START NOW STUDY AUTHORISATION

Before completing this form, please review the relevant course page which can be accessed via cqu.edu.au/sun (SUN website) or cqu.edu.au/stn (STN website).
This form must be completed and uploaded as part of your supporting documentation within the Apply Online application.

All fields are mandatory, unless indicated otherwise.

STUDENT DETAILS

First name _____ **Last name** _____

Unique Student Identifier (USI)* _____ **Learner Unique Identifier** (LUI)^ _____

Date of Birth D D / M M / Y Y Y Y

I am currently enrolled in ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12

* USI is a compulsory field – please check with school contact if unknown. ^ LUI is required only for students studying QCAA/QLD curriculum.

PARENT/GUARDIAN DETAILS

I consent to CQUniversity releasing information from my student record to the following parent/s or guardian/s. These details are used as part of the identification process when the person contacts CQUniversity.

Name _____

Phone _____ **Email** _____

Second parent/guardian details are non-mandatory

Name _____

Phone _____ **Email** _____

NOMINATED SCHOOL COMMUNICATION CONTACT

This section to be completed by High School senior staff member involved in School subject planning discussion. Handwritten or digital/electronic signatures can be used on this form, however typed signatures will not be accepted.

School name _____

School phone _____

School contact person name _____

School contact person position title _____

Email of nominated school contact person _____

Signature of nominated school contact person _____ **Date** D D / M M / Y Y Y Y

I consent to CQUniversity releasing information from my student record to relevant staff in my School. The University will identify the staff and position before discussing any information.

I understand my School may, with my consent, change my enrolment.

COURSE DETAILS

I am applying for admission into ...

(Please select one option below)

☐ Start TAFE Now (STN) program or ☐ Start Uni Now (SUN) program

The course/s I want to study is... *(e.g. AHC20422 Certificate II in Horticulture)*

The unit (subject) I want to study is... *(e.g. Human Anatomy and Physiology 1)*

AUTHORISATION

In relation to my studies in the above mentioned CQUniversity unit/course, I consent to CQUniversity undertaking the following actions as required:

- Sharing details of my enrolments, including but not limited to, my academic progress, non-attendance, conduct, assessment, support requirements, results and financial liability with my parents/guardians listed on this authorisation form.
- Sharing details of my enrolments, including but not limited to, my academic progress, non-attendance, conduct, assessment, support requirements, results, and financial liability with any school staff from my high school listed on this authorisation form.
- I acknowledge this form does not provide authorisation to access or release any counselling, accessibility, complaint, or Student Ombudsman records.
- I acknowledge that if I revoke my consent for my high school to access my personal information during my enrolment in my Start Uni Now or Start TAFE Now course, I may be withdrawn from my Start Uni Now or Start TAFE Now course.
- With my written permission, any school staff from my high school or my parent/guardian noted on this authorisation form may change my enrolment, including but not limited to cancelling my course or dropping, adding, or swapping units, in consultation with CQUniversity staff.
- The consent I provide under this form is effective from the date this form is signed. I acknowledge that I may later modify or revoke my consent by notice in writing to sun@cqu.edu.au or stn@cqu.edu.au.
- I acknowledge I am signing this form of my own free will, on the full understanding of the terms and conditions, and I have had an opportunity to ask any questions.
- If the individual noted within STUDENT DETAILS is a dependent under the age of 18, the undersigned parent/guardian warrants that they are the parent or legal guardian of the individual and have the authority to bind themselves and the individual on the terms set out in this form.
- I/We agree to my child/dependant's involvement in the above-mentioned unit/course with CQUniversity.
- I/We understand that a minimum of one parent/guardian details are required on this form, however only the parent/guardians listed on this form will be eligible to access information pertaining to the noted child/dependant's involvement in the above-mentioned unit/course with CQUniversity.
- I/We agree to pay any fees associated with this unit/course if not subsidised or sponsored and acknowledge that I/We should review the CQUniversity Student Refund and Credit Balance Policy and Procedure to understand eligibility for a refund of fees paid.
- For STN students. By undertaking a TAFE course, I confirm that I have had an opportunity to discuss the program, and confirm that I have a genuine interest in pursuing a post school vocational occupation in my nominated field of study.
- For STN students. By undertaking a TAFE course in school, I acknowledge that I will be using my one Queensland Government funded VET in Schools qualification entitlement if I am found eligible for funding.
- For STN students, I acknowledge that VET in Schools funded training and assessment must be completed by 30 June 2028 and that any portion of the qualification not completed by this date will not be funded under VET in Schools
- I acknowledge that this Start Now Study Authorisation Form must be completed and signed in full as part of my application. I understand that applications submitted without a fully completed and signed authorisation form may be deemed unsuccessful without a request for further information and I may reapply if I chose. I also acknowledge that if course places remain available, CQUniversity may, at its discretion, request further information to complete an application.

Student signature _____ **Date** D D / M M / Y Y Y Y

Parent / Guardian name
(PRINT NAME)
If student is under 18 years of age. _____

Parent / Guardian signature
If student is under 18 years of age. _____ **Date** D D / M M / Y Y Y Y

Handwritten or digital/electronic signatures can be used on this form, however please note that typed signatures will not be accepted.

IMPORTANT PRIVACY INFORMATION

CQUniversity ('University') collects, stores, uses, and discloses personal information to assist high school students explore vocational pathways with the University. This information helps the University provide students an opportunity to experience a range of industries, allowing them to make an informed decision across their senior schooling years and beyond. If the requested personal information is not provided, the University may be unable to provide information relating to vocational pathways.

Personal information can be disclosed without the individual's consent when required by law. Any other provision of personal information will be authorised and in accordance with the University's Privacy Policy and Procedure, the Information Privacy Act 2009 (Qld) and the Privacy Act 1988 (Cth).

The University may also utilise personal information for research and learning analytics purposes, using both identifiable and de-identified data to plan and improve core services, enhance student learning, educational practices, and support services.

Individuals have the right to access and amend their personal information held by the University, subject to any exceptions in relevant legislation. To seek access or make amendments, please contact privacyrti@cqu.edu.au.