

Please read this form carefully and complete all relevant sections. Please keep a copy for your reference.

Course selection (please select the course you are applying for)

<input type="checkbox"/> Graduate Diploma of Professional Psychology
<input type="checkbox"/> Graduate Diploma of Psychology
<input type="checkbox"/> Bachelor of Psychological Sciences (Honours)
<input type="checkbox"/> Master of Psychology (Clinical)

Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other
Family name:
Given names:
Preferred name:
Date of birth: MONTH / DAY / YEAR
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

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:	

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 on a Humanitarian Visa? <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

Education details

Secondary 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 attended:
Year completed:
ATAR/UA/HSC/OP score:

Post-secondary Education

List the post-secondary qualifications you have completed

Name of qualification:
Institution attended:
Year completed:

Name of qualification:
Institution attended:
Year completed:

Name of qualification:
Institution attended:
Year completed:

Are you applying for credit for previous study? <input type="checkbox"/> Yes <input type="checkbox"/> No

*If 'yes' a separate application is required.
Please contact ACAP for more information*

ACAP course commencement

Please indicate the year you wish to begin your studies:

Year:

Other information

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

Application checklist

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

If applying for the Graduate Diploma of Professional Psychology or the Master of Psychology (Clinical):

- Completed all sections of the application form.
- A brief statement in English (approximately 500 words) detailing: why you want to undertake the graduate program at ACAP; your previous research experience (e.g., honours thesis research); a self-assessment of your personal strengths and weaknesses for undertaking study and work as a psychologist including the basis for your evaluation; **for applicants to the MPsych(Clin) only**, the area you would like to investigate for your thesis research.
- A brief curriculum vitae (maximum two (2) pages) that provides information about your experience in psychology. This may include: professional registration and memberships; paid and / or voluntary professional experience; other professional service (e.g., delivering a workshop or serving as an office bearer for an organisation); professional development activities (e.g., workshops and conferences attended); publications and conference presentations. Please provide details about all activities and experience (e.g., year, duration).
- Certified copies of all academic transcripts, including English translation if applicable.
- Two referee's reports must be submitted to the School of Psychological Sciences to support your application. At least one must be from an academic psychologist who has taught you and can comment directly on your academic ability. Referees may also be supervisors from your paid or voluntary workplace (if your work is relevant to psychology) or a health professional that you have worked with in collecting data for a research thesis. Please ask your referees to complete the Confidential [Referees Report using the attached form](#) and then print, sign and mail/fax the report so that it arrives at the address on the [Referees' Report](#) by the closing date for applications.

If applying for the Bachelor of Psychological Science (Honours) or Graduate Diploma of Psychology:

- Certified copies of all academic transcripts, including English translation if applicable.

* 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.

Post or fax your application

Send your application to:

Sydney Campus - Locked Bag 11 Strawberry Hills NSW 2012
F (02) 8236 8071

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

T 1800 061 199
E info.acap@navitas.com

Privacy statement

ACAP collects, stores and uses personal information for the purposes of administering prospective, current and graduate student admissions, enrolment and education.

From time to time, ACAP may share your personal information within the Navitas Group and we may use that information to offer or notify you of products, services or other information that we reasonably believe may interest you. We will not do so, if you tell us not to. We may contact you via post, telephone, email, SMS or MMS in relation to these marketing offers.

ACAP may also share your information with third party providers, such as market research firms or electronic storage providers, who are engaged to provide certain services to ACAP. Where information is disclosed to third parties, ACAP will not allow the use of your information for any purpose other than the purpose for which it was disclosed.

You have the right to access to and alteration of, the information concerning yourself in accordance with the Privacy and Personal Information Act, 1988 (NSW). For more information, please refer to acap.edu.au.

If you do not wish to receive marketing or other offers from the Navitas Group, please tell us by checking this box.

Declaration

Important: This document contains and refers to contractual terms.

I give this declaration and agree to these terms in support of my application for enrolment in a course at ACAP.

I declare that I can produce to ACAP originals of all documentation relied on in support of this application and I agree to produce any such documentation to ACAP on request. **I authorise** ACAP to obtain any further information or records from any educational institution or recognised educational qualifications assessment body and to verify any information about my employment history that I have given to ACAP.

I agree that I have been given the opportunity to read the policies, procedures and terms set out in the ACAP Student Handbook available on-line at acap.edu.au. **I agree** to be bound and abide by the policies, procedures and terms set out in the ACAP Student Handbook, as amended from time to time, if I am accepted as a student at ACAP.

I understand that some ACAP courses require the completion of practical experience placements and that, if this is a requirement of my course, I will be required to complete all declarations, consents and checks required by law or otherwise reasonably required by ACAP, including a Working With Children Check declaration and consent and criminal record checks. If I am unable to provide all required and satisfactorily completed declarations, consents and checks as and when requested by ACAP, I will not be eligible to participate in practical experience placements and I understand that I will be unable to complete the course.

I understand that, 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 tuition via flexible delivery.

I understand that ACAP, as an approved Higher Education Provider (HEP), is required to collect the information on this form, and is doing so for the purpose of assessing my admission entitlement and entitlement to Commonwealth Assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me; ACAP will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for these purposes. DEEWR will store the information securely in the Higher Education Information Management System, and may disclose the information to the Australian Tax Office and other designated authorities. ACAP and DEEWR will not otherwise disclose the information without my consent unless required or authorised by law.

I declare that the information I have supplied on this form is complete, true and correct. I understand ACAP is relying on this declaration and agreement in making any decision regarding admission and that ACAP may change any such decision if this declaration is false.

Applicant's signature:

Date: MONTH / DAY / YEAR

ABN 94 057 495 299

CRICOS Provider codes: 01328A (NSW), 02565B (QLD), 02829E (VIC)

The information is correct at the time of publication. Changes in circumstances after this date may alter the accuracy or currency of the information. The Australian College of Applied Psychology reserves the right to alter any matter described in this brochure without notice. Readers are responsible for verifying information that pertains to them by contacting the Australian College of Applied Psychology. Printed September 2011.

This information is intended for domestic students.

OFFICE USE ONLY

Date received: MONTH / DAY / YEAR