

**NAME**

**AVONDALE STUDENT ID**

For each question, tick the response which applies to you

**1. Are you of Aboriginal or Torres Strait Islander descent?**

- No—neither Aboriginal nor Torres Strait Islander origin
- Of Aboriginal and Torres Strait Islander descent
- Of Aboriginal origin
- Of Torres Strait Islander origin

**2. What is your citizenship status this year?**

- Australian citizen including those with dual citizenship
- Australian Permanent Resident
- New Zealand citizen, excluding those with Australian citizenship  
(Note: Includes any such persons who also have Permanent Resident status in New Zealand)
- Student with a Permanent Humanitarian Visa
- Temporary Entry Permit and resides in Australia during semester
- Not studying from within Australia or other status not listed above

### PERMANENT RESIDENCE STATUS

*Refers to the type of visa a student holds. If you are an Australian Citizen, you do not have to answer Question 3.*

**3. What is your Permanent Residence status?**

- Does not have Permanent Resident Status - (for example, you are an Australian citizen or you have a temporary visa)
- On Enrolment day student had Permanent Residency
- Residing inside Australia for semester
- Residing outside Australia for semester

**4. In what country is your permanent home residence?**

- Australian postcode
- OR
- Overseas country

**5. In what country is your residence during the year?**

- Australian postcode
- OR
- Overseas country

**6. In what country were you born?**

- Born in Australia
- OR
- Overseas country

**When did you arrive in Australia?**

Year of arrival in Australia

OR

Never arrived in Australia

*If you were born in Australia or are an off-shore student who has not studied at a campus in Australia, you must select the 'Never arrived in Australia' check box.*

**7. What language do you speak at home?**

English

OR

Other language - please identify

**8. What is the highest level of educational achievement successfully completed prior to this course?**

- Doctoral Degree
- Master Degree
- Graduate Diploma or Graduate Certificate
- Bachelor Degree
- Advanced Diploma and Associate Degree
- Diploma
- Certificate IV
- Certificate III
- Certificate II
- Certificate I
- None of the Above

### SECONDARY EDUCATION

*Your final year of secondary education can be completed at a school, TAFE or college that enables you to complete the secondary education.*

**9. Final year of secondary education**

Did not do final year of secondary education

Did final year of secondary education

Last year of enrolment was

**10. At what level did you leave secondary education?**

Please select the highest level you have completed

Year 9

Year 10

Year 11

Year 12

Other

11. What is the highest educational attainment of your parent(s)/ guardian(s)?

A: Answer for Parent 1

- Postgraduate qualification (eg. Postgraduate Diploma, Masters, PhD)
- Bachelor Degree
- Other post school qualification (e.g. VET Certificate, Associate Degree or Diploma)
- Completed Year 12 schooling or equivalent
- Did not complete Year 12 schooling or equivalent
- Completed Year 10 schooling or equivalent
- Did not complete Year 10 schooling or equivalent
- Don't know
- Not applicable

B: Answer for Parent 2 (if applicable)

- Postgraduate qualification (eg. Postgraduate Diploma, Masters, PhD)
- Bachelor Degree
- Other post school qualification (e.g. VET Certificate, Associate Degree or Diploma)
- Completed Year 12 schooling or equivalent
- Did not complete Year 12 schooling or equivalent
- Completed Year 10 schooling or equivalent
- Did not complete Year 10 schooling or equivalent
- Don't know
- Not applicable

12. Please specify whether or not you have a disability

No, I do not have a disability

OR

Yes, I have the following disability/ies

*Please tick the box if you would like the Equity Officer to contact you*

- |  |  |
|--|--|
| <input type="checkbox"/> Hard of Hearing/Deaf  | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Specific Learning disability                                  | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Medical Condition   | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Physical disability   | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Low Vision/Blind  | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Acquired Brain Injury   | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Intellectual disability                                       | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Mental health condition                                       | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Neurological condition  | <input type="checkbox"/> Please contact me |
| <input type="checkbox"/> Do you have a disability other than the types nominated above | <input type="checkbox"/> Please contact me |

### OTHER DETAILS REQUIRED BY AVONDALE COLLEGE

13. What is your religion?

14. If you have a parent who is currently working for an employing body within the South Pacific Division of Seventh-day Adventists, please identify that employing body (If both parents work for two different employing bodies within the South Pacific Division, then choose either one).

### PLEASE RETURN COMPLETED FORM

When completed, please return to the Student Administration Services

I **Email:** to [studentadmin@avondale.edu.au](mailto:studentadmin@avondale.edu.au)

OR

I **In Person:** Student Administration Services  
Avondale University  
582 Freemans Drive  
Cooranbong NSW 2265 Australia