



**CYRIL JACKSON**  
SENIOR CAMPUS

# Enrolment Booklet 2020

NAME: \_\_\_\_\_

YEAR: \_\_\_\_\_ FORM: \_\_\_\_\_

COURSE ADVISER: \_\_\_\_\_

INTERVIEW DATE: \_\_\_\_\_ START DATE: \_\_\_\_\_

POLICE CHECK PAYMENT: \$46.00 Paid: Yes | No

RECEIPT NO: \_\_\_\_\_

OFFICE USE ONLY	
HOUSE	
WACE	<input type="checkbox"/>
ESL	<input type="checkbox"/>
ILearn	<input type="checkbox"/>
11 P.L.U.S.	<input type="checkbox"/>
Workstart	<input type="checkbox"/>



# WELCOME TO CYRIL JACKSON SENIOR CAMPUS

Thank you for choosing to enrol at Cyril Jackson Senior Campus.

**Are you under 18 years of age?** Yes | No

If 'Yes' you must have a parent / guardian with you at the enrolment interview.

**For your enrolment please supply the following:**

- Original Birth certificate / Passport/Visa Grant Notice / original Visa / Travel Documents and/or ImmiCard
- Your last school report (if you are under 18 years of age) AND WHERE APPLICABLE
- Statements of academic results
- TAFE Certificates or other qualifications
- Medicare / Health Care Card
- Full immunisation history (*Refer below information*)
- Complete Form 1 Student Health Care Summary (included in package)
- Complete Department of Health form (included in package)

## **How to access an AIR Immunisation History Statement**

- ❖ Log into Medicare online via MyGov ([my.gov.au](http://my.gov.au))
- ❖ Use the Medicare Express Plus app
- ❖ Email [www.healthywa.wa.gov.au](mailto:www.healthywa.wa.gov.au) to request immunisation history statement
- ❖ Make an appointment with your GP and if you have records take them in
- ❖ Make an appointment at the Central Immunisation Clinic at 4-16 Rheola Street, West Perth, contact number is 9321 1312
- ❖ Visit a Medicare or Centrelink office
- ❖ Phone the Australian Immunisation Register enquiries line on 1800 653 809 to request an AIR Statement to be posted

## **ENROLMENTS (excluding iLEARN)**

Please complete Sections A, B & C **only** in full prior to your appointment.

## **iLEARN ENROLMENTS ONLY**

Please complete Sections A, B, C, E **and Appointment of a Supervisor for Assessments** in full prior to your appointment.

## **Cyril Jackson Senior Campus**

53 Reid Street  
BASSENDEAN WA 6054

Ph: (08) 9413 4700

Email: [info.cyril.jackson@education.wa.edu.au](mailto:info.cyril.jackson@education.wa.edu.au)

Website: [www.cyriljackson.wa.edu.au](http://www.cyriljackson.wa.edu.au)

**SECTION A: PERSONAL DETAILS**

**Title:** Mr | Mrs | Ms | Miss

**Name:**

\_\_\_\_\_  
Family Name (Surname)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Second Name (Middle)

\_\_\_\_\_  
Previous Surname (if applicable)

**Gender:** (Please circle) Male | Female | Indeterminate/Intersex (evidence required)

**Date of Birth:** \_\_\_\_\_

**School Curriculum & Standards Authority (SCSA) Number:** \_\_\_\_\_

**Unique Student Identifier (USI):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Student Email Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Student Mobile Number:** \_\_\_\_\_

