



60 Greenhill Road, Wayville, South Australia 5034 Telephone 08 8372 7400 Facsimile 08 8372 7590

STATUS APPLICATION

RECOGNITION OF COMMUNITY-DEVELOPED PROGRAMS

This form is to be completed by students who are seeking recognition of community-developed programs. If approved, the status will be recorded on the Record of Achievement as a credit or unit value. The application must be referred to the SACE Board by the principal or nominee.

STUDENT DETAILS		
Name of student		
(BLOCK LETTERS) F.	AMILY NAME	GIVEN NAMES
Date of birth	SACE registration num	ber
Contact school	SACE Board school number	
COMMUNITY-DEVELOPED PROG	RAM(S)	
Please supply information on the commare seeking recognition.		ms (awards/certificates) for which you
Name of Community Program	Award Obtained	SACE Board Use Only
(e.g. Royal Life Saving Society (SA Branch))	(e.g. Bronze Cross)	
		Approved
		ASSDate
		Keyed
		ASSDate
Student Declaration: The attached d true and accurate record.	ocuments, which are provided to s	upport this application for status, are a
Signature of student		Date
REFERRAL TO THE SACE BOARD	BY THE PRINCIPAL OR NOM	INEE
The application is recommended and the	ne documents are attached (copies	only)
Signature of principal or nominee	Date referred to the SACE Board	