

## APPLICATION FOR ENROLMENT

Please fill in BLOCK letters. To avoid delays in processing your application, all sections must be completed.

### STUDENT DETAILS

First Name / Middle Name \_\_\_\_\_

Family Name(s) \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Gender      Male      Female

Nationality \_\_\_\_\_      Country of Residence \_\_\_\_\_

Passport No. \_\_\_\_\_      Country of Issue \_\_\_\_\_

Passport Date of Issue (DD/MM/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Passport Date of Expiry (DD/MM/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Visa type \_\_\_\_\_      Visa Date of Expiry (DD/MM/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### OVERSEAS RESIDENTIAL ADDRESS

Address \_\_\_\_\_

Suburb/Town/City \_\_\_\_\_      State \_\_\_\_\_

Country \_\_\_\_\_      Post Code \_\_\_\_\_

Telephone Number (+ Country Code) (+ \_\_\_\_ ) \_\_\_\_\_      Email \_\_\_\_\_

### AUSTRALIAN RESIDENTIAL ADDRESS (If applicable)

Address \_\_\_\_\_

Suburb/Town/City \_\_\_\_\_      State \_\_\_\_\_      Post Code

Preferred Contact Number (Area Code) ( \_\_\_\_ ) \_\_\_\_\_      Email \_\_\_\_\_

### SPECIAL NEEDS

Do you have a disability, impairment or long-term medical condition that may affect your studies?      NO      YES

If **YES**, please indicate the area/s of impairment.      Hearing      Mobility      Vision      Learning      Medical

Other \_\_\_\_\_      Support Requirements (if known) \_\_\_\_\_

\_\_\_\_\_

### UNIQUE STUDENT IDENTIFIER (USI)

Do you have a Unique Student Identifier?

Yes, please provide details: \_\_\_\_\_

No, please apply for USI on the USI website ([www.usi.gov.au](http://www.usi.gov.au)) and provide details to the college.

**COURSE(S) YOU ARE APPLYING FOR**

VOCATIONAL COURSES	COMMENCEMENT DATE
	MM / YYYY
BSB42015 Certificate IV in Leadership and Management (091401G)	MM / YYYY
BSB51918 Diploma of Leadership and Management (099879D)	MM / YYYY
BSB61015 Advanced Diploma of Leadership and Management (091403E)	MM / YYYY
FNS40217 Certificate IV in Accounting and Bookkeeping (0100091)	MM / YYYY
FNS50217 Diploma of Accounting (0100093)	MM / YYYY
FNS60217 Advanced Diploma of Accounting (0100092)	MM / YYYY
ICT40115 Certificate IV in Information Technology (086526C)	MM / YYYY
ICT50115 Diploma of Information Technology (086608A)	MM / YYYY
ICT60115 Advanced Diploma of Information Technology (086727E)	MM / YYYY
SIT30816 Certificate III in Commercial Cookery (094237A)	MM / YYYY
SIT40516 Certificate IV in Commercial Cookery (093670C)	MM / YYYY
incorporated with Certificate III in Commercial Cookery	
SIT50416 Diploma of Hospitality Management (091007F)	MM / YYYY
incorporated with Certificate III and IV in Commercial Cookery	
SIT60316 Advanced Diploma of Hospitality Management (091099G)	MM / YYYY
incorporated with Certificate III and IV in Commercial Cookery and Diploma of Hospitality Management	
SIT50416 Diploma of Hospitality Management (Stand Alone) (091007F)	MM / YYYY
SIT60316 Advanced Diploma of Hospitality Management (Stand Alone) (091099G)	MM / YYYY
BSB51415 Diploma of Project Management (093666K)	MM / YYYY
BSB61218 Advanced Diploma of Program Management (099881K)	MM / YYYY
BSB42415 Certificate IV in Marketing and Communication (094964C)	MM / YYYY
BSB52415 Diploma of Marketing and Communication (094965B)	MM / YYYY
BSB61315 Advanced Diploma of Marketing and Communication (094966A)	MM / YYYY
SIT40116 Certificate IV in Travel and Tourism (094967M)	MM / YYYY
SIT50116 Diploma of Travel and Tourism Management (094968K)	MM / YYYY
SIT60116 Advanced Diploma of Travel and Tourism Management (094969J)	MM / YYYY

HIGHER EDUCATION	COMMENCEMENT DATE
	March, July, November
	MM / YYYY
Bachelor of Tourism & Hospitality Management (073530C)	MM / YYYY
Bachelor of Business (Leadership and Management) (097316M)	MM / YYYY
Which Campus will you be studying at?	Melbourne                      Sydney
Are you applying for Credit Transfer into this program?	YES                      NO
(If YES, please complete Credit Transfer application form)	

**DO YOU REQUIRE ACCOMMODATION?**NO YES If **YES**, please specify

Type of accommodation Homestay Hostel Shared Room Single Room

**DO YOU REQUIRE AIRPORT PICK-UP?**NO YES If **YES**, please provide flight details at least 2 weeks prior to arrival

Airline Company \_\_\_\_\_ Flight Number \_\_\_\_\_ Arrival Date (DD/MM/YY) / /

**DO YOU REQUIRE OVERSEAS STUDENT HEALTH COVER (OSHC)**

NO YES

If YES, Single Couples Family

**YOUR PREVIOUS EDUCATION**

Name of Last School/College/University Attended \_\_\_\_\_

Highest Qualification Achieved \_\_\_\_\_ Date Achieved (DD/MM/YY) / /  
(e.g. High School Certificate, Diploma, Bachelor, etc)Are you transferring from another education provider in Australia? NO YES If **YES**, complete the following:

Name of institution: \_\_\_\_\_

Name of Qualification: \_\_\_\_\_ Start Date: / / End Date: / /

Do you have evidence of release from previous institution? NO YES If **YES**, please provide release evidence and provide copy of transcript

Do you wish to apply for Recognition of Prior Learning / credit transfer (i.e. RPL)? NO YES

If YES, please refer to Admission section of the website [www.aapoly.edu.au](http://www.aapoly.edu.au) for further details.**ENGLISH LANGUAGE**

English Examination (Please tick the relevant option, indicate your score and date obtained):

IELTS Score: \_\_\_\_\_ Date Obtained (DD/MM/YY) / /

OTHER. Please specify \_\_\_\_\_ Score: \_\_\_\_\_ Date Obtained (DD/MM/YY) / /

Certified copies of relevant academic achievements (including English results) must accompany your application.

**USE OF PERSONAL INFORMATION**

Student information may be shared between the College and relevant regulatory authorities. This information includes personal details, course enrolment details, and the circumstances of any suspected breach of student visa conditions.

**DECLARATION**

I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the withdrawal by the College of any place which may be offered. I agree to release and indemnify the College and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I acknowledge that I am bound by the statutes and regulations of the College and I agree to pay all fees charged directly to me arising from this enrolment.

NAME OF APPLICANT

SIGNATURE

DATE (DD/MM/YY) / /

**FOR APPLICANTS UNDER THE AGE OF 18**

NAME OF PARENT OR PERSON WITH CUSTODY

SIGNATURE

DATE (DD/MM/YY) / /

**Were you referred to us by an education representative?**

NO

YES

If YES, Name/Stamp of Representative