



# APPLICATION FORM

## (International Student)

### PERSONAL INFORMATION

Title:	First Name:	Last Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone / Mobile:	Email:	
Country of Birth:	Nationality:	
Passport Number:	Passport Expiry Date:	
Do you hold a current Australian visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Visa type:		Visa Expiry Date:

### CONTACT DETAILS

#### Home Country Address -

Building/Property Name:		Flat/Unit details:	
Street Number:		Street Name:	
City/Suburb:	State/Country:	Post Code:	

#### Address in Australia -

Building/Property Name:		Flat/Unit details:	
Street Number:		Street Name:	
City/Suburb:	State/Country:	Post Code:	

#### Emergency Contact Details

Name:	Relationship:	Phone:
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### DISABILITY AND SPECIAL NEEDS

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Medical condition <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Other _____ _____



**ENGLISH LANGUAGE PROFICIENCY**

How well do you speak English?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
Do you have IELTS / TOEFL / PTE / Other (specify) scores?	Test Name	Score	Date	
	<input type="checkbox"/> IELTS	_____	_____	
	<input type="checkbox"/> PTE	_____	_____	
	<input type="checkbox"/> TOEFL	_____	_____	
	<input type="checkbox"/> Placement Test	_____	_____	

**ACADEMIC RECORDS**

Qualification	Institution Name	Year Completed

**COURSES OFFERED**

Course Code (CRICOS Code)	Duration (in weeks)
<input type="checkbox"/> BSB50420 DIPLOMA OF LEADERSHIP AND MANAGEMENT (104330F)	78
<input type="checkbox"/> BSB60420 ADVANCED DIPLOMA OF LEADERSHIP AND MANAGEMENT (106377H)	52
<input type="checkbox"/> SIT40516 CERTIFICATE IV IN COMMERCIAL COOKERY (0100407)	78
<input type="checkbox"/> SIT50416 DIPLOMA OF HOSPITALITY MANAGEMENT (012563H)	52
<input type="checkbox"/> CHC30121 CERTIFICATE III IN EARLY CHILDHOOD EDUCATION AND CARE (108495H)	52
<input type="checkbox"/> CHC50121 DIPLOMA OF EARLY CHILDHOOD EDUCATION AND CARE (108494J)	52
<input type="checkbox"/> FNS40217 CERTIFICATE IV IN ACCOUNTING AND BOOKKEEPING (0102007)	52
<input type="checkbox"/> FNS50217 DIPLOMA OF ACCOUNTING (0102006)	73
<input type="checkbox"/> CHC33015 CERTIFICATE III IN INDIVIDUAL SUPPORT (103195E)-Ageing	26
<input type="checkbox"/> CHC33015 CERTIFICATE III IN INDIVIDUAL SUPPORT (103195E)-Disability	26
<input type="checkbox"/> CHC43015 CERTIFICATE IV IN AGEING SUPPORT (103194F)	78
<input type="checkbox"/> CHC53315 DIPLOMA OF MENTAL HEALTH (103196D)	78
<input type="checkbox"/> ICT40120 CERTIFICATE IV IN INFORMATION TECHNOLOGY (105966F)	52
<input type="checkbox"/> ICT50220 DIPLOMA OF INFORMATION TECHNOLOGY (105967E)	78
<input type="checkbox"/> ICT60220 ADVANCED DIPLOMA OF INFORMATION TECHNOLOGY (105968D)	78
Do you want to pay more than 50% upfront fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**COURSE START DATE**

Year 20 \_\_\_\_\_  Jan  Feb  April  May  July  Aug  Oct  Nov

**RECOGNITION OF PRIOR LEARNING (RPL)**

<p>Do you wish to apply for Recognition of Prior Learning? <i>If yes, you will be contacted to discuss this further.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Learners applying for RPL need to submit certified copies of transcripts in support of their application. Application Charge applicable.</p>
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**Credit Transfer**

<p>Do you wish to apply for Credit Transfer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Learners applying for Credit Transfer need to submit certified copies of transcripts or list of completed units issued by another provider or an authenticated VET Transcript issued by the USI Registrar in support of their application</p>
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**OVERSEAS STUDENT HEALTH COVER (OSHC)**

If coming to Australia on a Student Visa you are required to buy OSHC to cover you for the full duration of your stay. Unless you show proof of having purchased OSHC prior, you will be invoiced for OSHC along with your enrolment and tuition fee. The college will arrange the health cover for you.

