

2011 INTERNATIONAL STUDENT ENROLMENT FORM



CRICOS No: 02483D
National Provider No: 5404

Course Information and Additional Details (please tick applicable boxes) and return with payment.

Enrolment Fee	<input type="checkbox"/> Non-refundable AU\$200 Start date: <input type="checkbox"/> Feb <input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> July Year:		
OSHC (health cover)	<input type="checkbox"/> AHM single - AU\$420 per year <input type="checkbox"/> AHM family - AU\$840 per year		
Course	<input type="checkbox"/> CHC30708 - Certificate III in Children's Services CRICOS 070256G - 45 wks - AU\$7,250* <input type="checkbox"/> CHC50908 - Diploma of Children's Services CRICOS 070253K - 51 wks - AU\$7,250* <input type="checkbox"/> CHC60208 - Advanced Diploma of Children's Services CRICOS 070255G - 45 wks - AU\$7,250* <small>Please Note: Certificate III is pre requisite for Diploma, and Diploma is pre requisite for Advanced Diploma. * prices subject to change without prior notice</small>		
Will you require accommodation placement?	<input type="checkbox"/> YES- please specify type - home stay, share or other <input type="checkbox"/> Accommodation placement fee AU\$200 (to pay on enrolment) <input type="checkbox"/> NO thanks - I have arranged my own accommodation		
Arrival Date	/ /		
Payment Plan	<input type="checkbox"/> OPTION 1 (upfront) <input type="checkbox"/> OPTION 2 (2 instalments p/yr) <input type="checkbox"/> OPTION 3 (4 instalments p/yr) <small>See payment plan options sheet</small>		
Which one BEST describes your main reason for studying?	<input type="checkbox"/> Interested in working with children as a career <input type="checkbox"/> Interested in applying for university after course <input type="checkbox"/> Interested in moving to Australia permanently <input type="checkbox"/> Interested in applying knowledge in home country <input type="checkbox"/> Other (please specify)		
Did you enrol through an agent?	<input type="checkbox"/> YES <input type="checkbox"/> NO Agent's Name: Contact Person: Agent's Email: Phone:		

1. Personal Information

Title	Mr / Mrs/ Ms / Dr / Other		
Surname			
First Name			
Date of Birth	Age in years		
Country of birth	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	

2a. Address in home country

Street Address			
Suburb	Post code/Zip		
Home Phone	Mobile		
Email:			
Postal address	<input type="checkbox"/> Same as above		

2b. Address in Australia

Street Address			
Suburb	Post code		
Phone numbers:	Home:	Mobile:	
Email:			
Postal address	<input type="checkbox"/> Same as above		

2. Passport number and Visa

Passport Number	Visa Category		
Expiry Date	Visa Number		
Citizenship	Nationality		

3. Emergency Contact Person (next of kin)

Name			
Address			
Phone	(h)	(m)	
Relationship			

4. Employment Details

Are you employed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No, go to Q 6		
Work status	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual/Relief <input type="checkbox"/> Employer <input type="checkbox"/> Self employed <input type="checkbox"/> Seeking employment full time <input type="checkbox"/> Seeking employment part time If employed, how many hours do you work a week?		
Name of organisation			
Address			
Phone number			
Fax number			
Position held	How long have you held this position?		

5. Student History

What is the highest completed school level? (choose equivalent level)	<input type="checkbox"/> Never attended school <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below Year left school: <input type="checkbox"/> Still at school: School name:		
Previous qualifications completed or commenced:	<input type="checkbox"/> None (go to Q.7) <input type="checkbox"/> Bachelor or higher Degree <input type="checkbox"/> Diploma/Associate Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Advanced Certificate/Technician <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above		
Name / year of all Qualification/s completed:	Please attach a copy of these qualifications		
Do you wish to apply for Cross Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide evidence of previous course studied /subjects.		

6. Student History cont...

Do you wish to apply for RPL/ Recognition?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, in what areas of learning do you think you can apply for RPL for? Where did you gain the knowledge/skills and attitudes in these areas? <i>Please attach resume</i>
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Do you have a disability, impairment or long term medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please circle: Hearing/Deaf; Learning; Vision; Physical; Mental illness; Medical Illness; Intellectual; Acquired Brain Impairment; Other: If yes, please state how ACCCO can assist you to study:
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6. Other details

