

# ACADEMIQUE

Application form for Local Students (No student visa)

**\*\* All sections of the application form MUST be completed\*\***

PERSONAL DETAILS * (Please see handbook for terms & conditions)						
Family Name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms					
Given Names						
Date of Birth (DD/MM/YY)	/	/	Town of Birth			
Language/s at home				Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address (Not PO Box)						
Postal Address (if same, write as above)						
Phone Contact Number	Home		Mobile		Work	
Email address						
Indigenous Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither					
ID Check (Only 1 Req)	Licence Number Medicare number		State Issued		Expiry	/ /
MEDICAL AND EMERGENCY CONTACT DETAILS						
Emergency Contact Name					Relationship	
Phone Contact Number	Home		Mobile		Work	
Do you authorise the College to seek medical advice on your behalf if required? E.g. Calling an ambulance.						Yes / No
Do you agree to cover all costs incurred and not hold the college liable in any case?						Yes / No
Do you have any Medical Condition/Disability we should be aware of? <input type="checkbox"/> Y <input type="checkbox"/> N					If yes, please specify-	
Do you have any condition that might make affect your ability to complete the course for which you have applied? <input type="checkbox"/> Y <input type="checkbox"/> N					If yes, please specify-	
COURSE ENROLMENT AND PAYMENT INFORMATION						
Course Name					Course Code	
Study Option	<input type="checkbox"/> Full-time Face-to-face <input type="checkbox"/> Part-time Face-to-face <input type="checkbox"/> Distance Education/V-Mode					
Study Reason	<input type="checkbox"/> To get a job <input type="checkbox"/> To be promoted <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get into another course or study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other :					
Preferred Start Date	/	/	Duration of Course			
Direct Debit details	ANZ Bank Ashmore Qld Account Name: Academique Pty Ltd		BSB 014 527 Account Number 276214405			
PAST EDUCATION INFORMATION (COMPULSORY SECTION)						
Highest Level of School Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		Year Completed:			
Name of High School						
Attending Secondary School Now	<input type="checkbox"/> Yes <input type="checkbox"/> No					
WORK HISTORY (COMPULSORY SECTION)						
Work History relevant to your enrolled course (Write N/A if not applicable)						
Employer		Position		Dates	-	
Employer		Position		Dates	-	
Other Work History (Does not have to be relevant to your enrolled course)						
Employer		Position		Dates	-	
Employer		Position		Dates	-	
EMPLOYMENT STATUS						
<input type="checkbox"/> Full time Employee <input type="checkbox"/> Part time Employee <input type="checkbox"/> Self-employed -not employing <input type="checkbox"/> Employer <input type="checkbox"/> Volunteer worker <input type="checkbox"/> Unemployed - seeking full time <input type="checkbox"/> Unemployed seeking part time <input type="checkbox"/> Not employed - not seeking employment <input type="checkbox"/> Other :						

Please attach  
a passport  
size photo

**RECOGNITION OF PRIOR LEARNING / MUTUAL RECOGNITION**

Do you wish to apply for Recognition of Prior Learning (Please see Policy in handbook)	Yes / No
Do you wish to apply for Credit Transfer/Mutual recognition	Yes / No

Please note: you must apply for these prior to or at enrolment.

How did you hear about the college?	
<b>18 Rawlins Street Southport 07) 5526 3222</b> <b>L3, 52 Davenport Street Southport 07) 5655 5694</b> <b>PO Box 2585, SOUTHPORT BC QLD 4215</b>	<b>ABN: 29 631 342 705 • www.academique.qld.edu.au</b> <b>info@academique.qld.edu.au • ABN 14 150 180 297</b>

**STUDENT DECLARATION**

I, \_\_\_\_\_ understand and agree to the following:

- I have read and understood and will follow all College Rules, Regulations, Policies and Procedures as outlined in the Student Handbook.
- I will pay all monies due by the due date, and understand that if any fee payment is late I may not be allowed to continue my studies. I understand that if should I withdraw early from the college, I am still liable for my debts.
- I release and hold harmless Academique, its principal, staff and agents in respect of any property loss or personal injury that I may sustain whilst participating in my course or attending the College however caused.
- I understand that this course will run subject to minimum student numbers.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Students Name: \_\_\_\_\_

**INTERNAL USE ONLY**

Review of Medical and other conditions (if any) and notes on specialised teaching and administration strategies to be used.

Circle Y/N

Is the student over 18? Y / N

Does the applicant mention indigenous status? Y / N

Does the student mention any medical or other condition? Y / N

Have pre-requisites been verified? Y / N

Notes:

Accepted

Not Accepted

Signed by the Director

Date:

Academique Student no:

Unique Student Identifier:

Deposit and payment details: