

START NOW STUDY AUTHORISATION FORM



This form is to be used for both Start UNI Now (SUN) and Start TAFE Now (STN) admissions.

Please complete separate forms for each course admission if applying for more than one course of study.

Before completing this form, please review the relevant course page which can be accessed via the CQUni Handbook (<http://handbook.cqu.edu.au>) or visit www.cqu.edu.au/sun (SUN website) or www.cqu.edu.au/stn (STN website).

Please upload the completed form as part of your supporting documentation within the Apply Online application process.

STUDENT AUTHORISATION

Title Mr Miss Other

First Name

Date of birth

Surname

Learning Unique Identifier (LUI)^

I am currently in Year: 10 11 12

Unique Student Identifier (USI)*

The SUN Unit or STN Course I am applying for is:

^LUI required only for students studying QCAA/QLD curriculum.

*USI compulsory field - please check with school contact if unknown

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

1. Sharing the details of my enrolments, including but not limited to, my academic progress, non-attendance, assessment, support requirements, results and financial liability with my parents/guardians noted on this Authorisation form and any school staff from my school noted on this Authorisation form; and
2. Allowing any school staff from my school noted on this Authorisation form to change my enrolment, including but not limited to cancelling my course, dropping, adding and swapping units, in consultation with CQUniversity staff.

Student signature

Date

PARENT/GUARDIAN AUTHORISATION

Parent/Guardian 1 (Primary Contact) *Primary contact will be the main contact for any email correspondence in relation to the child/dependant's CQU study.

First Name

Surname

Address

Phone

Email

Parent/Guardian 2

First Name

Surname

Address

Phone

Email

I/We agree to my child/dependant's involvement in the above mentioned unit/course with CQUniversity and understand that I/We can find more information regarding this course by visiting the CQU website or contacting CQU via 13 27 86.

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 (if approved with signature by the child/dependant above).

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 (particularly section 6) to understand eligibility for a refund of fees paid.

Parent/Guardian 1 signature

Date

Parent/Guardian 2 signature

Date

SCHOOL AUTHORISATION

School Name

School Phone

Authorised school contact name and role*

Authorised school contact email

*Appropriate senior staff member involved in approval and/or discussions regarding school subject planning.

Authorised school contact signature

Date

IMPORTANT PRIVACY INFORMATION: Personal information is collected, used and stored by CQUniversity to facilitate your studies and related activities. Commonwealth and state departments require certain information about student details and activities to be reported or disclosed by the University. Any other provision of your information will only be authorised by you or required by law and in accordance with the Information Privacy Act 2009 Qld and the University's [Information Privacy Policy and Procedure](#).