<p>Do you require OSHC?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide details - _____</p> <p>_____</p>
<p>If Yes, please select the appropriate cover</p>	<p><input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family</p>

**UNIQUE STUDENT IDENTIFIER (USI)**

From 1 January 2015, all new and continuing students need to apply for a Unique Student Identifier (USI). A USI gives you access to a government online portal that will contain all of your nationally recognised training records and results from 1 January 2015 onwards. In order to receive a nationally recognised VET qualification or statement of attainment your training organisation must collect and verify your USI. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au>. Alternatively, by supplying the below information, *Australia College of the Professions* can apply for a USI on your behalf.

<p>Do you have a Unique Student Identifier (USI)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Yes, please provide your USI number</p>	<p>_____</p>
<p>If you would <i>Australia College of the Professions</i> to apply for or search or locate a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at</p>	



[https://www.usi.gov.au/system/files/documents/privacy\\_notice\\_0\\_0.pdf](https://www.usi.gov.au/system/files/documents/privacy_notice_0_0.pdf)

A hard copy of the privacy policy will be provided on request.

I [Name] \_\_\_\_\_ authorise *Australia College of the Professions* to apply pursuant to sub - section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

Student Signature: \_\_\_\_\_

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

Additional Information for USI Application – only required if you do NOT have a USI

Please provide details for one of the forms of identity below:

Town / City of Birth		
<input type="checkbox"/> Australian Driver Licence	State:	Licence number:
<input type="checkbox"/> Medicare Card	Card number:	Individual reference number:
	Expiry date:	Card color: <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Yellow
<input type="checkbox"/> Australian Passport	Passport number:	
<input type="checkbox"/> Non-Australian Passport (with Australian Visa)	Passport number:	Expiry date:
	Country of issue:	
<input type="checkbox"/> Immicard	Immicard number:	
<b>USI number</b>		

In accordance with section 11 of the Student Identifiers Act 2014, *Australian College of the Professions* will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

**ACCOMODATION AND AIRPORT PICKUP**

Do you require accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many weeks: _____
Do you require an airport pick up?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide arrival details: _____



**How did you hear about Australian College of the Professions (ACP)?**

- |  |   |
|--|---|
| <input type="checkbox"/> Website             | <input type="checkbox"/> Exhibition           |
| <input type="checkbox"/> Friends / Relatives | <input type="checkbox"/> Newspaper / Magazine |
| <input type="checkbox"/> Agent _____         | <input type="checkbox"/> Other                |

**APPLICATION CHECKLIST**

Before submitting your application, please ensure all sections of the application form are completed and attach the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Certified copy of your passport  | <input type="checkbox"/> Copy of your valid visa (if applicable) |
| <input type="checkbox"/> Certified copies of your academic qualifications                                     | <input type="checkbox"/> Copy of your valid OSHC (if applicable) |
| <input type="checkbox"/> Certified copies of your English Language Proficiency                                | <input type="checkbox"/> RPL Application (if applicable)         |
| <input type="checkbox"/> Any other relevant document/s to support your application(as per entry requirements) |  |

**PRIVACY NOTICE**

Under the Data Provision Requirements 2012, *Australian College of the Professions (ACP)* is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by ACP for statistical, regulatory and research purposes. ACP may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988(Cth,), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au))



**STUDENT DECLARATION**

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

I also consent to any photos or video taken of me whilst in training to be used by ACP in any appropriate marketing of the RTO and its facilities.

I acknowledge, I have read, understood and accepted the terms and conditions of enrolment as mentioned in the ACP Brochure and Student Handbook available on the <https://www.professions.edu.au/>

Student Signature: \_\_\_\_\_

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

**PAYMENT DETAILS – FOR OFFICE USE ONLY**

Enrolment Fee		Material Fee	
Tuition Fee		OSHC <i>(if applicable)</i>	
Accommodation placement Fee <i>(if applicable)</i>		Airport Pickup Fee <i>(if applicable)</i>	
Other			

AUSTRALIAN COLLEGE OF THE PROFESSIONS