

## Domestic Student Application Form

### Instructions to complete the application form:

This application form is for domestic students, only. For ACFE's application purpose, you are considered as a domestic student if you are:

- an Australian citizen;
- a New Zealand citizen (or dual citizenship holders of either Australia or New Zealand);
- an Australian permanent resident; or
- an Australian humanitarian visa holder.

1. All fields must be completed in English clearly using **BLOCK LETTERS** to proceed. Please tick boxes where appropriate.
2. Please complete all sections of this form, sign it and send it to us with the following:
  - A Certified Identity to prove that you are a citizen or Permanent resident of Australian or New Zealand.
  - Any additional documentation to support your application (e.g. resume, work certificates, references).
3. A request for payment or tuition and other fees will be made if you receive a letter of Offer.
4. Payment of fees will need to be made to Australian Centre of Further Education. To make payment directly into our bank account, please use the following details:

**Bank:** National Australia Bank  
**Account Name:** Australian Centre of Further Education  
**BSB:** 083-091  
**Account Number:** 943 856 373 (include your full name in the transaction statement)

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

#### Community Services and Health Courses

- CHC33015 Certificate III in Individual Support**
  - CHC43015 Certificate IV in Ageing Support**
  - HLT54115 Diploma of Nursing**
  - HLT55118 Diploma of Dental Technology**
- Student may be required to submit the Working With Children Check Clearance (WWCC) and/or Police Clearance Certificate (PCC) and/or immunisation for the placement where applicable

#### Business Courses

- BSB51918 Diploma of Leadership and Management**

#### ELICOS Courses

- EAP (English for Academic Purposes) 1**
  - EAP (English for Academic Purposes) 2**
  - EAP (English for Academic Purposes) 3**
- Students enrolled in EAP courses are required to take an English placement test before course commencement

**Preferred intake date:** \_\_\_\_\_

### Student Details:

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

**Family Name:** \_\_\_\_\_

**Given Name(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female  (Indeterminate/Intersex/Unspecified)

**Country of Birth:** \_\_\_\_\_

**Main Language Spoken:** \_\_\_\_\_

**Are you Aboriginal and/or Torres Strait Islander?**  Yes  No

### Home Address:

**Unit No:** \_\_\_\_\_ **Street No:** \_\_\_\_\_

**Street Name:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Home Phone No:** \_\_\_\_\_

**Mobile Phone No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Do you have a postal address different from your home address?**  Yes  No (if yes, please fill out)

**Unit No:** \_\_\_\_\_ **Street No:** \_\_\_\_\_

**Street Name:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Country:** \_\_\_\_\_

### Parent (Guardian) Details:

*(mandatory for applicants under 18 years old)*

**Family Name:** \_\_\_\_\_

**Given Name(s):** \_\_\_\_\_

**Relationship to Student:**  Mother  Father  Relatives

**Unit No:** \_\_\_\_\_ **Street No:** \_\_\_\_\_

**Street Name:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Home Phone No:** \_\_\_\_\_

**Mobile Phone No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Education History:

What is your highest completed 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

In which year did you complete that school level? \_\_\_\_\_

Are you still attending secondary school?  Yes  No

## Have you successfully completed 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

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

Qualification	Year

## Unique Student Identifier (USI)

Do you have a USI number?  Yes  No

If yes, please write your USI number here: \_\_\_\_\_

\*The Australian Government has initiated the USI and requires all students in VET courses to apply for their individual USI number and provide this to their Training Provider. A Training Provider cannot issue a Certificate unless the USI is supplied. Creating your USI is free, quick, and only needs one form of ID. To obtain your USI, simply go to:

<https://www.usi.gov.au/students/create-your-usi>

## Relevant Skills

### How do you rate your computer skills?

- Excellent
- Good
- Basic
- Poor

### How do you rate your English proficiency?

- Excellent
- Good
- Basic
- Poor

### How do you rate your ability to work with numbers?

- Excellent
- Good
- Basic
- Poor

\*ACFE will arrange an LLN test for you to complete after receiving this application form.

