



Application & Enrolment form

Please print in BLOCK LETTERS

Please read this form carefully and complete all relevant sections.

Please keep a copy for your reference.

(1) Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other	
Family name:	
Given names:	Preferred name:
Date of birth: / / (day/month/year)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

(2) Contact details

Home telephone:	Telephone (other):	
Mobile telephone:	Fax:	
Email:		
Home Address:		
Suburb:	State:	Postcode:
Country:		
Postal Address (if different from above):		
Suburb:	State:	Postcode:
Country:		

(3) Citizenship

Nationality/Country of birth:
Are you an Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Australian Permanent Resident or New Zealand Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Students who are not Australian Citizens, Australian Permanent Residents, or New Zealand Citizens must complete the International Application form.

(4) Secondary and further education

What is your highest completed secondary school level: <input type="checkbox"/> Year 10 or lower <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12			
School:	Year of completion:	HSC Score:	
Are you applying to study under Mature Age Special Entry Provisions (21 years and over): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you successfully completed any further qualifications?			
Qualification	Institution	Completed (Y or N)	Last year of attendance
Are you applying for Recognition of Prior Learning (Advanced Standing)?			
<input type="checkbox"/> Yes - a separate application is required - please contact ACAP for more information.			
<input type="checkbox"/> No			

(5) Employment history

What is your current occupation?

Which of the following best describes your current employment status? (tick one box only)

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

If you believe you have relevant employment experience, please attach relevant resume and references.

(6) Course selection

Please select the course that you are interested in:

- Diploma of Community Services (Case Management) (CHC52008)
- Diploma of Human Resources Management (BSB50607)
- Bachelor of Applied Social Science
- Graduate Diploma of Counselling
- Master of Applied Social Science
- Master of Applied Social Science (Counselling)
- Master of Applied Social Science (Management)
- Single Module (Undergraduate)
- Single Module (Postgraduate)

Please select the mode/s of study that you are interested in: On-campus Flexibly

Select the campus at which you would like to study (if on-campus mode selected) Sydney Brisbane Melbourne

ACAP course commencement

Please indicate the year and term you wish to begin your studies: Year Term

Please note: not all courses are available at all campuses. Please check www.acap.edu.au for the latest course information.

If ACAP is required by law, or considers it appropriate for public policy reasons (including health and safety), to close any campus, ACAP may require on-campus students to receive distance or online course delivery for such time as the campus is closed.

(7) Enrolment details

This section allows you to enrol in specific modules for the course that you have selected. Modules can be found at www.acap.edu.au. Select up to three modules for your first term, the delivery mode, class time and campus (if known).

Module Name	Class		Mode of study for module*	Location (if on-campus)	Payment Method	
	Day	Time			Fee Help	Upfront

* Please note: not all courses are available in all delivery modes. Visit www.acap.edu.au for details.

(8) Medical/Disability

Do you have a disability, impairment or long-term medical condition that may affect your studies?: Yes No

Yes - Please indicate the area/s of impairment:

Hearing Learning Mobility Vision Medical Other (please specify):

(9) Other information

How did you first learn about ACAP? You may tick more than one.	
<input type="checkbox"/> Education Agent	<input type="checkbox"/> Newspaper/Magazine
<input type="checkbox"/> Internet	<input type="checkbox"/> Website
<input type="checkbox"/> Recommended by a friend/relative	<input type="checkbox"/> Other
<input type="checkbox"/> Exhibition/Seminar	Please specify: _____

(10) Payment options

<input type="checkbox"/> I would like to defer my fees through FEE-HELP. I have filled out the online Request for FEE-HELP Assistance form at http://www.acap.edu.au/Enrolment/FeeHelp/index.html
<input type="checkbox"/> I would like to pay my term fees up front. My payment details are recorded below.
<input type="checkbox"/> I would like to defer a portion of my fees through FEE-HELP and pay a portion upfront. I have completed the Request for FEE-HELP Assistance Form and my payment details are recorded below.
Enclosed please find AUD \$ _____
Payment Method
<input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Cash
<input type="checkbox"/> Credit card - Credit card type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club
Card number: _____ Expiry date: / / (day/month/year)
Cardholder name: _____ Cardholder signature: _____

(11) Application checklist

Please ensure the following are included with your application, otherwise there will be a delay in processing.

