

# UNIVERSITY OF NEWCASTLE INTERNAL EAS APPLICATION FORM

The Educational Access Scheme aims to assist students who may have suffered a disadvantage during their studies to continue their education. Students applying for an admission into a degree can provide details of their disadvantage and have this taken into account in their admissions assessment.

Please complete a separate [Educational Impact Statement](#) for each disadvantage that requires one. Please send through each additional applicant statement with this form. Fill out the parts of the application that are applicable to your disadvantage. For example, if you do not have a medical disadvantage, there is no need to fill out any of the pages that relate to medical disadvantage. If you forget to fill out any essential parts of your application, we will be in contact with you to submit the necessary information.

The Educational Impact Statement should be written by a Responsible Person. This could be your Course Coordinator, Program Convenor, a Pathways and Learning Support (PALS) staff member, Accessibility Advisor, or Counsellor.

A Responsible person cannot be a relative. Other non university Responsible Persons could be either a doctor, specialist medical professional, lawyer, accountant, social worker, counsellor, religious or community leader.

While this is a form for current University of Newcastle students, in either an Enabling program or an undergraduate degree, the disadvantage criteria are based on the UAC Education Access Scheme. A list of the categories of disadvantage and the required documentation can be found on the [UAC website](#). Please refer to the UAC website in the first instance, and contact us after that if you have any questions.

If you have any issues with applying or have any questions about your application, please contact us via [admissions@newcastle.edu.au](mailto:admissions@newcastle.edu.au) or (02) 4921 5000.

# University of Newcastle Educational Access Scheme Application Form



## 1 Personal details

Name

Student  
number

Current  
degree/study

## 2 Disadvantage code/s – Write your disadvantage code/s from the corresponding section at [uac.edu.au/eas-disadvantage](http://uac.edu.au/eas-disadvantage).


## 3 Centrelink Customer Reference Number (CRN)

**If you are claiming disadvantage code F01A or F01B**

write your Centrelink Customer Reference Number (CRN) here. The CRN must be allocated to you (ie not a parent or guardian).

Your CRN

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## 4 Declaration and Authority – ALL applicants MUST complete

I declare that the information provided on this form is true and correct.

Signature of applicant or authorised agent

Date

## 5A Applicant's Statement

All applicants must complete this section themselves in their own words and a separate statement must be completed for each disadvantage code you are claiming.

Disadvantage code

Provide brief details of disadvantage

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Applicant's name (print)


Applicant's signature

Date

## 5B Educational Impact Statement (EIS) - To be completed by the school or a responsible person.

Visit [uac.edu.au/faqs-eas](http://uac.edu.au/faqs-eas) for examples of a responsible person. This person must not be related to the applicant.

Applicants **must not** write in this section.

 Before completing this statement, read the corresponding section in 'Categories of disadvantage' on the UAC website.

An EIS is not required for disadvantage codes: D01A, D01B, D01C, D01D, F01A, F01B, F01D, F01K, F01S, H04B, L01C, R01A, S01C, S01R, AG01.

1. Have you identified an impact of the circumstances described by the applicant, on their educational performance?

2. If yes, indicate the impact of the applicant's circumstances on their educational performance:

3. What was the duration of the educational disadvantage?

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Years      Months

4. Please provide details of the educational impact.

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### Details of responsible person completing the Educational Impact Statement

Name (print)

Position/occupation

Name of organisation  
(if applicable)

Address

Suburb

Daytime telephone

State

Postcode

Alternative telephone

Signature

Date

**5C JobKeeper and/or COVID-19 Disaster Payment - this includes if you or your parent/guardian has been affected.**

Disadvantage code 

F	0	1	K
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Provide brief details of disadvantage

You will need to provide evidence that you or your parent or guardian has been receiving JobKeeper for a period at least 3 months. Please provide a letter from your employer confirming that you have been receiving JobKeeper. If you are self-employed or a sole trader, you will need a letter from the ATO confirming approval or JobKeeper payments. If you can't provide one of the above two documents:

- copies of parent/guardian's ATO JobKeeper receipts, showing that they have been receiving the payments over a three-month period
- parent/guardian's bank statement indicating the person has received JobKeeper payments over a three-month period
- a letter from parent/guardian's tax agent/accountant confirming the person has received JobKeeper payments over a three-month period.

