



## ENROLMENT FORM *INTERNATIONAL STUDENTS*

### Instructions

Please complete all sections of this form, sign it and send it to us with the following:

1. Certified transcripts and certified English translations of relevant academic records.
2. Evidence to demonstrate English Language Competence (ACFE LLN Test) or certified evidence of English language proficiency (IELTS certificate or equivalent). Students may submit evidence of any of the above to demonstrate English Language competence.
3. Certified evidence of having met the published course entry requirements for the course in which you wish to enroll – as outlined on the Course Outline and summarized below.
4. Any additional documentation to support your application (e.g. resume, work certificates, references).
5. Certified copy of your passport including a copy of your visa if currently available.
6. If you are applying for course credit, please read the information on Course Credit in the Student Handbook. Note that the granting of course credit will affect the length of your student visa.
7. You will need to include payment for the non-refundable application fee which you can pay by cheque, money order or direct transfer into our bank account.
8. All cheques and money orders should be made out to Australian Centre of Further Education. To make payment directly into our bank account, please use the following details: Account Name: National Australian Bank  
BSB: 083-091, Account No 943 856 373. Include your full name in the transaction statement.

### Which course do you wish to enrol in?

#### Health and Community Services

**CHC33015 Certificate III in Individual Support**  
CRICOS Course Code 092131E

**CHC43015 Certificate IV in Ageing Support**  
CRICOS Course Code 092132D

**HLT55115 Diploma of Dental Technology**  
CRICOS Course Code 092133C

#### Business Program

**BSB50815 Diploma of International Business**  
CRICOS Course Code 088427A

**BSB41115 Certificate IV in International Trade**  
CRICOS Course Code 088425C

**BSB51915 Diploma in Leadership and Management** CRICOS Course Code 088428M

**BSB42015 Certificate IV in Leadership and Management** CRICOS Course Code 088426B

Prefer intake date:

#### Personal Details

1. Surname:

2. First Name:

3. Middle Name/s:

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

5. Date of birth (dd/mm/yyyy)

6. Address in Home Country:  Postcode:

7. Address in Australia: (if available)  Postcode:

8. Home Phone:  9. Work Phone:

10. Mobile:

11. E-mail:

12. Main language spoken at home:

**Origin and visa details**

13. What is your nationality?

14. What is your passport number?

15. Do you already have a visa for Australia? Yes  No

If YES, what is the visa type?

What is your visa number?

17. Do you already have OSHC? Yes  No

If not, do you wish ACFE to organise for you and what type of cover S  DF  MF   
Single Dual Family Multi Family

**General Information**

18. Gender:  Male  Female

19. Have you ever studied with ACFE before? Yes  No

20. In which country were you born? Australia  Other  \_\_\_\_\_

21. Do you speak a language other than English at home? If more than one language, indicate the one that is spoken more often  
No, English only  Yes, other  \_\_\_\_\_

22. How well do you speak English? Very Well  Well  Not Well  Not at all

23. Are you of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, Aboriginal and Torres Strait Islander

24. Do you consider yourself to have a disability, impairment or long-term condition? No  Yes  Indicate below

If YES, please indicate the area of disability, impairment or long-term condition. (tick as many as apply)

Hearing/Deaf  Intellectual  Mental Illness  Vision  Physical  
 Learning  Medical Condition  Other

25. What is your highest complete school level? (tick one box only)

Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent  
 Year 8 or below  Never attended school

26. In which year did you completed that school level?

27. Are you still attending secondary school? Yes  No

**Prior Qualifications**

28. Have you successfully complete any of the following qualifications? if Yes, please tick any applicable boxes.

Bachelor Degree or Higher Degree  Advanced Diploma or Associate Degree  
 Diploma (or Associate Diploma)  Certificate I  
 Certificate II  Certificate III (or Trade Certificate)  
 Certificate IV (or Advanced Cert/Technician)  Certificates other than these

