbox"/>	Understanding of methodologies	<input type="checkbox"/>
Essay Planning & Preparation	<input type="checkbox"/>	Not passing Course / Unit of Study	<input type="checkbox"/>
Exam Preparation	<input type="checkbox"/>	Report Writing	<input type="checkbox"/>
Need to achieve Academic level for progression	<input type="checkbox"/>	Experiencing difficulties with new Component	<input type="checkbox"/>
Lab Work / Experiments	<input type="checkbox"/>	Other (specify in additional comments)	<input type="checkbox"/>

My recommendation is that this student receives tutoring for the following unit/s:

Please list Unit/s of Study: Note:- **Only 2 hours per student per week permitted**

ACADEMIC STAFF NAME & FACULTY
(TAFESA STAMP)

SIGNATURE

EXT

8. Checklist: If the following information is not included with your application it will not be processed.

- | | |
|--|--|
| <input type="checkbox"/> All Questions completed | <input type="checkbox"/> Educational Assessment completed and signed |
| <input type="checkbox"/> Full Unit of Study details provided | <input type="checkbox"/> You have signed the application |
| <input type="checkbox"/> Proof of Aboriginality – all students must provide | |
| <input type="checkbox"/> Continuing Students - attach last semester's Academic Transcript - Applications will NOT be processed without these | |
| <input type="checkbox"/> You must provide a copy of the Unit outline for every Unit you are applying for tutorial assistance to the Educational Assessment Interview with the Academic Support Staff | |

9. Student Signature (Please note the following information)

The Aboriginal Access Centre will contact a tutor on your behalf and assess their qualifications to assist you in your nominated areas. No ATAS tutoring arrangements may be entered into by the student and the tutor. The Aboriginal Access Centre (AAC) assesses, approves and issues arrangements.

Claims for payment will only be approved for ATAS tutoring arrangements assessed and approved by the AAC.

Students must respect the privacy of tutors and personal information about tutors is not to be disclosed to other students without the tutors consent.

The student agrees to their student record being accessed to verify enrolment and agrees to the information being kept on file to fulfill the AAC's record keeping obligations to TAFESA.

STUDENT NAME

SIGNATURE

DATE