



Access Melbourne Program 2007

Statement of Support Form

If the information provided in this statement applies to all of the categories you have selected, only one statement of support is required.

In circumstances where more than one statement of support is required, you may print this form as many times as you like.

The statement of support should be written by a responsible person with knowledge of the applicant's disadvantage, and how it has adversely affected their education.

The applicant cannot write the statement of support.

Any person related to the applicant cannot write the statement of support.

Note: For the purposes of this application a 'responsible person' is defined as doctor or relevant health care professional, lawyer, accountant, social worker, counsellor, religious or community leader, school principal or senior member of school staff.

Applicant to complete

Applicant Name:

This support statement is being submitted for the following category/ies:

- Non-English speaking background
- Recognition as an Indigenous Australian
- Difficult family circumstances
- Disadvantaged socio-economic background
- Rural or isolated applicant
- Under-represented schools
- Personal disability or medical condition

Support Statement Provider to complete

1. Personal Details of the provider of the statement of support

Name	
Area of Specialisation	
Name of Organisation (if applicable)	

Contact Details

Street			
City			
State		Postcode	
Phone			
Email			

2. To the best of your knowledge, comment on the circumstances described by the applicant.

The statement should contain sufficient information to make clear how the circumstances affected the applicant's education. Describe the effect these circumstances had on the applicant's ability to study and perform in assessment.

A large, empty rectangular box with a thin black border, intended for the applicant to provide their response to the question above. The box is currently blank.

3. In your opinion, to what degree have these circumstances educationally disadvantaged the applicant?

- Severely
- Moderately
- Slightly
- No observable disadvantage

4. Please check the box to confirm that you are not related to the applicant

Signature:

Date: