



DOMESTIC STUDENT APPLICATION FORM

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										Please attach a passport size photo		
Given Names												
Date of Birth (DD/MM/YY)	/	/									Town of Birth	
Language/s at home								Sex	<input type="checkbox"/> Male		<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate
Home Address (Not PO Box)												
Postal Address (if same, write 'as above')												
Phone Contact Number	Home				Mobile			Work				
Email address					Alternate 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				State Issued			Expiry	/ /			
USI Number												
MEDICAL AND EMERGENCY CONTACT DETAILS												
Emergency Contact Name							Relationship					
Phone Contact Number (if known)	Home				Mobile			Work				
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 develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other											
Preferred Start Date	/ /											
PAST EDUCATION INFORMATION (COMPULSORY SECTION)												
Did you graduate from high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Highest Completed School Level	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or equivalent <input type="checkbox"/> Other _____											
Highest Level of Education Completed	<input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> Technical Institute <input type="checkbox"/> University <input type="checkbox"/> Other _____											
Highest Degree Awarded	<input type="checkbox"/> Certificate _____ <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Honours <input type="checkbox"/> Masters <input type="checkbox"/> Other _____											

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: |

RECOGNITION OF PRIOR LEARNING / MUTUAL RECOGNITION

Do you wish to apply for Recognition of Prior Learning/Credit Transfer? (Please see Policy in the Student Handbook)	Yes / No
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Please note: you must apply for these prior to or at enrolment.

How did you hear about the college?	
<p>18 Rawlins Street Southport 07) 5526 3222 L3, 52 Davenport Street Southport 07) 5655 5694 PO Box 2585, SOUTHPORT BC QLD 4215</p>	<ul style="list-style-type: none"> • www.academique.qld.edu.au • info@academique.qld.edu.au • ABN 29 631 342 705 • ABN 14 150 180 297

STUDENT DECLARATION

I, _____ understand and agree to the following:

- a) I have read and understood and will follow all College Rules, Regulations, Policies and Procedures as outlined in the Student Handbook.
- b) 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.
- c) 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.
- d) I understand that this course will run subject to minimum student numbers.
- e) I understand that I can opt out of surveys at the time of contact.
- f) I understand that providing a USI number upon arrival is a condition of my enrolment at Academique.

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: