



JANE FRANKLIN HALL

Application for Admission



Personal Details:

Title	UTas Student Number:
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	(if known) _____
Family Name: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Given Names: _____	Date of Birth: / /
Preferred Name: _____	(d/m/y) _____
Postal Address: _____	Nationality: _____
_____	Email: _____
State: _____	Telephone: ()
Country: _____	Mobile: _____
Postcode: _____	Fax: ()
_____	_____

Emergency Contact Details

Contact Name: _____	Relationship: _____
Street: _____	City: _____
State: _____	Country: _____
Postcode: _____	Email: _____
Telephone: _____	Mobile: _____

Education History:

Last School Attended: _____

Years _____ from: _____ to: _____

Please attach a transcript of your most recent results. If you are waiting for results, please forward them immediately on receipt.

Tertiary Education Details:

Intended Course of Study: _____

Year of Study: _____

Previous Tertiary Studies: _____

Special Needs:

Please note any special needs that could relate to your stay at Jane Franklin Hall:

Medical: _____

Physical disability: _____

Special dietary requirements: _____

Height (bed length): _____

Other: _____

Personal Profile:

This section provides us with information on how you can contribute to residential life during your stay. Please give details in the areas that you either have interest or skill.

Arts: _____

Languages: _____

Sport: _____

Other: _____

Career Details:

Intended Profession or Career Goals: _____

Previous Employment History: _____

Financial Details:

Eg. Youth Allowance/Parental/Work/Other/Self

Main Financial Support: _____

Have you applied for any scholarship:

<http://www.jane.utas.edu.au/pdfs/2009%20brochure.pdf>

Yes

No

Have you been offered a scholarship:

Yes

No

If you have been offered a scholarship, please provide details: _____

International Student Details:

This section is to be completed by international students only.

Overseas Student

Exchange Student

Study Abroad Student

English Language

Expected Duration of Study: _____

Referee Details:

Name: _____

Occupation: _____

Postal address: _____

City: _____

State: _____

Country: _____

Postcode: _____

Telephone: () _____

Mobile: _____

Fax Number: () _____

Email: _____