

### NAME

For each question, tick the response which applies to you

- Citizenship and Residence status during this semester?**  
 Australian citizen including Australian citizens with dual citizenship  
 Permanent Resident  
 Temporary Entry Permit including student visa or diplomat or a dependant of a diplomat  
 Status other than one of the above
- What is the postcode of the suburb or town or locality in which you usually live?**  
 Australian postcode  
 Overseas address (you do not need to provide a postcode)
- Do you speak a language other than English at home?**  
 No. English only  
 Yes. If more than one language, indicate the one that is used most often  
  
*How well do you speak English?*  
 Very well  
 Well  
 Not well  
 Not at all
- In what country were you born?**  
 Australia  
 Other country
- Are you of Aboriginal or Torres Strait Islander origin?**  
 Yes, Aboriginal  
 Yes, Torres Strait Islander  
 Yes, Aboriginal and Torres Strait Islander  
 Neither
- Of the following categories, which BEST describes your current employment status?**  
 Full-time employee  
 Part-time employee  
 Self-employed—not employing others  
 Employer  
 Employed—unpaid worker in a family business  
 Unemployed—seeking full-time work  
 Unemployed—seeking part-time work  
 Not employed—not seeking employment

### AVONDALE STUDENT ID

- Are you still attending secondary school?**  
 No  
 Yes. Name of school
- In which YEAR did you complete your highest school level?**
- What is your highest COMPLETED school level?**  
 Completed Year 12  
 Completed Year 11  
 Completed Year 10  
 Completed Year 9 or equivalent  
 Completed Year 8 or lower  
 Did not go to school
- Which of the following categories BEST describes your main reason for undertaking this study?**  
 To get a job  
 To develop my existing business  
 To start my own business  
 To try for a different career  
 To get a better job or promotion  
 It was a requirement of my job  
 I wanted extra skills for my job  
 To get into another course of study  
 For personal interest or self-development  
 Other reasons
- Please specify whether or not you have a disability**  
 No, I do not have a disability  
 OR  
 Yes, I have the following disability/ies  
  

Hard of Hearing/Deaf	Please contact me
Specific Learning disability	Please contact me
Medical Condition	Please contact me
Physical disability	Please contact me
Low Vision/Blind	Please contact me
Acquired Brain Injury	Please contact me
Intellectual disability	Please contact me
Mental health condition	Please contact me
Neurological condition	Please contact me
Do you have a disability other than the types nominated above	Please contact me

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

### OTHER DETAILS REQUIRED BY AVONDALE COLLEGE

12. What is your religion?
13. 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 Student Administration Services.

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

OR

| **Post:** Student Administration Services  
Avondale University College  
PO Box 19  
Cooranbong NSW 2265 Australia