**Is this address the correct one for all mail to be sent to: Yes | No**

**If Yes** – To whom should the mail be addressed (Parent or Guardian if under 18):

\_\_\_\_\_

**If No** – please complete full mailing address (with addressee): \_\_\_\_\_

\_\_\_\_\_

**Who is responsible for paying your fees?:** \_\_\_\_\_

**Student Car Registration:** \_\_\_\_\_

Names of **any** family members attending Cyril Jackson SC: \_\_\_\_\_

\_\_\_\_\_

**Who do you live with?** (Please circle) Mother | Father | Guardian | Other \_\_\_\_\_

**Is parental access restricted?** (Please circle) **Yes** | **No** (If Yes, please attach details)

**Are you in the care of the Dept for Child Protection / Humanitarian Settlement Agency?** Yes | No

**If YES,** please specify the name of the Case Manager / Guardian and their contact phone number:

\_\_\_\_\_

**EMERGENCY CONTACTS:** (Parent / Legal guardian if under 18 years)

**Contact One**

Mr | Mrs | Ms | Miss (Full Name): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mailing address if different from student: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Main language spoken at home: \_\_\_\_\_

**Contact Two**

Mr | Mrs | Ms | Miss (Full Name): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mailing address if different from student: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Main language spoken at home: \_\_\_\_\_

## OCCUPATION GROUPS

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts / media / sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator</p> <p><b>Other administrator</b> [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p><b>Defence Forces</b> Commissioned Officer</p> <p><b>Professionals</b> generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/ claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p>Skilled office, sales and service staff</p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p><b>Service</b> [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants <b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p><b>Sales</b> [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]</p> <p><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories			

**Please Note** - (To be completed about/ by Parent or Legal Guardian)

The following information is required by the WA Department of Education in order to determine the socio-economic position of students at the campus. The information will be entered into the campus administrative system and, like all family information, is totally confidential.

<p>What is the highest year of primary or secondary school you have completed?</p> <p>Year 12 or equivalent <input type="checkbox"/></p> <p>Year 11 or equivalent <input type="checkbox"/></p> <p>Year 10 or equivalent <input type="checkbox"/></p> <p>Year 9 or equivalent or below <input type="checkbox"/></p> <p><i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i></p>	<p>What is the level of the highest qualification you have completed?</p> <p>Bachelor degree or above <input type="checkbox"/></p> <p>Advanced diploma/Diploma <input type="checkbox"/></p> <p>Certificate I to IV (including trade certificate) <input type="checkbox"/></p> <p>No non-school qualification <input type="checkbox"/></p>
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What is your occupation group? \_\_\_\_\_ (Write 1, 2, 3, 4 or 8)

(Please select the appropriate parental/guardian occupation group from the list provided. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.)

**Please Note:** (To be completed about/ by 2<sup>nd</sup> Parent or Legal Guardian)

<p>What is the highest year of primary or secondary school you have completed?</p> <p>Year 12 or equivalent <input type="checkbox"/></p> <p>Year 11 or equivalent <input type="checkbox"/></p> <p>Year 10 or equivalent <input type="checkbox"/></p> <p>Year 9 or equivalent or below <input type="checkbox"/></p> <p><i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i></p>	<p>What is the level of the highest qualification you have completed?</p> <p>Bachelor degree or above <input type="checkbox"/></p> <p>Advanced diploma/Diploma <input type="checkbox"/></p> <p>Certificate I to IV (including trade certificate) <input type="checkbox"/></p> <p>No non-school qualification <input type="checkbox"/></p>
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What is your occupation group? \_\_\_\_\_ (Write 1, 2, 3, 4 or 8)

(Please select the appropriate parental/guardian occupation group from the list provided. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.)

## ADDITIONAL INFORMATION

Religion: \_\_\_\_\_ or (circle) Not Applicable

Are you of **Aboriginal** origin? **Yes | No** Are you of **Torres Strait Islander** origin? **Yes | No**

(Information required for funding purposes)

Are you in receipt of a **Centrelink allowance**? **Yes | No**  
**(If yes please circle the relevant allowance)**

Youth Allowance | Abstudy | New Start | PPS | LI | Disability | Senior

Other: \_\_\_\_\_

(Note: You must inform Centrelink if at any time you change your enrolment.)