<input type="checkbox"/> This application and enrolment form completed in full (all four pages)
<input type="checkbox"/> A brief statement in English (approximately 150 words) describing how your interest in the course relates to your career aspirations
<input type="checkbox"/> Completed online Request for FEE-HELP Assistance Form (if applicable)
<input type="checkbox"/> Include certified* copies of all academic qualifications, including English translation if applicable
<input type="checkbox"/> Certified* copy of proof of age (Undergraduate and Vocational course applicants)
<input type="checkbox"/> An up-to-date resume (if applying for the Master of Applied Social Science)
<input type="checkbox"/> Evidence of 2 years work experience (if applying for the Diploma of Human Resources Management)

* A certified copy is a photocopy signed by an authorised officer to acknowledge that it matches the original document exactly. Authorised officers are: Justice of the Peace, Lawyer/Solicitor, Police Officer, Teachers and University Professors.

(12) Privacy statement

ACAP collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education. The information provided is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory requirements. For more information please refer to www.acap.edu.au

(13) Declaration

Important: This document contains and refers to contractual terms.

I wish to be considered for enrolment as a domestic student in a course at ACAP. I declare that all information submitted is correct and complete and that I can and will produce to ACAP originals of all submitted documentation on request.

I authorise ACAP to obtain further academic information or official student records from any educational institution or recognised educational qualifications assessment body necessary and/or, where my work experience is relevant, to verify my employment history for the purposes of making an informed decision about my application.

I authorise ACAP to release any personal information held about me to the Department of Education, Employment and Workplace Relations (DEEWR), should I enrol at ACAP. DEEWR may disclose this information to the Australian Taxation Office.

I acknowledge that ACAP reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect, incomplete or fraudulent information.

I am aware that the ACAP Student Handbook is available online at www.acap.edu.au. By signing this form I acknowledge that I have read and understood the policies, procedures and terms set out in the ACAP student Handbook and I agree to be bound and abide by the policies, procedures and terms set out in the Student Handbook, as amended from time to time. I acknowledge and agree that the acceptance of my application by ACAP is conditional upon my agreement to be bound and abide by the policies, procedures and terms set out in the Student Handbook, as amended from time to time.

Applicant's signature:

Date: / / (day/month/year)

Parent/Legal Guardian Signature

(if applicant is under 18 years of age):

Date: / / (day/month/year)

(14) Post or fax your application

Send your application to:

For Sydney Campus, Distance & Online:
Locked Bag 11
Strawberry Hills NSW 2012
Telephone: (02) 9964 6308
Fax: (02) 9964 6370

For Brisbane Campus:
ACAP Admissions
PO Box 10469 Adelaide Street
Brisbane QLD 4000
Telephone: (07) 3234 4400
Fax: (07) 3236 0037

For Melbourne Campus:
ACAP Admissions
PO Box 12322, A'Beckett Street
Melbourne VIC 8006
Telephone: (03) 8613 0600
Fax: (03) 8613 0698

Should you require further information, please contact Student Recruitment and Admissions on our:

National freecall number: 1800 061 199
Email: info@acap.edu.au

When will you know?

If the application is complete, with all the relevant original or certified documents attached, a Letter of Acceptance will be sent to you. The more complete an application the quicker it will be processed. If you are applying for credit for previous study, or if an academic needs to review your application, you should allow more time.

OFFICE USE ONLY

Date received ____ / ____ / ____ (dd/mm/yyyy)

Letter of Acceptance sent