

HLT242 Indigenous Wellbeing Practice

School: School of Health - Public Health

2025 | Semester 2

UniSC Sunshine Coast

**BLENDED
LEARNING**

Most of your course is on campus but you may be able to do some components of this course online.

Online

ONLINE

You can do this course without coming onto campus.

Please go to usc.edu.au for up to date information on the teaching sessions and campuses where this course is usually offered.

1. What is this course about?

1.1. Description

This course will develop your knowledge of the life course perspective, which is a culturally appropriate approach to Indigenous wellbeing across the lifespan. It will also explore what culturally safe practice means at both an individual practitioner and health organisation level. You will also learn how to draw from a life course perspective and incorporate Cultural Safety to apply a comprehensive primary health care approach to address Indigenous wellbeing, with a particular focus on Indigenous-community controlled models of health.

1.2. How will this course be delivered?

ACTIVITY	HOURS	BEGINNING WEEK	FREQUENCY
BLENDED LEARNING			
Tutorial/Workshop 1 – Workshop	2hrs	Week 1	13 times
Learning materials – Independent structured learning materials	2hrs	Week 1	13 times
ONLINE			
Learning materials – Structured online learning materials	2hrs	Week 1	13 times
Tutorial/Workshop 1 – Online workshop	2hrs	Week 1	13 times

1.3. Course Topics

Comprehensive primary health care for Indigenous wellbeing

Health and development over the life course

Culturally safe practice

Community-controlled models of health

Indigenous maternal health and parenting

Indigenous childhood health and development (birth to early teens)

Indigenous adolescent and youth health (early teens to mid 20s)

Healthy Indigenous adults and ageing (mid 20s +)

2. What level is this course?

200 Level (Developing)

Building on and expanding the scope of introductory knowledge and skills, developing breadth or depth and applying knowledge and skills in a new context. May require pre-requisites where discipline specific introductory knowledge or skills is necessary. Normally, undertaken in the second or third full-time year of an undergraduate programs.

3. What is the unit value of this course?

12 units

4. How does this course contribute to my learning?

COURSE LEARNING OUTCOMES	GRADUATE QUALITIES MAPPING	PROFESSIONAL STANDARD MAPPING *
On successful completion of this course, you should be able to...	Completing these tasks successfully will contribute to you becoming...	Competencies from multiple Professional Bodies (see below) *
1 Examine the life course approach to understand health and wellbeing from Indigenous perspectives.	Knowledgeable Creative and critical thinker Communication Problem solving	B.2, B.3, A.4, B.4, A.5, 1, 1.1, 1.2, 1.3, 1.5, 1.6, 1.9, 2, 2.2, 3, 3.1, 3.2, 3.3, 3.5, 3.6, 4.1, 4.1, 4.3, 5.2, 6.3, 6.4, 7, 7.1, 7.2, 7.3, 16.1, 16.2
2 Critically reflect on individual level practice and organisational policy to ensure culturally safe practice.	Knowledgeable Creative and critical thinker Communication Problem solving	B.3, A.4, B.4, A.5, B.5, 1, 1.1, 1.2, 1.2, 1.3, 1.5, 1.6, 1.9, 1.17, 2, 2.2, 2.3, 2.4, 2.5, 3, 3.1, 3.2, 3.3, 4, 4.1, 4.1, 4.2, 4.3, 5, 5.1, 5.2, 6, 6.3, 6.4, 7, 7.1, 7.2, 7.3, 11, 11.1, 11.2, 11.3, 12, 12.1, 12.2, 12.3, 13, 13.1, 13.2, 13.3, 14, 14.1, 14.2, 14.3, 16, 16.1, 16.2
3 Apply a comprehensive primary health care approach to health programs and services to address Indigenous wellbeing from a life-course perspective.	Creative and critical thinker Problem solving Information literacy	A.1, B.2, B.3, B.4, 1.2, 3.1, 4.1, 4.4, 6.4, 7, 7.1, 7.2, 7.3, 8.1, 12.1, 12.2, 12.3, 15.1, 15.2, 15.3, 16.1, 16.2

* Competencies by Professional Body

CODE	COMPETENCY
INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION	
A.1	Health as a human right, which is central to human development
B.2	The concepts of health equity, social justice and health as a human right as the basis for health promotion action
B.3	The determinants of health and their implications for health promotion action
A.4	Addressing health inequities, social injustice, and prioritising the needs of those experiencing poverty and social marginalisation
B.4	The impact of social and cultural diversity on health and health inequities and the Implications for health promotion action
A.5	Addressing the political, economic, social, cultural, environmental, behavioural and biological determinants of health and wellbeing
B.5	Health promotion models and approaches which support empowerment, participation, partnership and equity as the basis for health promotion action
1.2	Use health promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health
3.1	Engage partners from different sectors to actively contribute to health promotion action
4.1	Use effective communication skills including written, verbal, nonverbal, and listening skills
4.4	Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities.

