



Australian College of Applied Psychology

# Application and 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 Aboriginal?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you Torres Strait Islander? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you both Aboriginal and Torres Strait Islander?              | <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 |

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

## (4) Language

|   |
|---|
| What is the main language spoken at your home address?<br><input type="checkbox"/> English <input type="checkbox"/> Language other than English (please specify): |
|---|

Note: If English is your second language you may be asked to supply evidence of proficiency in English.

## (5) Secondary and further education

|  |             |                     |                         |
|--|-------------|---------------------|-------------------------|
| What is your highest completed secondary school level:<br><input type="checkbox"/> Year 10 or lower <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12  |             |                     |                         |
| School:  |             | Year of completion: | ATAR/UAI/HSC/OP 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 credit for previous study (e.g. Recognition of Prior learning, Articulation or Credit Transfer)?<br><input type="checkbox"/> Yes - a separate application is required - please contact ACAP for more information. <input type="checkbox"/> No |             |                     |                         |

## (5a) Parent/Guardian education

|   |   |
|---|---|
| What is the highest level of education completed by your parent/s or guardian/s?                            |   |
| Parent/Guardian: <input type="checkbox"/> Male <input type="checkbox"/> Female                              |   |
| <input type="checkbox"/> Postgraduate (e.g. Grad Dip, Masters, PhD)   | <input type="checkbox"/> Completed year 10 schooling (or equivalent)      |
| <input type="checkbox"/> Bachelor Degree  | <input type="checkbox"/> Continued at school, but didn't complete year 12 |
| <input type="checkbox"/> Other post school qualification (e.g. associate degree, diploma, advanced diploma) | <input type="checkbox"/> Completed year 10 schooling or equivalent        |
| <input type="checkbox"/> Completed apprenticeship or VET/TAFE Certificate                                   | <input type="checkbox"/> Left school before completing year 10            |
| <input type="checkbox"/> Completed year 12 schooling (or equivalent)  | <input type="checkbox"/> Don't know                                       |

## (6) 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.

## (7) Course selection

|  |  |
|--|--|
| Please select the course that you are interested in:   |  |
| <input type="checkbox"/> Diploma of Community Services (Case Management) (CHC52008)  |  |
| <input type="checkbox"/> Diploma of Human Resources Management (BSB50607)  |  |
| <input type="checkbox"/> Bachelor of Applied Social Science  |  |
| <input type="checkbox"/> Graduate Diploma of Counselling   |  |
| <input type="checkbox"/> Master of Applied Social Science  |  |
| <input type="checkbox"/> Master of Applied Social Science (Counselling)  |  |
| <input type="checkbox"/> Master of Applied Social Science (Management)   |  |
| <input type="checkbox"/> Single Module (Undergraduate) (Non-Award)   |  |
| <input type="checkbox"/> Single Module (Postgraduate) (Non-Award)  |  |
| Note: Courses run subject to minimum numbers and ACAP reserves the right to cancel a course that does not meet minimum numbers prior to commencement.  |  |
| Please select the mode/s of study that you are interested in: <input type="checkbox"/> On-campus <input type="checkbox"/> Flexible delivery  |  |
| Select the campus at which you would like to study (if on-campus mode selected) <input type="checkbox"/> Sydney <input type="checkbox"/> Brisbane <input type="checkbox"/> Melbourne   |  |
| What is your preferred type of enrolment? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  |  |
| <b>ACAP course commencement</b>  |  |
| Please indicate the year and term you wish to begin your studies: Year <input type="text"/> Term <input type="text"/>  |  |
| Please note: not all courses are available at all campuses. Please check <a href="http://www.acap.edu.au">www.acap.edu.au</a> 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. |  |

## (8) Enrolment details

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

| Module/Unit name | Class |      | Mode of study for Module/Unit* | 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](http://www.acap.edu.au) for details.

## (9) 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):

Would you like to receive advise on support services equipment and facilities which may assist you?  Yes  No

Are there any circumstances that you are currently aware of that may affect your ability to complete the course and/or modules in which you are enrolling?  
 Yes  No If yes please provide details:

## (10) Other information

How did you first learn about ACAP? You may tick more than one.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Education Agent                  | <input type="checkbox"/> Exhibition/Seminar | <input type="checkbox"/> Other<br>Please specify: |
| <input type="checkbox"/> Internet                         | <input type="checkbox"/> Newspaper/Magazine |   |
| <input type="checkbox"/> Recommended by a friend/relative | <input type="checkbox"/> Website            |   |

## (11) Payment options

I would like to defer my fees through FEE-HELP. I have filled out the online Request for FEE-HELP Assistance form at [www.acap.edu.au/Enrolment/FeeHelp/index.html](http://www.acap.edu.au/Enrolment/FeeHelp/index.html)

I would like to pay my term fees up front. My payment details are recorded below.

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**

Cheque/Money Order  Cash

Credit card – Credit card type:  Mastercard  Visa  American Express  Diners Club

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year)

Cardholder name: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

## (12) Application checklist

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

This application and enrolment form completed in full (all four pages)

A brief statement in English (approximately 150 words) describing how your interest in the course relates to your career aspirations

Completed online Request for FEE-HELP Assistance Form (if applicable)

Include certified\* copies of all academic qualifications, including English translation if applicable

Certified\* copy of proof of age (Undergraduate and Vocational course applicants)

An up-to-date resume (if applying for the Master of Applied Social Science)

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.

### (13) 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 [www.acap.edu.au](http://www.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.

Alternatively, you can tell us if we contact you by phone or at any time by 1800 061 199 or [info@acap.edu.au](mailto:info@acap.edu.au).

### (14) 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 [www.acap.edu.au](http://www.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

#### Parent/Legal Guardian Signature

(if applicant is under 18 years of age):

Date:        /        /        (day/month/year)

Date:        /        /        (day/month/year)

### (15) 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](mailto:info@acap.edu.au)

#### When will you know?

If the application is complete, with all the relevant original or certified documents attached, and you meet the entry criteria for the course for which you have applied, 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