



Australian College of Applied Psychology

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International Student Application Form

Please print in BLOCK LETTERS

Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other:	
Family name:	
Given names:	
Preferred name:	
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:	
Country of passport:	
Do you hold a current Visa to be in Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide copy of visa grant letter (all pages)	

Contact details (mandatory)

Address in Australia (if known):	
State:	Postcode:
Mobile number:	
Address overseas (must be applicant's address - not agent's address):	
Home telephone:	
Mobile telephone:	
Email (must be applicant's email - not agent's email):	

Education details

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:	Language of instruction:
Have you previously enrolled in any further post-secondary studies overseas (not in Australia)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Qualification:	
Institution:	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last year of attendance:
Qualification:	
Institution:	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last year of attendance:
Are you currently studying in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your current Institution:	
What is the name of the program:	
Commencement date:	
Do you intend to complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

English language

What is your current English language level?	
IELTS:	TOEFL:
Other (please specify):	
What is the main language that you speak at your permanent home address? <input type="checkbox"/> English <input type="checkbox"/> Other (please specify):	

Parent/Guardian education

What is the highest level of education completed by your parent(s) or guardian(s)?	
NOTE: These details are required by the Department of Education	
Parent/Guardian 1	Parent/Guardian 2
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Postgraduate
<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Other post school qualification	<input type="checkbox"/> Other post school qualification
<input type="checkbox"/> Completed an apprenticeship or VET/TAFE certificate	<input type="checkbox"/> Completed an apprenticeship or VET/TAFE certificate
<input type="checkbox"/> Completed Year 12 schooling (or equivalent)	<input type="checkbox"/> Completed Year 12 schooling (or equivalent)
<input type="checkbox"/> Completed Year 10 schooling (or equivalent) continued at school but did not complete Year 12	<input type="checkbox"/> Completed Year 10 schooling (or equivalent) continued at school but did not complete Year 12
<input type="checkbox"/> Completed Year 10 schooling (or equivalent)	<input type="checkbox"/> Completed Year 10 schooling (or equivalent)
<input type="checkbox"/> Did not complete Year 10	<input type="checkbox"/> Did not complete Year 10
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

Course selection

<input type="checkbox"/> Associate Degree of Applied Social Science CRICOS Code: 051178G
<input type="checkbox"/> Bachelor of Applied Social Science CRICOS Code: 051179F
<input type="checkbox"/> Bachelor of Counselling CRICOS Code: 057962A
<input type="checkbox"/> Bachelor of Counselling (Coaching) CRICOS Code: 065591A
<input type="checkbox"/> Bachelor of Psychological Science CRICOS Code: 071878B
<input type="checkbox"/> Bachelor of Psychological Science (Honours) CRICOS Code: 071877C
<input type="checkbox"/> Bachelor of Social Work CRICOS Code: 084932E
<input type="checkbox"/> Graduate Diploma of Counselling CRICOS Code: 048166D
<input type="checkbox"/> Graduate Diploma of Professional Psychology CRICOS Code: 074847G
<input type="checkbox"/> Graduate Diploma of Psychological Science CRICOS Code: 071879A
<input type="checkbox"/> Master of Psychology (Clinical) CRICOS Code: 074848F
<input type="checkbox"/> Master of Social Work (Qualifying) CRICOS Code: 082661F

ACAP course commencement

Please indicate the year you wish to begin your studies:

Year
<input type="checkbox"/> Trimester 1, February
<input type="checkbox"/> Trimester 2, June
<input type="checkbox"/> Trimester 3, September

Please select the campus that you are interested in studying at:

<input type="checkbox"/> Sydney
<input type="checkbox"/> Brisbane
<input type="checkbox"/> Melbourne

Note: Not all courses are available for study to international student visa holders on each campus. Refer to the International Student Guide or ACAP web site for course availability details.

Overseas Student Health Cover (OSHC)

All international students must have OSHC policy for the whole duration of their student visa. The College can arrange your Overseas Student Health Cover (OSHC) on your behalf with the College's preferred provider - Allianz Global Assistance OSHC (refer to oshcallianzassistance.com.au).

Please select the appropriate option below:
<input type="checkbox"/> I already have / or will arrange other OSHC coverage.
<input type="checkbox"/> I would like the College to arrange OSHC on my behalf with the College's preferred provider Allianz Global Assistance OSHC. I require: <input type="checkbox"/> Single cover <input type="checkbox"/> Couple/dual family cover <input type="checkbox"/> Multi family cover

Note: If OSHC is not arranged by ACAP you will be required to provide the name and policy number of your OSHC coverage as part of your visa application to the DIBP.

Medical/disability

Do you have a disability, impairment or long-term medical condition which may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the areas of impairment:
<input type="checkbox"/> Hearing <input type="checkbox"/> Learning
<input type="checkbox"/> Vision <input type="checkbox"/> Medical
<input type="checkbox"/> Mobility <input type="checkbox"/> Other (please specify):
Would you like to receive advice regarding services and facilities available? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency contact details (mandatory)

Full Name:
Relationship to you:
Home telephone (please include country and area code):
Business telephone (please include country and area code):
Mobile telephone (please include country and area code):
Email:
I authorise ACAP to seek appropriate medical care for me, as a matter of urgency, in the event of circumstances during on-campus classes requiring urgent medical care when it is not possible to contact my parent/guardian or next of kin. <input type="checkbox"/> Yes <input type="checkbox"/> No

Sponsored students only

Name of sponsoring organisation:
Type of sponsorship (tuition fees, living expenses):

Other information

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

<input type="checkbox"/> Education Agent	<input type="checkbox"/> Internet Search
<input type="checkbox"/> Recommended by a friend/Relative	<input type="checkbox"/> Exhibition/Seminar
<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> ACAP Website
<input type="checkbox"/> Other (please specify):	

Application checklist

Check that you have:

<input type="checkbox"/> I have completed all sections of the Application form.
<input type="checkbox"/> I have read and understood the condition of enrolment (ACAP's Refund Policy is available from http://www.acap.edu.au/current-students/managing-my-course/a-z-policies/).
<input type="checkbox"/> I declare that I am a genuine student that meets the DIBP Genuine Temporary Entrant requirements (GTE) and I have understood all GTE requirements stated at border.gov.au/Trav/Stud/More/Genuine-Temporary-Entrant
<input type="checkbox"/> I understand that if I receive a Letter of Offer - Acceptance Agreement I may be required to provide additional evidence to the College before my Confirmation of Enrolment (CoE) is issued.
<input type="checkbox"/> If I am issued a CoE I accept responsibility for obtaining my student visa and adhering to the conditions on my visa.
<input type="checkbox"/> I undertake to make timely payments of any fees or associated costs for which I am liable. I am aware of the likely cost of my stay in Australia and have the necessary financial capacity to meet such costs for the duration of my course.

Check that you have attached:

<input type="checkbox"/> Certified copies of qualifications attained, including English translation if applicable
<input type="checkbox"/> English Proficiency test results (IELTS, TOEFL, PTE-A, CAE)
<input type="checkbox"/> Any relevant employment documentation (if required)
<input type="checkbox"/> A certified copy of the photo page of your passport
<input type="checkbox"/> A certified copy of your Australian student visa if you currently hold one
<input type="checkbox"/> A certified translation of any document not in English
<input type="checkbox"/> A 500 word written statement which meets the guidelines listed on acap.edu.au/how-to-apply.html (if you are applying for the Bachelor of Psychological Science, Bachelor of Social Work or the Master of Social Work (Qualifying))
<input type="checkbox"/> Attach the Counselling Applicant Screening Questionnaire located at acap.edu.au/how-to-apply.html (if applying for the Bachelor of Counselling, Bachelor of Counselling (Coaching) or Graduate Diploma of Counselling)
<input type="checkbox"/> The Eligible International Student Statement of Purpose

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 the Australian College of Applied Psychology (ACAP).

I **am not** a permanent resident or citizen of Australia, nor a citizen of New Zealand.

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 online 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 online delivery.

I **understand** that ACAP reserves the right to vary courses, units, the mode of delivery, assessment and admission requirements at any time at its discretion.

I **understand** that ACAP reserves the right to offer its courses subject to meeting minimum numbers and may cancel a course prior to commencement should the minimum number of enrolments not be met.

I **acknowledge** ACAP places restrictions on program and institution transfers and that I may not be permitted to change my program or institution without permission.

Should I be found ineligible for admission to the course nominated on this form, I **authorise** ACAP to assess my eligibility for another course or packaged pathway course.

I **accept** that this application and supporting documentation become the property of ACAP and are not returnable.

I **understand** that ACAP collects the information on this form and during my enrolment in order to meet our obligations under the ESOS Act and the National Code of Practice for Providers of Education and Training to Overseas Students (2007); to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. ACAP will disclose information about my admission, enrolment and academic progress in certain circumstances to the Australian Government and designated authorities and, if relevant, the TPS Director. I understand that in other instances information collected on this form or during my enrolment can be disclosed without my consent where authorised or required by law.

I **declare** to the best of my knowledge that the information supplied on this application form and all supporting documentation is correct and complete, and that any supplementary application documents (personal statement, folio or additional requirements) are my own work.

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. I **understand** that ACAP reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application and enrolment is found to be false.

I **acknowledge** that I have read and accepted the terms of your Privacy Policy which can be found at acap.edu.au

Applicant's signature:

Date:

Note: International students applying to study with ACAP must turn 18 at least 1 week prior to the commencement of classes.

Email, post or fax your application

To submit your application or for further information or assistance in completing your application form, contact:

Agents

E NPI.International@navitas.com
T +61 2 8236 8098

Direct applicants

E info@acap.edu.au
T 1800 061 199
F +61 2 8236 8071

Mailing Address:

Admissions Officer
Locked Bag 11
Strawberry Hills, NSW 2012
Australia

Contact ACAP if you require further information or help completing your application form

Agent's stamp:

Agent name:

Email:

When will you know? If the application is complete, with all the relevant original or certified documents attached and you are deemed eligible for course admission, a Letter of Offer will be emailed to you and/or your agent (if you have one). Incomplete applications will not be processed.