

APPLICATION FOR ENROLMENT (International Students)

STUDENT DETAILS	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Student ID Number:
Family Name:	Given Name/s:
Preferred Name:	
Date of Birth:	Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO
First Language:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO if yes, please provide details	
Unique Student Identifier (USI) Number: <small>(Students who hold an Australian Visa must provide a USI Number Apply online www.usi.gov.au)</small>	<input type="checkbox"/> I have not applied for USI number. Provide a reason:

CONTACT DETAILS		
Home country contact details (Offshore)		
Address:		
Suburb:	Postcode:	Country:
Telephone:	Mobile:	
Email:		
Australian contact details (Onshore)		
Address:		
Suburb:	Postcode:	
Telephone:	Mobile:	
Email:		
Emergency Contact		
Next of Kin:	Full Name:	
Phone:	Email:	
<small>Note: Students MUST advise ACCHS of any change to their phone, address, email or emergency contact within 7 days of the change.</small>		

OVERSEAS STUDENT HEALTH COVER (OSHC)	
Do you have an existing OSHC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Expiry Date: / / (DD/MM/YY)
<small>Note: You MUST provide a copy to ACCHS</small>	

NATIONALITY / CITIZENSHIP	
Passport number:	Passport expiry date: / / (DD/MM/YY)
What is your Nationality on your passport?	
Do you hold an Australia Visa? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Country of Issue:
Visa type:	Expiry Date: / / (DD/MM/YY)
<small>*certified copy of your passport and visa is required with this application (if you have one)</small>	

HIGHEST LEVEL OF EDUCATION ACHIEVED		
Name of Highest Qualification (e.g., schooling Year 12 Qualifications: e.g, Cert III, IV /, Diploma or Bachelor) <small>*Attach Certified copies of completed qualifications *Of extra space required please attach separate list</small>		
Name of Institution:		
Completed Year:	Country/State:	Language of instruction:

ENGLISH LANGUAGE

<input type="checkbox"/> IELTS Score:	<input type="checkbox"/> TOEFL Score:	<input type="checkbox"/> Other:
Date of IELTS TEST:	Date of TOEFL score	Attach details of other English language assessment including provider, date and copy of qualification.
Are you currently enrolled in an ELICOS / English language school? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, provide details:		

COURSE SELECTION (please mark X in the below box to choose the course)

<input type="checkbox"/> CHC33021 Certificate III in Individual Support
<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support
<input type="checkbox"/> CHC52021 Diploma of Community Services
<input type="checkbox"/> BSB50420 Diploma of Leadership and Management
<input type="checkbox"/> BSB50120 Diploma of Business
<input type="checkbox"/> BSB60120 Advanced Diploma of Business
<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care
<input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care
Date/s you wish to commence studies with ACCHS: / / (DD/MM/YY)
<i>*Please refer to college website or Course Fee structure for checking the payment details.</i>

CAMPUS SELECTION

<input type="checkbox"/> Parramatta Campus OR <input type="checkbox"/> City Campus

HOW DID YOU FIRST LEARN ABOUT ACCHS?

You may tick more than one box.	
<input type="checkbox"/> Agent recommendation	<input type="checkbox"/> Recommended by a friend/relative
<input type="checkbox"/> Newspaper/magazine	<input type="checkbox"/> Internet
<input type="checkbox"/> Other:	

AGENT INFORMATION (If applies)

Agent Name:	Agent Stamp:
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TO BE COMPLETED IF YOU ARE ALREADY STUDYING OR HAVE COMPLETED A PREVIOUS COURSE IN AUSTRALIA

Are you currently enrolled with another CRICOS Provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, do you have a Letter of Release?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you require a Letter of Offer to be released from your current provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Why are you leaving your current course/provider?	
Do you owe fees to your previous provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide details:	
Did you abide by the conditions of your student visa with your previous provider (attend class and progress in your course)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, provide details:	
Have you had your previous course cancelled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide details:	

When did you complete your course with your previous provider in Australia?

(Attach evidence e.g., certified copy of Certificate of Completion)

Note: ACCHS will not enrol a student wishing to transfer from another institution unless the student can provide evidence, they have completed 6 calendar months or the provider has produced a Release Letter.

STUDENT DECLARATION AND SIGNATURE

I understand that by signing this application form, I may be sent a Formal Letter(s) of Offer/Written Agreement Contract from ACCHS.

- If all of the admission requirements are met.
- I authorise ACCHS to contact me by SMS, Email or phone.
- I authorise ACCHS to verify any information, I have provided on this form.
- I give ACCHS permission to obtain official records / confirm details from a previous educational institution attended by me listed on this form.
- I have read and understood all of the information on this form.
- I am aware of my obligation to advise of any changes to my contact details within 7 days including a change to my next of kin / emergency contact / phone number /address or email
- I am aware of my obligation to pay outstanding fees and understand non-payment of fees can lead to cancellation of my course enrolment by ACCHS.
- I am aware I must abide by visa conditions throughout my enrolment period in Australia including maintaining attendance and course progress
- I understand living costs in Australia may be higher than my home country.
- I understand Tuition and Non-Tuition fees may change during my course.
- I have been provided with access to pre-enrolment information including the ACCHS International Student Handbook & marketing information containing: entry requirements for the course including English language, and academic requirements, work experience and course credit/RPL applicable; any required work based training course content, duration & holiday breaks, qualification(s) on completion, modes of study and assessment methods; ACCHS campus locations, ACCHS general description of facilities, equipment, learning and library resources; details of any arrangements ACCHS has with any other organisations to provide the course; course related fees (Tuition and non-Tuition); the ACCHS Refund, Complaints and Appeals, Deferment, Suspension and Cancellation Policies; A description of the ESOS Framework including the ESOS Act (as amended) and the National Code 2018; Costs of living in Australia, Accommodation options, and obligations of schooling for any school aged dependents I may have.
- I acknowledge and agree that ACCHS may share personal information with The Australian Government and designated authorities and, if relevant, the Australian Skills Quality Authority (ASQA), the ESOS Assurance Fund Manager or the Tuition Protection Service (where applicable) and their authorised auditors.
- I acknowledge and agree that ACCHS may advise the Department of Home Affairs (DHA) and Agent about personal information, changes in the student enrolment and breach of any student visa relate to attendance or progress.

I am aware I can obtain additional copies of the International Student Handbook, Policies, Procedures and Marketing Information from the ACCHS website: www.acchs.edu.au

Applicant's Name: _____

Applicant's Signature: _____

Date: / / (DD/MM/YY)

DOCUMENTS PROVIDED

<input type="checkbox"/>	Copy Passport
<input type="checkbox"/>	Certified copies of Previous Qualifications
<input type="checkbox"/>	Evidence of English Language level
<input type="checkbox"/>	Copy of Visa (if applies)
<input type="checkbox"/>	Copy of OSHC
<input type="checkbox"/>	Additional support information (if applies)
<input type="checkbox"/>	Release letter (if applies)

OFFICE USE ONLY:

Application received by:

Staff name: _____

Title: _____

Date: _____

Application assessed by:

Staff name: _____

Title: _____

Date: _____

* Attach enrolment assessment schedule

INTERNATIONAL STUDENT CONTRACT -

APPROVED / NOT APPROVED