Appendix 7

Declaration

On behalf of The University of South Australia I hereby attest that to the best of my knowledge, the information contained in this application for course accreditation is complete and accurate at the date specified below.

In order for the application to be assessed I agree to:

1. Permit authorised representatives of ASAR to inspect the facilities and equipment listed in the application for the purposes of assessing the suitability of teaching and assessment facilities and resources;
2. Not advertise or present the course as being accredited by ASAR until formally advised as such; and
3. Provide information as requested by ASAR for the purposes of accreditation.

If the proposed course is accredited, I agree to provide ASAR with an annual self-study report that is due each year on the anniversary of the accreditation date.

Authorised Officer

Name of Authorised Officer: PROF JON BUCKLEY

Signature of Authorised Officer:

NB. Submission of this form via email will count as a digital signature

Date: 10/1/2024 (DD.MM.YY)

Witnessed by

Name of Witness: Shylie Mactintosh

Signature of Witness:

NB. Submission of this form via email will count as a digital signature

Date: 10/1/2024 (DD.MM.YY)