

# FNSE-TS Tutor Registration Form



## First Nations Student Programs - Tutorial Support

### SECTION 1 – TUTOR PERSONAL DETAILS

Title  Mr  Mrs  Ms  Miss  Dr  Mx

Surname

Given Names

Preferred Name   
Optional – NOT Nickname

Gender  Female  Male  
 Indeterminate/ Intersex/ Unspecified

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, list your course and year (eg. first, second)

#### 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

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

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 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, tutor guidelines and by-laws of the University, as amended from time to time.
5. 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.
6. I understand that giving false or misleading information is a serious offence resulting in contract cancellation and exclusion from the Program; 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
- Ochre card or state equivalent

Signature of Tutor: \_\_\_\_\_

Date: \_\_\_\_\_

### SECTION 4 – WHERE TO SEND YOUR FORM

#### Postal Address or Hand Deliver

First Nations Student Programs - Tutorial Support  
Blue 2.1.21 Charles Darwin University  
DARWIN NT 0909 AUSTRALIA

Email: [ts@cdu.edu.au](mailto:ts@cdu.edu.au)

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