6.4 Identify the determinants of health which impact on health promotion action

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM FRAMEWORK

1 Respect: History of Aboriginal and Torres Strait Islander peoples and the post-colonial experience

1.1 History of Aboriginal and Torres Strait Islander peoples and the post-colonial experience (Respect) - Describe the health of Aboriginal and Torres Strait Islander Australians pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples (N)

1.2 History of Aboriginal and Torres Strait Islander peoples and the post-colonial experience (Respect) - Analyse the impact of historical events on Aboriginal and Torres Strait Islander health and health service access, and the implications of these events on building trust and relationships with individuals, families and communities in health practice (I)

1.3 History of Aboriginal and Torres Strait Islander peoples and the post-colonial experience (Respect) - Incorporate strategies for delivering health care that builds trust and relationships with Aboriginal and Torres Strait Islander individuals, families and communities (ETP)

2 Respect: Aboriginal and Torres Strait Islander culture, beliefs and practices

2.2 Aboriginal and Torres Strait Islander culture, beliefs and practices (Respect) - Examine Aboriginal and Torres Strait Islander key concepts of health and wellbeing and the influence of culture, family and connection to country in health practice (I)

2.3 Aboriginal and Torres Strait Islander culture, beliefs and practices (Respect) - Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander culture and concepts of health and wellbeing into health care practice to enhance cultural safety (ETP)

3 Respect: Diversity of Aboriginal and Torres Strait Islander cultures

3.1 Diversity of Aboriginal and Torres Strait Islander cultures (Respect) - Describe the diversity of Aboriginal and Torres Strait Islander cultures and languages, and illustrate examples (N)

3.2 Diversity of Aboriginal and Torres Strait Islander cultures (Respect) - Examine key elements attributed to cultural beliefs and practices within the local context (e.g. kinship, reciprocity) (I)

3.3 Diversity of Aboriginal and Torres Strait Islander cultures (Respect) - Design strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity (ETP)

4 Respect: Humility and Lifelong Learning

4.1 Humility and Lifelong Learning (Respect) - Articulate the concept of cultural humility as a process of lifelong learning (N)

4.2 Humility and Lifelong Learning (Respect) - Demonstrate cultural humility and explain behaviours and values required to engage in lifelong learning (I)

4.3 Humility and Lifelong Learning (Respect) - Design professional strategies that enable continued learning and development of cultural capabilities in health practice (ETP)

5 Communication: Cultural Safety in health care: terminology and definitions

5.1 Cultural Safety in health care: terminology and definitions (Communication) - Identify key terms and definitions in the context of delivering culturally safe health care to Aboriginal and Torres Strait Islander clients (N)

5.2 Cultural Safety in health care: terminology and definitions (Communication) - Analyse the strengths and limitations of key terms and definitions in the context of culturally safe health practice (I)

6 Communication: Cultural safe communication

6.3 Cultural safe communication (Communication) - Incorporate knowledge and skills of culturally safe communication when interacting with Aboriginal and Torres Strait Islander individuals and family members (ETP)

7 Communication: Strengths-based knowledge and communication

7.1 Strengths-based knowledge and communication (Communication) - Describe the concept of strengths-based knowledge and communication and how this is used to balance problem-based perspectives of Aboriginal and Torres Strait Islander health and peoples (N)