Is English your first language? **Yes | No**

**If No**, what language is mainly spoken at home? \_\_\_\_\_

Were you born in Australia? **Yes | No**

**If No please complete the below:**

The following details **MUST** be provided if you were **not** born in Australia. (This is a legal requirement)

Where were you born? \_\_\_\_\_

Date of arrival in Australia? Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Passport / Travel document / ImmiCard: \_\_\_\_\_

VISA Sub-class No: \_\_\_\_\_ Date Granted: \_\_\_\_\_ Expiry : \_\_\_\_\_

Passport/Immicard Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

*(**Original** documents must be sighted and photocopied in colour, including 'arrival date' stamp)*

Have you had any prior schooling in Australia? **Yes / No**

**If yes, what was the calendar year you commenced schooling in Australia?** **20** \_\_\_\_\_

Are you a Permanent Resident? **Yes | No**

Migrant health check completed? **Yes | No** In which country? \_\_\_\_\_

Years of schooling completed overseas? \_\_\_\_\_ In Refugee camps? **Yes | No**

Language of schooling: \_\_\_\_\_



**Office Use Only – Refer VISA Sub-Class and EAL/D information sheet for all students not born in Australia.**

**Please circle**                      **Stage 1**                      **Stage 2**                      **Stage 3**                      **N/A**



## MEDICAL DETAILS



What **Medical Practice** do you attend?

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Name of Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have a HealthCare Card? **Yes | No**

HealthCare Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

*If you have a HealthCare Card, you may be eligible for **2020 Secondary Assistance Scheme** applications close 9 April 2020:*

- ❖ *Students are not eligible if they are born in the year 2001 or before*
- ❖ *You must hold a concession card that is valid for at least four weeks and some time within Term 1 (3 February 2020 - 9 April 2020).*

Do you have private Health Insurance? **Yes | No**

Do you have Ambulance Cover? **Yes | No**

(Note that in an emergency the parent/guardian/student is expected to meet the cost of an ambulance)

In the event of illness or accident, do we have permission to:

Administer First Aid? **Yes | No**

Take you to a doctor? **Yes | No**

Do you have a diagnosed medical disability? (e.g. Autism, Global Developmental Delay, Intellectual or Physical Disability, Severe Medical Health Condition, Vision Impaired, Severe Mental Disorder, Deaf and Hard of Hearing: (staff complete box below) **Yes | No**

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**Office use only** – Diagnosed Medical Disability information provided via

- Liaising with parents/carers
- Written documentation from a medical or health care professional stating the student has a condition/diagnosis and how that may impact on the student's access to the curriculum

**Evidence has been provided** **Yes | No**

The **DOE Student Health Care Policy** requires us to ask parents to present the student's Australian Immunisation Register (AIR) History Statement when they enrol.

The AIR History Statement only records immunisations administered until children turn seven years old. However, a record of early childhood immunisations is required by both primary and secondary schools so that in the case of an outbreak of a vaccine preventable disease such as measles for which children are immunised in the early years, non-immunised students can be identified and we can inform the Department of Health.

Have these records been provided? **Yes | No**

Complete - Student Health Care Summary Form 1 **Yes | No**

Complete – Department of Health form **Yes | No**

**All students in years 11 and 12 who have not previously achieved Level 3 in the OLNA assessments (or Band 8 or above in the NAPLAN assessments), are required to sit the current OLNA Assessments.**

If you are a Mature Age student and do not need or intend to achieve your WACE refer Section D.

**If you have a disability** you may be eligible for extra time to complete **OLNA** assessments. You must provide **EVIDENCE** of your disability to receive this adjustment. This evidence may consist of:

- Letter or report from your doctor.
- Evidence of receipt of a disability pension or benefit.

Please submit this evidence to the campus at the time of enrolment, or as soon as possible after.

Have these records been provided? **Yes | No**

Would any of the following **support services** be useful to you?

EAL/D (NOT from CJSC IEC)

EAL/D (completed CJSC IEC)

General Academic Support

Course Review to check progress

Student Services

**How did you hear about Cyril Jackson SC?**

Training WA  Other School  Newspaper  Career Expo  Family member/friend  Website   
Billboard

Other please specify: \_\_\_\_\_

**SECTION B: EDUCATION AND VET TRAINING**

Previous School: \_\_\_\_\_

Date last attended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason you left: \_\_\_\_\_

If you have been **Home Schooled**, in which Education District were you?