Applicant's name (print)

Applicant's signature

Date

Please note: If your parent or guardian has been received JobSeeker for at least 3 months, please apply for F01S. If you have been in receipt of JobSeeker, please apply under F01B.

6A Applicant’s Statement – P01A only

You're not eligible for P01A if:

- you become ill or suffer a condition that affects your examination performance only, or
- you have suffered a series of minor illnesses, or
- you have an ongoing minor medical condition stabilised by medication, or
- you are only receiving ongoing rehabilitation or treatment, where the commitment is less than two hours per week.

Disadvantage code 

P	0	1	A
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1. What is your medical condition/disability?

2. Describe the nature and impact of your medical condition/disability.

3. Provide details of the period you’ve had your medical condition/disability and the school years involved.

4. Provide details of any treatment you’ve received, or are receiving, for your medical condition/disability.

5. Describe the effects of your condition/disability on your educational performance.

6. If you have any other information specific to this claim that may inform our assessment, please provide details.

Applicant's name (print)


Applicant's signature

Date

## 6B Educational Impact Statement (EIS) – To be completed by the school or responsible person

Visit [uac.edu.au/faqs-eas](http://uac.edu.au/faqs-eas) for examples of a responsible person. This person must not be related to the applicant.

Applicants **must not** write in this section.

 Before completing this statement, read the corresponding section in 'Categories of disadvantage' on the UAC website.

An EIS is not required for disadvantage codes: D01A, D01B, D01C, D01D, F01A, F01B, F01D, F01K, F01S, H04B, L01C, R01A, S01C, S01R, AG01.

1. Have you identified an impact of the circumstances described by the applicant, on their educational performance?

2. If yes, indicate the impact of the applicant's circumstances on their educational performance:

3. What was the duration of the educational disadvantage?

Years	Months

4. Please provide details of the educational impact.

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### Details of responsible person completing the Educational Impact Statement

Name (print)					
Position/occupation					
Name of organisation (if applicable)					
Address					
Suburb		State		Postcode	
Daytime telephone		Alternative telephone			
<div></div>			<div></div>		
Signature			Date		

## 6C Medical Impact Statement (MIS) – P01A only


If you are claiming the disadvantage code P01A, you must arrange for this Medical Impact Statement to be completed or your application may not be assessed.

Applicant's full name

### To be completed by a registered health professional.

See the corresponding section in 'Providing documents to support your application' at [uac.edu.au/documents](http://uac.edu.au/documents) for examples of a registered health professional. This person must not be related to the applicant.

Applicants **must not** write in this section.

 Before completing this statement, read the corresponding section in 'Categories of disadvantage' on the UAC website.

If more than one condition/disability is being claimed, where a significant disparity exists between the impact and/or duration of the condition, please complete a separate MIS for each.

1. List the condition/disability affecting the applicant.

2. How long has the applicant been affected by the long-term medical condition/disability?

3. How many times have you seen the applicant during the past two years specifically about the medical condition/disability?

4. Describe the nature and duration of any treatment for the medical condition/disability.

5. Describe the ways in which the applicant's long-term medical condition/disability and/or treatment has affected their educational performance.

6. Impact:

Indicate the impact of the applicant's condition/disability on their educational performance in the drop down box below.

### Details of registered health professional

Name (print)

Position/occupation

Name of organisation  
(if applicable)

Telephone

Reg/Provider no.

Signature

Date

7 Declaration – provision of third party health information

If you are providing health information about someone other than yourself, you should obtain that person's consent where possible by requesting they complete, sign and date declaration 7A. If you are unable to obtain that person's consent in writing, due to illness or extenuating circumstances, provide an explanation, sign and date declaration 7B.

Declaration 7A

I \_\_\_\_\_ give consent for \_\_\_\_\_  
to supply health information about me in this Educational Access Schemes application. I understand that I can access my health information by writing to UAC.

Third party's signature

Date

Declaration 7B

After having taken reasonable steps to obtain third party consent in order to provide health information about that person, I was unable to because:

Applicant's signature

Date

Please upload your completed application and supporting documents to your admission application prior to the direct application closing date.

For any enquiries please contact (02) 4921 5000.