

## Student Advocacy Information Sheet

**All provided details are kept confidential, and where relevant, de-identified for statistical purposes**

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

ID. No \_\_\_\_\_

Email (please print) \_\_\_\_\_

Mobile \_\_\_\_\_

Nationality \_\_\_\_\_

Course and Faculty \_\_\_\_\_

Unit (if relevant) \_\_\_\_\_

Campus \_\_\_\_\_

Please tick/fill out the below where relevant:

- Coursework                      Research
- Domestic                          International
- Gender:
- Scholarship                      Full-fee paying                      Deferred
- Full-time                          Part-time                          Not Enrolled

Do you identify as:

- a member of the LGBTIQ+ community?    Yes    No    Prefer not to say
- Indigenous/Torres strait Islander?        Yes    No    Prefer not to say

Are you living with a disability?              Yes    No    Prefer not to say

Have you contacted an MGA advocate before? If yes, who? \_\_\_\_\_

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## Details of Issue

Student signature \_\_\_\_\_

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### [OFFICE USE ONLY]

Instructions received by \_\_\_\_\_ on \_\_\_\_\_ in person / by phone /  
by email

Assigned to: \_\_\_\_\_ on \_\_\_\_\_

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