\_\_\_\_\_

What is the highest level of education you have completed to date?

\_\_\_\_\_

SCSA Documentation provided? **Yes | No** (*Course Adviser to photocopy documents*)

Have you completed any VET units of Competency? **Yes | No**  
(*If yes, you must provide a copy of your Statement of Attainment OR Full Certificate with the Academic Transcript, to have these included on your WACE or WASSA Certificate*)      Tick box if documents received

Are you currently undertaking a School Based Traineeship? **Yes | No**  
(*Please provide the title of Qualification*)

\_\_\_\_\_

Do you attend any Recreational pursuits? **Yes | No** (*eg: Cadets, music lessons, Defence Forces etc*)

\_\_\_\_\_

Future Directions / Careers?

\_\_\_\_\_

\_\_\_\_\_

Preferred pathway: Training | University | Employment | Unsure

Have any of the following **held you back** in the past in relation to your progress at school?

Please circle any relevant information:

Financial Difficulty | Medical Condition (Physical or Mental Health) | Attendance

English as an Additional Language | Difficulty with Reading

Other: \_\_\_\_\_

In which year of study are you intending to enrol?    Year 11 | Year 12

Have you completed this year of study before? **Yes | No**

If so, in which calendar year? \_\_\_\_\_ Where? \_\_\_\_\_

## SECTION C: PERMISSIONS

### TRANSPERTH PERMISSION

Please sign here to allow name/address/date of birth details and photograph to be sent to Transperth for issue of SmartRider.

**Signature of student/parent/guardian:** \_\_\_\_\_

### PHOTOGRAPHS PERMISSION

In order to comply with Department of Education policy regarding permission for use of photographs, please sign below if you agree that any photograph of you going about your legitimate pursuits at Cyril Jackson Senior Campus, may be used for publicity purposes. This may include our website and/or Facebook page.

**Signature of student/parent/guardian:** \_\_\_\_\_

### NATIONAL DATA COLLECTION

I agree for my information to be included in the statistics for National Data Collection for funding purposes.

**Signature of student/parent/guardian:** \_\_\_\_\_

### AWARD AND GRADE RELEASE

I agree for my information to be included in Department of Education Publications

**Signature of student/parent/guardian:** \_\_\_\_\_

### STUDENT DRESS CODE

The Campus does not have a uniform. However, students should wear clothing that is respectful to themselves and to others within an Australian learning environment. Any clothing that hinders communication between teachers and students is not acceptable. While the campus makes every effort to accommodate requirements of individual students, the need for safety, security and effective learning in the wider campus community must take precedence. I agree to comply with the CJSC Dress code.

**Signature of student/parent/guardian:** \_\_\_\_\_

### CYRIL JACKSON SENIOR CAMPUS IS A NON-SMOKING CAMPUS

It is against the law to smoke on Government premises. Please sign below to indicate that you will follow the rules in this regard.

**Signature of student/parent/guardian:** \_\_\_\_\_

### INTERNET AND STUDENT USE AGREEMENT

1. I agree not to give anyone my password.
2. I agree that I will not damage any computer either physically or electronically nor will I engage in any bullying, intimidation or other inappropriate behaviour online or offline.
3. I agree to tell the teacher if a user is seeking excessive personal information, asks to be telephoned, offers gifts by email or wants to meet me.
4. I understand that my internet searching history is not private and can be viewed by teachers and administrators at any time.
5. I understand that any information saved in my personal H: drive is not private and can be viewed by teachers and administrators and that all files in my home directory (H: drive) will be deleted at the end of each year.
6. I have read and understood this agreement and know that any misuse of the campus computers, its network and its software and hardware may lead to loss of Internet and/or computer access. It may also lead to suspension and disenrolment from the campus.

