Mailing Address
Building A
213 Pacific Highway
St Leonards 2065 NSW
Tel - 02 9942 0399
Fax - 02 9942 0383
http://www.bradfield.nsw.edu.au/

HSC Student Application Form for 2017

EXTERNAL STUDENTS

Software Design & Development (SDD)
Industry Technology Multimedia (ITMM)
Information Digital Technology (Digital Animation)
Information Processes & Technology (IPT)

PART ONE	GENERAL INFORMATION

Applications close 26 November 2016. Late applications *will* be considered if places still remain in the courses. For more information about the HSC Information Technology courses being run at Bradfield Senior College please refer to the Information Technology External Course Details Sheet, or visit the website www.bradfield.nsw.edu.au/external-subjects/
Please fax, email or post your completed application to the College.

Bradfield Senior College issues progress reports for the benefit of students, parents and future employers. If you require this information to be sent to an address other than the one indicated below, please indicate the alternative address in your personal statement.

Please note that this is a fee-paying course. Course charges will be advised in December 2015.

PART TWO	YOUR COURSE SELECTION

Please indicate which course(s) you wish to study and rank the following days (1-5) that best suit your study program. This information will be used to determine which days the classes will run. First priority cannot always be guaranteed.

☐ 2 Unit Software Design and Development
☐ 2 Unit Industrial Technology - Multimedia
☐ 2 Unit Information Processes & Technology
☐ 2 Unit Information Digital Technology (IDT)

Monday   Tuesday   Wednesday   Thursday   Friday

PART THREE	GENERAL INFORMATION ABOUT YOU

Family Name: …………………………….………

First Name: …………………………………..

Middle Name: ……………………………………..

Address: ………………………………………………

Current School: ……………………………………….

School Contact: …………………………………….

School Phone: ….………..……..... Fax:…………………..…..

Principal's approval gained?   Yes / No

Date of Birth: ………………… Male/Female (Please circle)

Contact Numbers

Home:……………..…..………………………………….....

Student Mobile:……..………………………………….....

Student Email: ..……………….…………………………

Board of Studies Number: …..……..…………..………....

In the school year 2017 I will be in Year ☐

PART FOUR	PARENT / CARER EMERGENCY CONTACT DETAILS

Please supply the name and telephone numbers of your **parent/carer.**

Contact Name: ………………………………………. Relationship to you: ………………… Male/Female (Please circle)

Home Phone: ……………..………………….. Work: …………….……………… Mobile: ……………………..……………..

Address: …………………………………………………………………………………Postcode:…………………

Email: …………..…………………………………. Do you want reports sent to this person? Yes/No (Please circle)

Please supply the name and telephone numbers of a person you wish us to contact in an emergency.

Contact Name: ………………………………………. Relationship to you: ………………… Male/Female (Please circle)

Address: …………………………………………………………………………………Postcode:…………………

Home Phone: ………………………………. Work: ……………..…………… Mobile: ……………………….…..……….

PART FIVE	YOUR PERSONAL STATEMENT

Complete the personal statement indicating why you want to study a computing course at Bradfield Senior College. This is used to gauge commitment to the course. You may want to talk about the experience you already have in computing or your future plans when you leave school.

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PART SIX	YOUR PERSONAL DECLARATION

Student's Declaration: I understand
- the requirements of Bradfield Senior College courses
- that places at Bradfield will be allocated using a competitive selection process
- that if selected, I am committed to completing the course
- that my parent(s) / guardian(s) / school will be regularly informed of my progress unless otherwise negotiated.

Further, I declare the following: (you must indicate Yes or No)
    ☐ Yes, I am an Australian or NZ citizen   ☐ No, I am not an Australian or NZ citizen
    If No, please indicate your residency status below
    ☐ permanent or ☐ temporary. If temporary, what is your Australian visa class? …………………
I certify that the information I have provided on this form is true and correct.

Signature ……………………………………………………………………………… **Date** …………………

Signature (Parent/Guardian/Caregiver) …………………………………………… **Date** ………….………

PART SEVEN	COLLEGE CONTACT INFORMATION
Ph: 9942 0399 Fax: 9942 0383 Email: peter.d.cox@tafensw.edu.au	**Peter Cox** Course Coordinator Information Technology

THANK YOU FOR COMPLETING THIS APPLICATION