CODE	COMPETENCY
7.2	Strengths-based knowledge and communication (Communication) - Analyse how knowledge of improvements in Aboriginal and Torres Strait Islander mortality/ morbidity can be used in strengths-based communication (I)
7.3	Strengths-based knowledge and communication (Communication) - Formulate strategies for incorporating strengths-based communication approaches into health practice with Aboriginal and Torres Strait Islander clients (ETP)
8.1	Partnerships with Aboriginal and Torres Strait Islander health professionals, organisations and communities (Communication) - Describe the historical development of Aboriginal and Torres Strait Islander health sector initiatives, including community controlled health services and role of Aboriginal and Torres Strait Islander health professionals (N)
11	Reflection: Self-reflexivity
11.1	Self-reflexivity (Reflection) - Examine own cultural worldview and values and describe implications for health care practice (N)
11.2	Self-reflexivity (Reflection) - Analyse the limitations of one's own perspectives and reflect upon the implications of one's own worldview for delivering culturally safe health care service to Aboriginal and Torres Strait Islander clients (I)
11.3	Self-reflexivity (Reflection) - Design practical strategies to enable ongoing self-reflexivity in a professional context (ETP)
12	Reflection: Culture of Australian health system
12.1	Culture of Australian health system (Reflection) - Discuss the history of Australia's dominant Western cultural paradigm and how this characterises the contemporary health system (N)
12.2	Culture of Australian health system (Reflection) - Examine the culture of chosen health professions, and analyse the impacts of this professional culture and the broader health system on Aboriginal and Torres Strait Islander health service experiences (I)
12.3	Culture of Australian health system (Reflection) - Develop strategies for mitigating the potential challenges of different cultural values and behaviours between Aboriginal and Torres Strait Islander clients and mainstream health care practice (ETP)
13	Reflection: Racism and anti-racism in health practice
13.1	Racism and anti-racism in health practice (Reflection) - Identify different forms of racism and prevailing stereotypes about Aboriginal and Torres Strait Islanders in Australia and how they impact equitable health service access and health outcomes for Aboriginal and Torres Strait Islander peoples (N)
13.2	Racism and anti-racism in health practice (Reflection) - Demonstrate internal strategies to examine and monitor personal responses to cultural and social differences (I)
13.3	Racism and anti-racism in health practice (Reflection) - Generate strategies for incorporating anti-racist and affirmative action approaches in health care practice (ETP)
14	Reflection: White Privilege
14.1	White Privilege (Reflection) - Discuss the concept of White Privilege and other social privileges and how this affects health care and health outcomes for Aboriginal and Torres Strait Islander clients (N)
14.2	White Privilege (Reflection) - Examine one's own positioning in terms of White Privilege and other social privileges (I)
14.3	White Privilege (Reflection) - Debate the implications of White Privilege and other social privileges on delivering equitable health care to Aboriginal and Torres Strait Islander clients (ETP)
15.1	Equity and Human Rights in health care (Advocacy) - Identify factors that can impact on Aboriginal and Torres Strait Islander individuals, families and communities having equal access to health services, in the context of the UN Declaration of Human Rights and Indigenous Peoples and other human rights instruments (N)
15.2	Equity and Human Rights in health care (Advocacy) - Analyse strengths and limitations in health care with reference to the UN Declaration of Human Rights and Indigenous Peoples and other human rights instruments in terms of equity for Aboriginal and Torres Strait Islander peoples (I)
15.3	Equity and Human Rights in health care (Advocacy) - Develop strategies for redressing inequity in health care for Aboriginal and Torres Strait Islander individuals, families and communities (ETP)
16	Advocacy: Social determinants
16.1	Social determinants (Advocacy) - Discuss the concept of social determinants and the impacts on Aboriginal and Torres Strait Islander health (N)

CODE	COMPETENCY
16.2	Social determinants (Advocacy) - Determine strengths and challenges in delivering health care with respect to the social determinants of health (I)
OCCUPATIONAL THERAPY COUNCIL OF AUSTRALIA LTD	
1.5	Practices in a culturally responsive and culturally safe manner, with particular respect to culturally diverse client groups.
1.6	Incorporates and responds to historical, political, cultural, societal, environmental and economic factors influencing health, wellbeing and occupations of Aboriginal and Torres Strait Islander Peoples.
1.9	Identifies and manages the influence of her/his values and culture on practice.
1.17	Recognises and manages any inherent power imbalance in relationships with clients.
2.4	Understands and responds to Aboriginal and Torres Strait Islander health philosophies, leadership, research and practices.
2.5	Maintains current knowledge for cultural responsiveness to all groups in the practice setting.
3.5	Selects and implements culturally responsive and safe practice strategies to suit occupational therapy goals and environment of the client.
3.6	Seeks to understand and incorporate Aboriginal and Torres Strait Islander Peoples' experiences of health, wellbeing and occupations encompassing cultural connections.
4.1	Communicates openly, respectfully and effectively.
4.3	Works ethically with Aboriginal and Torres Strait Islander communities and organisations to understand and incorporate relevant cultural protocols and communication strategies, with the aim to support self-governance in communities.

