

# UniReady

## Application on the basis of Educational Disadvantage

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- It is recommended that you apply for UniReady before submitting this form.
- You can use this form to indicate that you have experienced one or more forms of educational disadvantage. Applicants assessed as experiencing relevant educational disadvantage may be eligible for a government funded place in the UniReady Program.

**Name:**

**Address:**

**Date of Birth:**

**Student ID (If known)**

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### Section 1. Financial Hardship

Complete this section if you are residing in Australia and have experienced **financial hardship** that has negatively impacted you. Explain your situation and the effect it has had on you.

### Supporting Documentation

You must provide one of the following documents in support of your application under **financial hardship**:

- ✓ A copy of your Centrelink [Health Care Card](#). (Note this is not a Medicare Card).
- ✓ Proof of membership of the Smith family Learning for Life program

## Section 2. Home Environment and Responsibilities

Complete this section if you have experienced a **disrupted or difficult home or school environment or excessive caring responsibilities** which have affected your most recent study. Explain your situation and the effect it has had on you.

Circumstances that may be relevant to this category include:

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- ✓ family conflict (significant dysfunction), divorce/separation, or abuse (domestic, physical, psychological, sexual)
  - ✓ lack of support for education due to cultural demands and expectations or unable to complete education due to family situation
  - ✓ substance abuse (self or family member)
  - ✓ peer conflict
  - ✓ required to provide care for sibling(s) in excess of normal domestic responsibilities
  - ✓ caring for a disabled or seriously ill person or member of household or death or serious illness of member of household
  - ✓ home affected by disaster in the last 2 years
  - ✓ lack of stable housing or forced to be independent under the age of 18
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### Supporting Documentation

You must provide supporting documents of your **disrupted or difficult home or school environment or excessive caring responsibilities**. Depending on your circumstances, this could include one or more of the following:

- ✓ a letter from a health professional verifying your home circumstances
- ✓ police or social worker report/statement
- ✓ letter from a community organisation with direct knowledge of your home circumstances
- ✓ Centrelink documents
- ✓ death certificate
- ✓ Statutory Declaration

### Section 3. Personal Illness or Disability

Complete this section if you experienced:

- **long-term or recurrent medical or psychiatric condition or disability or**
- **serious short term medical or psychiatric condition or**
- **learning, sensory, physical, psychological or other disability or disorder**

This is not applicable if you have had a mild or short-term illness, or if it is long term but minor.

Please note that disclosing any information will not adversely affect your admission to the University. Explain your situation and the effect it has had on you.

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**Curtin's Counselling and Disabilities office can provide support for students with long term issues that impact on their studies. Would you like assistance navigating these services? Yes  No**

### Section 3. Personal Illness or Disability (Continued)

#### Supporting Documentation

You must provide supporting documents of **your personal illness or disability** by having your primary Health Care provider (generally your General Practitioner) complete this page.

1. Medical condition/disability \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Describe the condition affecting the patient:

How long has the patient been affected by the medical condition/disability?

Less than 6 months

1-2 years

6-11 months

More than 2 years

To your knowledge, what treatment has the patient received?

How long has the patient been receiving treatment? \_\_\_\_\_

How often has this treatment been? daily / weekly / monthly / irregularly / other \_\_\_\_\_

When did this treatment end? \_\_\_\_\_

2. Details of registered health professional (medical practitioner, psychiatrist, psychologist or specialist not related to the applicant.)

Name of health care professional: \_\_\_\_\_

Position/occupation: \_\_\_\_\_ Reg/Provider No: \_\_\_\_\_

Name of organisation (e.g. St John of God Hospital): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_