## 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 (an RPL Application form must also be submitted with this form).
- No

## Employment Status:

Tick one of the following categories, which best describes your current employment status? (tick one box only)

- Full-time employee
- Part-time employee
- Self-employed (not employing others)
- Employer
- Employed (unpaid worker in a family business)
- Unemployed - seeking part-time or full-time work
- Not employed - not seeking employment
- Not stated

## Information on special needs and personal history:

The information provided below will assist ACFE in arranging, monitoring and improving services to assist students.

- Do you have a disability, impairment or long term medical condition which may affect your studies?  Yes  No
- Would you like to receive information on support services, equipment and facilities available which may assist you?  Yes  No
- Please indicate the type of disability that applies:  
 Mobility  Hearing  Vision  Learning  Medical

If other, please specify: \_\_\_\_\_

Do you have any medical conditions or allergies?  Yes  No

If yes, please specify: \_\_\_\_\_

Is there anything in the student's history or circumstances (including behavioural, physical violence or illegal drug use) that might pose a risk of any type to the student, other students or staff?  Yes  No

If yes, please specify: \_\_\_\_\_

## Study Reason

Tick one of the following categories, which best describes your main reason for undertaking this course?

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

## 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.

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Do you have any individual needs that you will require support 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.

## Feedback

How did you hear about Australian Centre of Further Education?

- Relative/Friend  
 Internet  
 Social Media  
 Agent  
 Other, please specify \_\_\_\_\_

## DECLARATION

I would like to apply for enrolment in the selected vocational training course and/or EAP Course with Australian Centre of Further Education (ACFE).  
I declare that:

1. I have answered all questions truthfully to the best of my knowledge.
2. I have read and understand information about my course including course delivery and duration, entry requirements, required resources, and other relevant information on ACFE's website [www.acfe.edu.au](http://www.acfe.edu.au) and ACFE Prospectus.
3. I have also reviewed the policies and procedures associated with my enrolment on ACFE website including the Fees and Refund Policy and Procedures, Complaints and Appeals Policy and Procedures, Privacy Policy & Procedures etc., and understand the terms of my enrolment with ACFE.
4. I declare that I have been provided appropriate and sufficient information to make an informed decision about my enrolment in this course.
5. I declare that I have the financial capacity to meet tuition fees and agree to pay fees as they become due.
6. I understand that all my personal details, including my USI, are confidential and are protected by relevant privacy laws. I give my consent to ACFE to release my name, date of birth, contact details and statistical information, including my USI, to the relevant Federal government bodies, for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.
7. I understand that I will be required to supply a USI to ACFE, in accordance with national legislation. 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/training-organisations/usi-support-materials/privacy-notice-students-when-applying-usi-their-0>. I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.
8. I understand that my enrolment in this course will not be finalised until my application has been assessed to ensure I meet the entry requirements of the course and once I have signed a Written Agreement and Letter of Offer.
9. I understand that, I am responsible to provide up-to-date and accurate contact details to ACFE and notify us if anything changes.
10. I hereby consent to being contacted in connection with this application and any subsequent enrolment by text message, email or other electronic means and note that I may at any time opt out of being contacted by any such electronic means by contacting Admissions Department and so advising.

I (guardian) consent to the student named on this application form:

- Attending and participating in ACFE activities, including excursions and trips arranged by ACFE, and
- In the event of an emergency, using ambulance transportation and/or receiving such medical or surgical treatment as may be deemed necessary. I am responsible for costs incurred in providing medical treatment and associated services for the student.

I agree that if there is any difference in meaning of the provision of an English version and any translated version of this form or the Terms and Conditions to me, the English version is to prevail. I enclose the required fees and authorise Australian Centre of Further Education to retain my tuition fees in accordance with the Fees and Refund Policy and Procedures, if I elect to cancel my enrolment at any time.

*This agreement, and the availability of ACFE complaints and appeals processes, does not remove the right of the student to take action under Australia's consumer protection laws.*

Student Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Full Name \_\_\_\_\_

*For students under 18 years old, parent/guardian signature is required*

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Full Name \_\_\_\_\_

*(must be signed by the student)*