5. Am I eligible to enrol in this course?

Refer to the [UniSC Glossary of terms](#) for definitions of "pre-requisites, co-requisites and anti-requisites".

5.1. Pre-requisites

HLT150 or SCS130 or OCC102

5.2. Co-requisites

Not applicable

5.3. Anti-requisites

Not applicable

5.4. Specific assumed prior knowledge and skills (where applicable)

Not applicable

6. How am I going to be assessed?

6.1. Grading Scale

Standard Grading (GRD)

High Distinction (HD), Distinction (DN), Credit (CR), Pass (PS), Fail (FL).

6.2. Details of early feedback on progress

In weeks 4-5 you will receive formative feedback in the workshop.

6.3. Assessment tasks

DELIVERY MODE	TASK NO.	ASSESSMENT PRODUCT	INDIVIDUAL OR GROUP	WEIGHTING %	WHAT IS THE DURATION / LENGTH?	WHEN SHOULD I SUBMIT?	WHERE SHOULD I SUBMIT IT?
All	1	Written Piece	Individual	50%	1600 words	Week 7	Online Assignment Submission with plagiarism check
All	2	Written Piece	Individual	50%	1200 words	Week 13	Online Assignment Submission with plagiarism check

All - Assessment Task 1: Critical analysis

GOAL:	The goal of this assessment is for you to examine and critically analyse the life-course perspectives as it pertains to Aboriginal and/or Torres Strait Islander Peoples.		
PRODUCT:	Written Piece		
FORMAT:	Individual analysis of four pieces of Aboriginal and/or Torres Strait Islander Peoples biographical writing based on four different life stages. Vancouver referencing style *Further information relating to the critical reflections will be made available on Canvas.		
CRITERIA:	No.		Learning Outcome assessed
	1	Examine the life course perspective: details, accurate and relevant to health and wellbeing whole of life priority issues facing Aboriginal and/or Torres Strait Islander People.	1
	2	Evidence: use of scholarly literature to support life course theory and evidence to support key points relating to Aboriginal and/or Torres Strait Islander health and wellbeing whole of life priority issue; critically evaluated.	1 2
	3	Interpretation: evidence of independent thought and critical analysis.	2
GENERIC SKILLS:	Communication, Problem solving		

All - Assessment Task 2: Case Study Report

GOAL:	The goal of this task is for you to apply solution-oriented skills using Cultural Safety and comprehensive primary health care approaches to address a life course approach to an Aboriginal and/or Torres Strait Islander age-related health and wellbeing case study.		
PRODUCT:	Written Piece		
FORMAT:	Written case study. Vancouver referencing style		
CRITERIA:	No.		Learning Outcome assessed
	1	Application of solution-based learning skills for a culturally safe comprehensive primary healthcare approach to Aboriginal and Torres Strait Islander age-related life course health priority.	2 3
	2	Examine how Cultural Safety, a comprehensive primary healthcare approach, and community controlled health care can be integrated with this case study.	1 3
GENERIC SKILLS:	Problem solving, Information literacy		