Do you hold a current...	Senior First Aid Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No CPR Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Qld Blue card/ police check? <input type="checkbox"/> Yes <input type="checkbox"/> No JP certified copies attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Language and literacy	What language do you speak at home? <input type="checkbox"/> English <input type="checkbox"/> Other: How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a minimum 5.5 IELTS score or equivalent? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide evidence Do you feel you need assistance with language/literacy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:

How did you find out about ACCCO?	<input type="checkbox"/> Word of mouth: Whom? <input type="checkbox"/> Internet: Which site? <input type="checkbox"/> Advertising: Where? <input type="checkbox"/> Other
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Have you ever had any criminal convictions?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify
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What are your goals/ expectations after completing the course?	
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CONDITIONS OF ENROLMENT

In consideration of ACCCO accepting my application for enrolment as a student and providing tuition to me, I agree that I will not hold ACCCO, and/or its employees, and/or agents liable for and will not make any claim against them for any loss, damage, death or injury which I may suffer or cause as a result of or in connection with or during the period of:

- my attendance at any premises owned, operated or controlled by ACCCO and/or,
- my attendance at any activity of which ACCCO has any knowledge (whether sporting, cultural, social, educational, recreational or otherwise) organised by or on behalf of or with the assistance of ACCCO or any activity of which ACCCO, and/or
- in any way whatsoever my association with ACCCO.

On behalf of myself, executives, administrators and assigns, I hereby release ACCCO and/or its employees, and/or its agents from loss, damage, death or injury and from any actions, claims and demands which, if I have not entered into this Agreement, I might otherwise have been entitled to take or make in respect of any such loss, damage, death or injury and I hereby indemnify ACCCO, and/or its employees, and/or agents against any such liability. I agree that this agreement shall be governed in all respects by and interpreted with the laws of the State of Queensland in the Commonwealth of Australia.

REFUND POLICY

I agree to the following refund policy...

- The enrolment fee is non-refundable except in the event that the College is unable to run a course for which a student has enrolled. In such a case it is fully refundable.
- If a student cancels their course more than four weeks prior to the proposed course commencement date, a refund of course fees will be given.
- If a Visa is not obtained, ACCCO will provide a refund of course fees regardless of the reason for the refusal.
- No refund is given after a student has commenced the course and the full cost of the course must be paid for. This includes students who are on payment plans.
- At the discretion of the Principal – students may defer or transfer course fees between courses.
- RPL/RCC assessment costs are borne by students and are non-refundable.
- To apply for a refund, apply in writing to the College you will be informed of the result of the refund application within 10 days of applying. Accept refunds will be paid within 4 weeks of the written application.
- Results of refund applications will be fair and equitable.
- All refunds will be paid to the person who entered into the contract (eg the person named on the enrolment form) and will be paid in Australian Dollars. Money may also be paid to a nominated person if the person who entered into the agreement gives ACCCO written notification to do so.
- If a student is unhappy with the decision relating to their refund application, the student has the option to take action through external agencies.
- Contact the College for information regarding your right to seek external remedies.

DECLARATION and AGREEMENT

- I certify that I have read this form thoroughly and agree to the conditions stated herein.
- I certify that I have read the Conditions of Enrolment (above) and the Student Handbook which I have obtained from ACCCO or have read on <http://accco.com.au/locations/internation/overseasstudenthandbook.pdf> which incorporates the code of practice, client services policies and the code of behaviour thoroughly and agree to the conditions stated.
- If accepted as a course participant, I agree to abide by the rules and regulations of ACCCO.
- I understand information about my enrolment, studies and/or progress will be provided, if requested, to my employer and/or the relevant Government Department in the State in which I am employed to meet the relevant Act and/or Regulation (eg Queensland Child Care Regulation 2003, section 119) under which the service is licensed.
- I understand that enrolment is accepted under the condition that my tuition and other fees are paid on or before the due date.
- I accept that ACCCO will provide information about my enrolment, personal and contact details, enrolment details and changes relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager, as well as any other Law under which my enrolment is based including Immigration and similar.
- All information provided by me is correct and complete at the date of enrolment and I will notify ACCCO of any changes including address while enrolled in the course.
- I agree to notify ACCCO of any change to my personal details whilst enrolled in the course including address, phone numbers or similar.
- This agreement and the availability of complaints and appeals processes does not remove the right of the student to take action under Australian Consumer Protection laws.

Student: Name _____ Signature: _____ Application Date: ___/___/___

Witness: Name: _____ Signature: _____ Date: ___/___/___

PLEASE RETURN THIS ENROLMENT FORM WITH YOUR OSHC AND PAYMENT PLAN OPTION FEES (see attached sheet) also include transcripts of all documents.