

Work Training Program for Culinary Professionals (WTPCP) STUDENT APPLICATION FORM

Personal Details

1. Surname:

2. Given Name:

3. Middle Name/s:

4. Title: Mr. Mrs. Miss Ms. Dr. Other

5. Marital Status: Single Married Divorced Separated Widow/Widower

6. Is this your legal name? Yes No If not, what is your legal name?

7. Date of birth (dd/mm/yyyy) 8. Sex : Male Female

9. Home Phone: 10. Mobile Phone:

11. E-mail:

12. Address in Australia (If known)

Building/
Property Name: Flat/Unit
Number:

Street Number:
(e.g. 5 or lot 12) Street
Name:

Suburb,
Locality or Town: State /
Territory:

Postcode:

13. Emergency Contact

Name

Relationship to you

Phone E-mail

You came to know about us through

Friends Website Advertisement

Do you have agent? Yes No

Agent name

Course Fee And Refund Policy

1. Fee is required together with a completed **ACFE Application Form**

Application Fee	A\$250.00
Course Fee	A\$9,000.00
Full Payment	\$9,000 is required within 7 days of receiving the Letter of Offer and Confirmation of Work Training Sponsorship

2. Refunds

- a. Full Refund is applicable only to Offshore Applicants if the 402 Visa is denied.
- b. No Refund applicable to onshore applicants if withdrawn from the WTPCP upon 402 Visa lodgement.

Student Declaration

In signing this form I agree:

- That the information I have provided on this form is true, correct and complete;
- To be bound by the applicable standards of conduct, statutes, regulations, policies and procedures of Australian Centre of Further Education including any variations that are made from time to time.

Student Signature

Date

How to lodge this form

Please return this Form along with supporting documents to:

ADMISSIONS

Australian Centre of Further Education Pty Ltd.
Level 5, 341 Queen Street. Melbourne 3000 AUSTRALIA

Tel: +613 8600 8600 | Fax: +613 9670 0454 | Email: admissions@acfe.edu.au

STUDENT PAYMENT ADVICE

PERSONAL DETAILS

Surname:

Given Name:

Middle Name/s:

Title: Mr. Mrs. Miss Ms. Dr. Other

Address Postcode

Home Phone Work Phone

Mobile Email

PAYMENT DETAILS

MODE OF PAYMENT (please tick)

VISA MASTER CARD CASH BANK CHEQUE EFT

(A) CREDIT CARD ALL VISA AND MASTERCARD TRANSACTIONS WILL INCUR A 2.5% ADDITIONAL FEE.

Card Number

Card Holder Name VERIFICATION CODE (last 3 digits on back of card)

Card Holder's Signature

EXPIRY DATE

AMOUNT

(B) ELECTRONIC FUNDS TRANSFER (EFT)

Account Name: Australian Centre of Further Education **Swift code:** NATAAU3303M
BSB: 083 091 **Account Number:** 943-856-373
Bank Details: National Australia Bank **Bank Address:** 460 Collins St., Melbourne, VIC 3000 Australia

Please include the Student name in the description box, so we are able to identify payment allocation.
 Please allow extra for Bank transfer fees.