6.4. Assessment to competency mapping

PROGRAMME DELIVERY MODE	ASSESSMENT TYPE	TITLE	COMPETENCY	TEACHING METHODS	
ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM FRAMEWORK					
All delivery modes	Written Piece	Critical analysis	1.1	Taught, Practiced, Assessed	
			1.2	Taught, Practiced, Assessed	
			1.3	Taught, Practiced, Assessed	
			2.2	Taught, Practiced, Assessed	
			2.3	Taught	
			3.1	Taught, Practiced, Assessed	
			3.2	Taught	
			7.1	Taught, Practiced, Assessed	
			7.2	Taught, Practiced, Assessed	
			7.3	Taught, Practiced, Assessed	
			16.1	Taught, Practiced, Assessed	
			16.2	Taught, Practiced, Assessed	
			16.3	Taught	
			Case Study Report	4.1	Taught, Practiced, Assessed
				4.2	Taught, Practiced, Assessed
		4.3		Taught, Practiced, Assessed	
		5.1		Taught, Practiced, Assessed	
		5.2		Taught, Practiced, Assessed	
		5.3		Taught, Practiced, Assessed	
		6.2		Taught, Practiced, Assessed	
		6.3		Taught	
		7.1		Taught, Practiced, Assessed	
		8.1		Taught, Practiced, Assessed	
		8.3		Taught, Practiced, Assessed	
		11.1		Taught, Practiced, Assessed	
		11.2		Taught, Practiced, Assessed	
		11.3		Taught, Practiced, Assessed	
		12.1		Taught, Practiced, Assessed	
		12.2		Taught, Practiced, Assessed	
		12.3		Taught, Practiced, Assessed	
		13.1		Taught, Practiced, Assessed	
		13.2	Taught, Practiced, Assessed		
		13.3	Taught, Practiced, Assessed		
14.1	Taught, Practiced, Assessed				
14.2	Taught, Practiced, Assessed				
14.3	Taught, Practiced, Assessed				
15.1	Taught, Practiced, Assessed				
15.2	Taught, Practiced, Assessed				
15.3	Taught, Practiced, Assessed				
THE COMPHP CORE COMPETENCIES FRAMEWORK FOR HEALTH PROMOTION 2011					
All delivery modes	Written Piece	Critical analysis	4.1	Taught, Practiced, Assessed	
			4.3	Taught, Practiced, Assessed	
			6.6	Taught, Practiced	
			8.1	Taught	
			A.1	Taught, Practiced, Assessed	
			A.3	Taught, Practiced, Assessed	
			A.4	Taught	
			B.2	Taught, Practiced, Assessed	
			B.3	Taught, Practiced, Assessed	
			B.4	Taught, Practiced, Assessed	
		Case Study Report	4.1	Taught, Practiced, Assessed	
			4.3	Taught, Practiced, Assessed	
			6.6	Taught	
			A.1	Taught	

PROGRAMME DELIVERY MODE	ASSESSMENT TYPE	Case Study Report TITLE	COMPETENCY	TEACHING METHODS
			A.3	Taught, Practiced, Assessed
			A.9	Taught, Practiced, Assessed
			B.2	Taught, Practiced, Assessed
2020 AUSTRALIAN OCCUPATIONAL THERAPY COMPETENCY STANDARDS				
All delivery modes	Written Piece	Case Study Report	1.5	Taught, Practiced, Assessed
			1.6	Taught, Practiced, Assessed
			2.5	Taught, Practiced, Assessed
			3.6	Taught, Practiced, Assessed
			4.4	Taught, Practiced, Assessed

7. Directed study hours

A 12-unit course will have total of 150 learning hours which will include directed study hours (including online if required), self-directed learning and completion of assessable tasks. Student workload is calculated at 12.5 learning hours per one unit.

8. What resources do I need to undertake this course?

Please note: Course information, including specific information of recommended readings, learning activities, resources, weekly readings, etc. are available on the course Canvas site– Please log in as soon as possible.

8.1. Prescribed text(s) or course reader

There are no required/recommended resources for this course.

8.2. Specific requirements

Not applicable

9. How are risks managed in this course?

Health and safety risks for this course have been assessed as low. It is your responsibility to review course material, search online, discuss with lecturers and peers and understand the health and safety risks associated with your specific course of study and to familiarise yourself with the University's general health and safety principles by reviewing the [online induction training for students](#), and following the instructions of the University staff.

10. What administrative information is relevant to this course?

10.1. Assessment: Academic Integrity

Academic integrity is the ethical standard of university participation. It ensures that students graduate as a result of proving they are competent in their discipline. This is integral in maintaining the value of academic qualifications. Each industry has expectations and standards of the skills and knowledge within that discipline and these are reflected in assessment.

Academic integrity means that you do not engage in any activity that is considered to be academic fraud; including plagiarism, collusion or outsourcing any part of any assessment item to any other person. You are expected to be honest and ethical by completing all work yourself and indicating in your work which ideas and information were developed by you and which were taken from others. You cannot provide your assessment work to others. You are also expected to provide evidence of wide and critical reading, usually by using appropriate academic references.

In order to minimise incidents of academic fraud, this course may require that some of its assessment tasks, when submitted to Canvas, are electronically checked through Turnitin. This software allows for text comparisons to be made between your submitted assessment item and all other work to which Turnitin has access.

