

OISS-TS Tutor Registration Form

Office of Indigenous Student Services - Tutorial Support



SECTION 1 – TUTOR PERSONAL DETAILS

Tutor Details

Title Mr Mrs Ms Miss Dr

Surname

Given Names

Preferred Name
Optional – NOT Nickname

Gender Female Male

Date of Birth
dd/mm/yyyy

Are you of Australian Aboriginal or Torres Strait Islander origin?

- Yes, Aboriginal and Torres Strait Islander
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Neither Aboriginal nor Torres Strait Islander

Are you a current student? Yes No

If yes, what are you studying?

Contact Details

Email

Home Phone

Work Phone

Mobile Phone

Home Address

Number & Street
Cannot be a PO Box

Suburb/Town

State & Post Code

Postal Address – If different to your Postal Address

Number & Street or PO Box

Suburb/Town

State & Postcode

SECTION 2 – TUTOR TRAINING AND QUALIFICATIONS

Have you completed Cultural Awareness Training?

Yes No

Qualifications

Please list your highest education qualification first

Tick the disciplines you would be capable to tutor

- Aboriginal & Australian Studies
 Accounting, Administration, Economics, Commerce
 Computing, Built Environment
 Education and Teaching
 Engineering, Science, Surveying
 Environmental Studies
 Behavioural Science, Social Studies
 Law & Legal Studies
 - Bachelor of Arts/Bachelor of Laws
 Medicine, Nursing, Midwifery, Health Science

Please further state which disciplines are more specific to your qualifications and you are able to tutor in:

SECTION 3 – DECLARATION AND SIGNATURE

1. I declare that the information I have provided on this registration form is true and complete.
2. I understand that registering as a tutor with the CDU OISS - TS program does not guarantee employment.
3. I agree for the contracted students to receive and contact me on my preferred contact details.
4. I acknowledge that while I am employed as a casual tutorial support staff member, I will comply with the rules, procedures, policies and by-laws of the University, as amended from time to time.
5. I understand that the giving of false or misleading information may lead to the cancellation of my contract and the denial of any future contracts.
6. I understand that the University may disclose personal information to Commonwealth, State or Territory agencies where required by law or for program reporting and monitoring purposes.
7. I declare that the information I have provided on this tutor registration form is true and complete.
8. I understand that giving false or misleading information is a serious offence; and may incur in a debt to the Commonwealth or the provider or both if I receive assistance or payment that I should not have received.

Tutor Registration Checklist

- Curriculum vitae
 Certified copies of qualifications
 Certified copy of proof of identification

Signature of Tutor: _____ Date: _____

SECTION 4 – WHERE TO SEND YOUR FORM

Your tutor registration form can be posted, hand delivered or emailed to the Office of Indigenous Student Services - Tutorial Support

Postal Address or Hand Deliver

Office of Indigenous Student Services - Tutorial Support
Blue 2.1.21 Charles Darwin University
DARWIN NT 0909 AUSTRALIA

Email: ts@cdu.edu.au

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