



# Yourimbah Advocacy Form.

Student Number:

Date:

**PLEASE USE BLOCK LETTERS**

First Name:

Last Name:

Email:

Mobile Number:

Other Number:

Faculty: \_\_\_\_\_ Program: \_\_\_\_\_

Subject: \_\_\_\_\_ Relevant Staff: \_\_\_\_\_

Please Circle:

Year	Study Mode	Type of study	Campus	How did you find out about us?
1st	Undergrad	Full Time	Ourimbah	Lecturer/Tutor
2nd	PG Coursewk	Part Time	Callaghan	C.C. Website
3rd	PG Research	On Line	Both	C.C Staff
4th		Placement		Student or friend
5th				Student Support
Other:			<b>Student Type</b>	Yourimbah Advocacy previously
.....			Domestic	
			International	Other:.....

## Privacy Collection Statement

Yourimbah Student Association acknowledges and respects the privacy of individuals. Yourimbah Advocacy collects, stores, uses, updates, discloses and disposes of all personal information in accordance with the Privacy Management Plan which sets out how the University of Newcastle (UoN) complies with the principles and requirements of the *Privacy and Personal Information Protection Act 1998* ("the PPIP Act"), the *Health Records and Information Privacy Act 2002* ("the HRIP Act") and any relevant Codes of Practice made by the Attorney-General or Directions issued by the NSW Privacy Commissioner.

## Authority to Act

I authorise Yourimbah Student Association Advocacy Service and it's Advocates to act as an advocate on my behalf and represent my interests in relation to matters concerning my academic, administrative and personal issues. I authorise Yourimbah Advocates to contact, liaise, discuss and resolve these issues with other parties, including but not limited to UoN teaching and administration staff, counselors and any relevant third parties.

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

**Date Closed:**..... **Advocate:**..... **Entered By:**..... **Case No.:**.....

**Nature of Issue/Complaint (please write a short paragraph):**

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**What have you done to try to resolve the issue?**

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**What outcomes are you seeking?**

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**OFFICE USE ONLY**

**Regulation Issue (Not for PR)**

- |   |  |
|---|--|
| <input type="checkbox"/> Acad.Misconduct          | <input type="checkbox"/> Placement         |
| <input type="checkbox"/> Appeal                   | <input type="checkbox"/> Re-Assessment     |
| <input type="checkbox"/> Credit Transfer          | <input type="checkbox"/> Referred to:..... |
| <input type="checkbox"/> Discrimination/Harass.   | <input type="checkbox"/> RPL               |
| <input type="checkbox"/> Enrolment                | <input type="checkbox"/> Results           |
| <input type="checkbox"/> Ethics                   | <input type="checkbox"/> Adverse Cir       |
| <input type="checkbox"/> Extensions               | <input type="checkbox"/> Spec.Needs        |
| <input type="checkbox"/> Fees                     | <input type="checkbox"/> Supervision       |
| <input type="checkbox"/> General Misconduct       | <input type="checkbox"/> UoN Policy Advice |
| <input type="checkbox"/> Grievance -Admin.        | <input type="checkbox"/> Teaching Quality  |
| <input type="checkbox"/> Grievance - General      | <input type="checkbox"/> Other Acad. Issue |
| <input type="checkbox"/> Int'ntl.Stu. Regulations | <input type="checkbox"/> Other:.....       |
| <input type="checkbox"/> Potential Graduate       |  |

Progress Review		Transition	
<input type="checkbox"/> At Risk	<input type="checkbox"/> PR 1	<input type="checkbox"/> Int'ntl	<input type="checkbox"/> Sec. school.
<input type="checkbox"/> Appeals	<input type="checkbox"/> PR 2	<input type="checkbox"/> Mature Age	<input type="checkbox"/> TAFE
<input type="checkbox"/> Interv'tn	<input type="checkbox"/> PR 3	<input type="checkbox"/> Other Uni	<input type="checkbox"/> VCE or equivalent
<input type="checkbox"/> Other:.....	<input type="checkbox"/> PR:.....	<input type="checkbox"/> Regional	<input type="checkbox"/> Other:.....

Attend Hearing with Student			
<input type="checkbox"/> Yes	Date:.....	Time:.....	Room:.....
#.....	Present:.....		
<input type="checkbox"/> NO	.....		

Service to Enquiry	
<input type="checkbox"/> Telephone. How many calls to Adv?.....	
<input type="checkbox"/> Appointment. How many appts?.....	
Total no. letters/emails:.....	

**Time Allocation**

A=Less than 2 hrs     B=2hrs-1day     C=Greater than 1day

**Notes:**

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