29. Please list any qualifications you have completed and the year of completion.

Qualification	Year
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**30. Do you wish to apply for Credit Transfer or RPL?**

- Yes - Credit Transfer or National Recognition.  
Certified copies or transcripts from previous qualifications must be provided with this form.
- Yes - Recognition of Prior Learning (for entry into the Diploma of Accounting or Diploma of Business Only).  
An RPL Application Form must also be submitted with this form.
- No

**Employment**

**31. Of the following categories, which best describes your current employment status? (tick one box only)**

- |  |  |
|--|--|
| <input type="checkbox"/> Full-time employee                            | <input type="checkbox"/> Part-time employee                    |
| <input type="checkbox"/> Self-employed - not employing others          | <input type="checkbox"/> Employer                              |
| <input type="checkbox"/> Employed - unpaid worker in a family business | <input type="checkbox"/> Unemployed - seeking full-time work   |
| <input type="checkbox"/> Unemployed - seeking part-time work           | <input type="checkbox"/> Not employed - not seeking employment |

**Study Reason**

**32. Of the following categories, which best describes your main reason for undertaking this course?**

- |  |  |
|--|--|
| <input type="checkbox"/> To get a job                              | <input type="checkbox"/> To develop my existing business     |
| <input type="checkbox"/> To start my own business                  | <input type="checkbox"/> To try for a different career       |
| <input type="checkbox"/> To get better job or promotion            | <input type="checkbox"/> It was a requirement of my job      |
| <input type="checkbox"/> I wanted extra skills for                 | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest of self-development | <input type="checkbox"/> Other reasons                       |

**Next of kin/Emergency**

Name:	<input type="text"/>	Relationship to you:	<input type="text"/>
Postal Address: (if different from above)	<input type="text"/>	Post Code:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>

**You came to know about us through**

Friends
  Website
  Advertisement

Agent 
 Other:

**Your needs and expectations**

Please outline in a paragraph why you are enrolling in this course and what you hope to achieve by completing the course.

Do you have any individual needs that you will require support with from ACFE during your participation in the program? This might include support with learning difficulties, disabilities, English, reading, writing or other.

If yes, please outline below.

Is there any other information that you would like to share with ACFE that may be important for us to know to help you to achieve a successful outcome in this course? If yes, please outline below.

**Transfer from another provider**

Are you currently enrolled with another registered Australian education institution? Yes  No

If Yes, how long have you been enrolled with the other provider for?

0-6 months - complete below     More than 6 months

If you answered 0-6 months above, please answer the following questions:

Do you have a written letter of release from the other provider?    Yes     No     if Yes, please attach it.

Has the other provider ceased to be registered?    Yes     No

Has the course that you were enrolled in ceased to be registered?    Yes     No

Has the original provider had a sanction imposed on its registration by the Australian Government or state or territory government that prevents you from continuing your course?    Yes     No

Does any government sponsor of your consider the change to be in your best interest and has provided written support of change?    Yes     No     if Yes, please attach it.

## Agreement

In signing this form you agree:

- That the information provided on this form and in any attachments is true, accurate and complete.
- That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.
- That you have read and understood ACFE's Information Privacy Policy and agree to its statements.
- That you have been provided with detailed information about the fees and charges associated with your enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy.
- That the application fee is non-refundable.
- That you understand that your enrolment in this course will not be finalized until your application has been assessed to ensure you meet the entry requirements of the course and once you have signed a Written Agreement and Letter of Offer.
- To provide ACFE with up to date and accurate contact details and notify us if anything changes.

Student Signature

Date

Printed Name

## How to lodge this form

Please return this form along with supporting documents to:

**The Administrator**  
**Australian Centre of Further Education Pty Ltd.**  
Level 5, 341 Queen Street, Melbourne, VIC 3000.  
Australia  
**Telephone:** 03 8600 8600

**Or email to:** [admissions@acfe.edu.au](mailto:admissions@acfe.edu.au)