

STUDENT APPLICATION FORM		
Return to Practice (RN) Return to Practice (EN)		
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? If not, what is your legal name?		
Yes No		
7. Date of birth (dd/mm/yyyy) 8. Sex: Male Female		
9. Home Phone: Yes No 10.Mobile Phone:		
11. E-mail:		
12. Address in Australia		
Street City		
State Postcode:		
13. Emergency Contact		
Name Relationship		
Phone E-mail		
14. Confirmed Referee Details		
Friends Website Advertisement Agent		
Others		



PRE REOUISITES FOR REGISTRATION WITH AHPRA

Are there any grounds on which the Australian Health Practitioners Regulations Agency (AHPRA) might refuse to register you as a nurse pursuant to The Health Practitioner Regulation National Law (Victoria) Act 2009 (these grounds include a substance abuse problem or a physical or mental impairment which significantly impairs your capacity to practice as a		
registered nurse or any disclosable criminal record? Yes NO		
Please refer to www.nursingmidwiferyboard.gov.au for any further information.		
If YES, please specify:		

APPLICATION PROCESS

- The Student Application Form is completed and submitted to Australian Centre of Further Education (ACFE) with supporting documents (Minimum Requirement for Enrolment)
- · If application is successful you will be invited to interview. Interviews are conducted either at our office or via SKYPE.

Application Requirements

Documents Required to Submit this Application Form

- 1. Australian Health Practitioner Regulation Agency (AHPRA) Student must provide an original certified true copy of the AHPRA Letter indicating which course they have permission to complete. This letter must be Valid. (A valid letter is 12 months from the date of issue)
- 2. Supporting documents
- Please attach an up to date resume and a letter explaining the reason why you wish to enroll into the course.
- Certified Copy of Nursing Qualifications
- 3. Identification copy of Driver's License or Passport

Additional Documents Required when accepted in the Program

- 1. Applicants must provide copies of all relevant information of nursing registration, and other nursing courses.
- 2. Police Clearance
- 3. Current working with children check (Victoria) or interstate equivalent.
- 4. Students need to provide evidence of Immunisation for:
- Hepatitis A, B, C
- Diphtheria, Tetanus and Poliomyelitis(Polio)
- Measles, Mumps, Rubella, Varicella
- Influenza vaccination
- 5. Clinical Placement may also require students to provide documented evidence of their status for Mantoux Test

Course Fee And Refund Policy

- 1. Application Fee: AUD \$250 (non-refundable) this fee is required together with a completed ACFE Application Form
- 2. Course Fee: AUD \$8,000 Materials Fee: \$500.00 (Total of A\$7,500)
 - a. Initial Fee of \$4,000 is required within 7 days of receiving the Letter of Offer and Invoice from ACFE. This fee will confirm your place in the IRON Program and your Clinical Placement.
 - b. The balance is required not later than one month prior to the start of the Course or as soon as the Applicant has been granted Visa by the Australian government.
- 3. Refunds
 - a. Full Refund is applicable if the enrolment is withdrawn 30 days or more prior to the intake date as stated in the Confirmation of Enrolment (COE).
 - b. The initial fee of \$4,000 is forfeited if a student cancels less than 30 days prior to the intake date as stated in the Confirmation of Enrolment.
 - c. No refund is applicable if the student withdraws on or after the commencement date of the course intake as stated in the Confirmation of Enrolment.

NOTE: Payment or participation in the program does not guarantee recommendation for registration with the Nursing and Midwifery Board of Australia (NMBA) within the Registered Nurse section of the AHPRA register, this requires successful completion of the program.



PAYMENT DETAILS		
(A) CREDIT CARD All VISA and MASTERCARD transaction	ns will incur a 2.5% additional fee.	
VISA MASTER CARD CASH	BANK CHEQUE	
Card Number		
Card Holder Name	VERIFICATION CODE (last 3 digits on back of card)	
Card Holder's Signature	EXPIRY DATE	
	AMOUNT	
of Further Education including any variations that a • I read and accept the "Fees, Charges and Refund Po	s true, correct and complete; ct , statutes, regulations , policies and procedures of Australian Centro are made from time to time	
Student Signature	Date	
Please return this Form along with supporting docume	nts to:	
The Administrator Australian Centre of Further Education Level 5, 341 Queen Street. Melbourne 3		
Tel: +613 8600 8600 Fax: +613 9670 0454 Email: info@acfe.edu.au		