**Signature of student/parent/guardian:** \_\_\_\_\_

**SECTION D: OFFICE USE ONLY**

Course Advisers please ensure that you have completed the Course Adviser’s Checklist and that you write detailed comments and recommendations on the last page of this booklet.

**What is the student’s intention for 2020?** \_\_\_\_\_

**Does the student understand the difference between the Western Australian Statement of Student Achievement (WASSA) and the Western Australian Certificate of Education (WACE)?** Yes  No

**Does the student want/require WACE?** Yes  No

If you are a **Mature Age student** (ie turning 19 or above in the current year) and do not need or intend to achieve your WACE (as per above), **do you wish to sit the OLNA?** Yes  No

Please write the chosen courses below. Where prerequisites are stated and the student does not have these prerequisites, refer the student to the relevant Learning Area.

Course Code	Interview with Learning Area
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please highlight the courses chosen on the 2020 Grid**

**Student’s Form** (Tick box and circle year/age)

<input type="checkbox"/> On Campus Only 11CA    11SA    11MA 12CA    12SA    12MA <input type="checkbox"/> 11 P.L.U.S.	<input type="checkbox"/> Mixed Mode 11CA    11SA    11MA 12CA    12SA    12MA <input type="checkbox"/> Workstart	<input type="checkbox"/> iLearn Only 11iLC    11iLS    11iLM 12iLC    12iLS    12iLM
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**STUDENT DECLARATION**

I agree/ accept responsibility for the selected courses.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_  
 (For students under 18, unless student is living independently)

Course Adviser’s Signature: \_\_\_\_\_

Administration check: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E: ILEARN FLEXIBLE STUDENT ONLY**

Please highlight the iLearn courses you intend to study in 2020. You must read and complete the form titled 'APPOINTMENT OF A SUPERVISOR FOR ASSESSMENTS' on the following page.

YEAR 11	Online	Print Material	YEAR 12	Online	Print Material
ATAR English A1/2 ENG		✓	General English GTENG		✓
General English G1/2ENG		✓	ATAR English ATENG		✓
			General Economics GTECO	✓	
ATAR Economics A1/2 ECO	✓		ATAR Economics ATECO	✓	
ATAR Modern History A1/2 HIM	✓		ATAR Modern History ATHIM	✓	
			ATAR Maths Methods	✓	
			ATAR Maths Applications	✓	

What are your reasons for choosing iLearn courses?

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**ILEARN FLEXIBLE LEARNING STUDENT DECLARATION**

I agree with and have a copy of the **iLearn Flexible Learning Enrolment Agreement** and accept responsibility for the selected courses.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_  
 (For students under 18, unless student is living independently)

Course Adviser's Signature: \_\_\_\_\_

Administration check: \_\_\_\_\_ Date: \_\_\_\_\_



## Cyril Jackson Senior Campus - iLearn Flexible Learning APPOINTMENT OF A SUPERVISOR FOR ASSESSMENTS

This form is for students who are enrolled **exclusively in iLearn courses** or **at another school**.

Mixed mode students **do not** have to complete this form as assessments are administered on campus.

If this form is not completed, you will be expected to sit assessments on campus until a supervisor is arranged. Note that, unless you have extenuating circumstances **all examinations will take place on campus**.

It is the nominated supervisor's responsibility to ensure that an assessment is administered under the conditions clearly specified by the tutor and returned promptly once it has been completed. **A family member/partner cannot be nominated as a supervisor.**

### STUDENT DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Examination Location:** \_\_\_\_\_

The following person/s has/have agreed to supervise my tests for my iLearn courses. (Please complete a separate form for each supervisor).

### TO BE COMPLETED BY THE SUPERVISOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Email:** \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

I am the nominated supervisor detailed above and I confirm that I have agreed to fulfil the function of supervisor for the supervised tests for the student named above.

**Supervisor's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

It is important that this form is completed and sent in **BEFORE** your first test as the test will **NOT** be sent to your supervisor until this form has been received and your supervisor has been approved.

Please note that Cyril Jackson Senior Campus DOES NOT PAY for supervision.

