



**WARAWARA**  
**Department of Indigenous Studies**

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

**INDIGENOUS TUTORIAL ASSISTANCE SCHEME**

**MENTOR/TUTOR REGISTRATION FORM**

**Personal Details**

Title:	Family Name:	
First Name:	Middle Name:	
Date of Birth:	Gender:	
		Non-Aboriginal

**Home Address**

	State:	Postcode:

**Contact Details**

Home Ph:	Work Ph:
Home Fax:	Work Fax:
Email Address:	

Signature:

Date:

### **Formal Qualifications**


### **Other Skills**


### **Preferred Subject Areas**


### **Office Use Only**

Mentor/Tutor:	
Mentor/Tutor ID Number:	
	Qualifications Sighted
	Received Mentor/Student Responsibilities Form