

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)						Please attach a passport size photo
Family Name						
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 Medicare 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 * Required field**

Employer		Position		Dates	-
Employer		Position		Dates	-
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?	
51-53A Nerang Street Southport 07) 5526 3222 PO Box 2585, SOUTHPORT BC QLD 4215	<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: _____

AGENT DECLARATION

I have personally collected and perused the student's English and capability evidence (re being able to complete the course). I confirm that the information given on the form and via documentation is true, complete and accurate.

Print Agent Name: _____ Application to be lodged Onshore or Offshore: _____

Signature: _____ Date: _____

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: