



ACPE

Representative's Stamp

APPLICATION FOR ADMISSION

International Students

acpe.edu.au

Who Should Use This Form?

This form is for international students only. If you are a citizen or permanent resident of Australia, citizen of New Zealand, or the holder of an Australian Humanitarian Visa, you must use the Domestic Student Application Form.

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.

STUDENT DETAILS

Title _____ Given Names _____ Family Name _____

Male Female Age _____ Date of Birth (day/month/year) _____

Country of Birth _____ Nationality _____

Are you a Citizen or Permanent Resident of Australia Yes No

Home Address _____

City _____ State/Province _____

Country _____ Postcode _____

Home Telephone _____ Mobile _____

Email

EMERGENCY CONTACT DETAILS

Name _____ Relationship to Student _____

Home Address _____

City _____ State/Province _____

Country _____ Postcode _____

Home Telephone _____ Mobile _____

Business Telephone _____ Fax _____

Email

COURSE SELECTION (E.G. BACHELOR OF APPLIED FITNESS)

Start Date (day/month/year) _____	Intake	March <input type="checkbox"/>	July <input type="checkbox"/>
Course 1 _____	Length	_____	
Course 1 _____	Length	_____	
Course 1 _____	Length	_____	

VISA DETAILS

Do you have a current Australian Visa? Yes No If yes, please provide a copy of your current visa

Are you applying for a Student Visa? Yes No

Visa Type _____ Visa Subclass _____ Visa Expiry Date _____

PASSPORT DETAILS

Passport Number _____ Passport Expiry Date _____

Please provide a copy of your current passport

ENGLISH LANGUAGE

All international students must demonstrate an acceptable level of English proficiency to gain admission to ACPE's academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

Academic IELTS (score)

Overall _____ Listening _____ Reading _____ Writing _____ Speaking _____

Other (e.g. TOEFL, please supply) _____

PREVIOUS EDUCATION

High School/Secondary Education/Senior Secondary Education

Please attach certified copies of all academic transcripts or reports (translated into English)

Name of Qualification _____ Year Awarded _____

Name of School/College _____ Country/State _____

If you are currently completing a qualification, please indicate when you expect to complete this study (month/year) _____

Tertiary Education

Please attach certified copies of all academic transcripts or reports (translated into English)

Name of Qualification _____ Year Awarded _____

Name of School/College/University _____ Country/State _____

If you are currently completing a qualification, please indicate when you expect to complete this study (month/year) _____

CREDIT TRANSFER

If you have previously completed any tertiary studies, do you wish to be considered for credit transfer? Yes No

If Yes, you must attach detailed syllabi (curricula) of completed subjects or your application for status cannot be completed.

ACCOMMODATION (IF OVER 18 YEARS OLD)

Do you require assistance with accommodation? Yes No What type of accommodation do you require?

Length of stay (weeks) _____ Homestay: Single Student Hostel: Single Twin Share

Accommodation start date _____ Note: ACPE does not have the resources to accommodate students under the age of 18.

AIRPORT TRANSFERS

Do you require an airport transfer? Yes No Flight details including date, time and flight number should be sent to the International Admissions Centre as soon as possible to arrange the airport collection

OVERSEAS HEALTH COVER (OSHC) DETAILS

Do you currently hold an OSHC policy? Yes No If yes, please provide the following details

Are you currently enrolled in another institution in Australia? Yes No If yes, please provide a Letter of Release if relevant

Name of OSHC provider _____

OSHC Membership Number _____ OSHC Expiry Date _____

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy

Please select type of cover you wish to receive: Single Dual Family (2 people) Multi Family (more than 2 people)

DECLARATION AND SIGNATURE (THIS APPLICATION MUST BE SIGNED; OTHERWISE IT WILL NOT BE ACCEPTED)

I wish to be considered for admission to the course(s) I have shown on this application form. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from ACPE. I authorise ACPE, where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that ACPE is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory academic performance. I also understand that under the provisions of the ESOS Act 2000, ACPE may release information provided in this application to Australian Commonwealth and State agencies.

I appoint the agent (if any) as shown on the top of the first page of this application to manage my application and I authorize ACPE to release personal information and visa documentation relevant to my application to this agent.

ACPE is bound by the Privacy Act 1988 of the Commonwealth of Australia. It collects and uses any personal information provided to itself in accordance with the Act. The type of information it collects, the use of the information and the disclosure of that information without any prior approval is set out in the detailed Privacy Policy which can be found at acpe.edu.au. By signing this application I acknowledge I that have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

Signed (Student) _____ Date _____

Signed (Parent, Legal Guardian*) _____ Date _____

* if applicant is under the age of 18

APPLICATION CHECKLIST. CHECK THAT YOU HAVE:

- Completed all sections of the Application for Admission form
- Included a detailed résumé
- Attached **certified copies** of your academic qualifications (translated into English)
- Attached evidence of English language proficiency
- Included a copy of your passport, visa or birth certificate if required
- I am aware that the terms and conditions are available at the ACPE website and I understand that I will be required to accept these terms and conditions made available to me as part of the written agreement which will accompany any formal offer of a place at ACPE

Please send your application to

intadmissions@acpe.edu.au

or

International Admissions Centre

Level 24

201 Elizabeth Street

Sydney NSW 2000

T +61 2 8263 1888 F +61 2 9267 0531

Note

1. Information provided may be made available to Commonwealth and State agencies and the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and The National Code 2007

2. Any school-aged dependants accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school

Provider: ACPE Limited. Provider Code: 01822J.
ABN 28 107 480 848.

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