## **Aboriginal Tutorial Assistance** Scheme (ATAS)





Attn: Sandra Hanson AAC/TAFESA **Regency Campus Days Road** Regency Park SA 5010 P: 08 8348 2480

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TUTOR REGISTRATION FORM										
1. Personal Details:										
First Name: Surname:										
Male: Female:	Origin: Australian A	boriginal / Torres	Strait Islander Au	stralian						
	Other:									
2. Contact Details:										
Home Phone:		Mobile:								
Work Phone:		Email:								
Postal Address:										
3. Qualifications: Note: Yo	u must attach your Resume /	CV and certified o	opies of Academic Transcript/s							
List your Academic / Professional Qualifications:			There completed (University): Year / S							
4. Preferred Subject Area	S: List <u>ALL</u> the Units of Stu	udy areas you are	able to provide tutorial assistan	ce in						

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<b>5. Other Skills:</b> Provide deta tutor	tils of previous tutori	ing, teaching or	other experie	nce that m	ay qualify y	ou to be an	ATAS
6. Further Information:							
a) Have you attended any Cultur	al Awareness Trainii	ng Session?		Yes		] ]	No
If yes, where & when?							I
b) Have you ever been employed	l as an ATAS tutor b	v another Instit	ıtion?	Yes		]	No
If yes, where & when?		<i>y</i>					, ,
7. Student Details: If you a	lready have a studen	nt who has requ	ested ATAS as	ssistance, p	lease provi	de their full	name
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8. Tutor Declaration:							
<ul><li>a) Please note completion of reg</li><li>b) I declare that the information</li></ul>							
SIGNATURE			DATE				
Attention Tutor: Please insert your banking det					Funds Transfer (EFT) Bank Name		
BSB No. A/c No.		A/c Name			Bank Nam	e	
Checklist: Please ensure the fold	lowing have been attac	hod: roturn all no	nerwork to San	ndra Hanson	ı via vour loc	eal campus st	aff
Certified copy of Academic	Transcripts - attach	ed				ulum Vitae	
Completed all questions					•	plier (or AE	SN)
National Police Check			Yo	ou have sig	ned the appl	lication	
ACADEMIC STAFF NAME & I	FACULTY					_	
TAFESA STAMD)		SIGN	ATURE			FX	T