10.2. Assessment: Additional Requirements

Eligibility for Supplementary Assessment

Your eligibility for supplementary assessment in a course is dependent of the following conditions applying:

- (a) The final mark is in the percentage range 47% to 49.4%; and
- (b) The course is graded using the Standard Grading scale

10.3. Assessment: Submission penalties

Late submissions may be penalised up to and including the following maximum percentage of the assessment task's identified value, with weekdays and weekends included in the calculation of days late:

- (a) One day: deduct 5%;
- (b) Two days: deduct 10%;
- (c) Three days: deduct 20%;
- (d) Four days: deduct 40%;
- (e) Five days: deduct 60%;
- (f) Six days: deduct 80%;
- (g) Seven days: A result of zero is awarded for the assessment task.

The following penalties will apply for a late submission for an online examination:

Less than 15 minutes: No penalty

From 15 minutes to 30 minutes: 20% penalty

More than 30 minutes: 100% penalty

10.4. SafeUniSC

UniSC is committed to a culture of respect and providing a safe and supportive environment for all members of our community. For immediate assistance on campus contact SafeUniSC by phone: [07 5430 1168](tel:0754301168) or using the [SafeZone](#) app. For general enquires contact the SafeUniSC team by phone [07 5456 3864](tel:0754563864) or email safe@usc.edu.au.

The SafeUniSC Specialist Service is a Student Wellbeing service that provides free and confidential support to students who may have experienced or observed behaviour that could cause fear, offence or trauma. To contact the service call [07 5430 1226](tel:0754301226) or email studentwellbeing@usc.edu.au.

10.5. Study help

For help with course-specific advice, for example what information to include in your assessment, you should first contact your tutor, then your course coordinator, if needed.

If you require additional assistance, the Learning Advisers are trained professionals who are ready to help you develop a wide range of academic skills. Visit the [Learning Advisers](#) web page for more information, or contact Student Central for further assistance: +61 7 5430 2890 or studentcentral@usc.edu.au.

10.6. Wellbeing Services

Student Wellbeing provide free and confidential counselling on a wide range of personal, academic, social and psychological matters, to foster positive mental health and wellbeing for your academic success.

To book a confidential appointment go to [Student Hub](#), email studentwellbeing@usc.edu.au or call 07 5430 1226.

10.7. AccessAbility Services

Ability Advisers ensure equal access to all aspects of university life. If your studies are affected by a disability, learning disorder mental health issue, injury or illness, or you are a primary carer for someone with a disability or who is considered frail and aged, [AccessAbility Services](#) can provide access to appropriate reasonable adjustments and practical advice about the support and facilities available to you throughout the University.

To book a confidential appointment go to [Student Hub](#), email AccessAbility@usc.edu.au or call 07 5430 2890.

10.8. Links to relevant University policy and procedures

For more information on Academic Learning & Teaching categories including:

- Assessment: Courses and Coursework Programs
- Review of Assessment and Final Grades
- Supplementary Assessment
- Central Examinations
- Deferred Examinations
- Student Conduct
- Students with a Disability

For more information, visit <https://www.usc.edu.au/explore/policies-and-procedures#academic-learning-and-teaching>

10.9. Student Charter

UniSC is committed to excellence in teaching, research and engagement in an environment that is inclusive, inspiring, safe and respectful. The [Student Charter](#) sets out what students can expect from the University, and what in turn is expected of students, to achieve these outcomes.

10.10.General Enquiries

In person:

- **UniSC Sunshine Coast** - Student Central, Ground Floor, Building C, 90 Sippy Downs Drive, Sippy Downs
- **UniSC Moreton Bay** - Service Centre, Ground Floor, Foundation Building, Gympie Road, Petrie
- **UniSC SouthBank** - Student Central, Building A4 (SW1), 52 Merivale Street, South Brisbane
- **UniSC Gympie** - Student Central, 71 Cartwright Road, Gympie
- **UniSC Fraser Coast** - Student Central, Student Central, Building A, 161 Old Maryborough Rd, Hervey Bay
- **UniSC Caboolture** - Student Central, Level 1 Building J, Cnr Manley and Tallon Street, Caboolture

Tel: +61 7 5430 2890

Email: studentcentral@usc.edu.au