

Application to Enrol Form

IMPORTANT STEPS

1. Complete this application form in BLOCK LETTERS and in ENGLISH and tick relevant boxes
2. Provide proof of your identity (refer to page 3 for details)
3. For school leavers, provide a copy of your HSC certificate (or equivalent with an ATAR of 65) or an accredited AQF recognised qualification (Cert IV, Diploma, Advanced Diploma or Associate Degree)
4. For mature age students (21 years and older) provide a copy of your current CV and proof of identity
5. For this application to be accepted and processed, it must be SIGNED AND SUBMITTED WITH ALL SUPPORTING DOCUMENTATION.

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please advise):				
Family Name:					
Given Name:			Other Name/s: (if applicable)		
Date of Birth: (DD/MM/YYYY)			Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Residential Address:					
Suburb:			State:		
Contact Number:			Postcode:		
Emergency Contact Details:					
Contact Name:			Street:		
Relationship to Student:			Suburb:		
Contact Number:		Work:		State:	
Email:			Postcode:		

Were you born in Australia:	<input type="checkbox"/> Yes No <input type="checkbox"/>				
If not born in Australia, in what country were you born?					
What year did you arrive in Australia?					
What nationality do you hold (as it appears on your Passport)?					
Are you of Aboriginal/ Torres Strait Islander origin?	<input type="checkbox"/> No – neither <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Both				
Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a New Zealand citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hold a Permanent Resident visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you hold a Permanent Humanitarian visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Main language/s spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify) _____				
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 consider yourself to have a disability, impairment or long term medical condition which may affect your studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate the area/s of impairment:	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Learning <input type="checkbox"/> Vision		<input type="checkbox"/> Physical/ Mobility <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical		<input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other _____
If you have a disability, impairment or long term medical condition which may affect your studies, would you like to receive advice on support services, equipment and facilities which may assist you?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Highest completed secondary 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"/> Never attended school
Year the above school level was completed:			
Highest academic qualification successfully completed to date:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or 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 above	
Current employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed		
What is the highest level of education completed by your parent/s or guardian/s?	Parent/Guardian 1 <input type="checkbox"/> Female <input type="checkbox"/> Male		Parent/Guardian 2 <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Second parent/guardian
	<input type="checkbox"/> Post Graduate (e.g. GradDip, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post-school qualification (e.g. associate degree, diploma, advanced diploma) <input type="checkbox"/> Completed apprenticeship &/or VET/TAFE certificate <input type="checkbox"/> Completed year 12 schooling (or equivalent) <input type="checkbox"/> Completed year 10 schooling (or equivalent) <input type="checkbox"/> Completed year 10 schooling (or equivalent) continued at school but didn't complete year 12 <input type="checkbox"/> Left school before year 10 <input type="checkbox"/> Don't know		<input type="checkbox"/> Post Graduate (e.g. GradDip, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post-school qualification (e.g. associate degree, diploma, advanced diploma) <input type="checkbox"/> Completed apprenticeship &/or VET/TAFE certificate <input type="checkbox"/> Completed year 12 schooling (or equivalent) <input type="checkbox"/> Completed year 10 schooling (or equivalent) <input type="checkbox"/> Completed year 10 schooling (or equivalent) continued at school but didn't complete year 12 <input type="checkbox"/> Left school before year 10 <input type="checkbox"/> Don't know
Reason for undertaking this course (please tick only 1 option)	<input type="checkbox"/> To get a job <input type="checkbox"/> To try for a different career <input type="checkbox"/> Gain extra skills for my job <input type="checkbox"/> Other reasons	<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> To get into another course of study	<input type="checkbox"/> To start my own business <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> Personal interest or self development
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time		
Will you be seeking credit for prior learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please detail briefly: <hr/> <hr/> <hr/>		
I intend to complete my degree by	____ / ____ /20__		

Qualification

Associate Degree in Applied Health Science (Dermal Therapy)

Bachelor of Applied Health Science (Clinical Aesthetics)

Are you interested in receiving FEE-HELP?

Yes

No

IDENTIFICATION

Please note that we require proof of identity to be submitted with your application. Applicants must supply BOTH **photo ID** and **proof of citizenship**. As such, please provide **one** of the following options:

Option	Evidence	<input checked="" type="checkbox"/>
A	Current Passport	
B	Current Driver's License	
C	Other Photo ID & Birth Certificate	

TERMS AND CONDITIONS OF ENROLMENT

Privacy Statement

The information collected in this form is required to facilitate your enrolment and will be handled and stored in line with the Australasian College of Health and Wellness's (ACHW) *Privacy and Personal Information Procedures*. ACHW reserves the right to verify any of the details you have provided on this form in order to assess your application.

Some information requested on this form is collected to comply with government reporting requirements and will be disclosed to the Commonwealth Government as well as other information regarding your studies with ACHW, as required by law. If you access Commonwealth Assistance while enrolled with ACHW, information about you and the study you undertake will be provided to the Australian Taxation Office.

Admission Requirements

The *Admissions Policy* provides detailed information on requirements for admission. Please refer to the policy on the website for further information.

Credit for Prior Learning

The College recognises prior formal studies, relevant professional work or life experience. Please refer to the *Credit for Prior Learning Policy* on the website for further information.

All policies can be located at www.tachw.edu.au/policies-procedures

DECLARATION

I hereby apply for enrolment in the Bachelor of Applied Health Science (Clinical Aesthetics) with the Australasian College of Health and Wellness and declare that the information I have provided in this form is true and correct. I understand that information about me and the study I undertake may be disclosed as described in the Privacy Statement above.

Applicant Signature: _____ Date: ____/____/____

Completed applications and all supporting documentation are to be submitted to:

ADMISSIONS OFFICE

Mailing address:

Australasian College of Health and Wellness,
Level 21, 580 George Street, Sydney NSW 2000 Ph 1300 227 603
admissions@tac.edu.au www.tachw.edu.au

1. On receipt of your application to enrol and supporting documentation, the Admissions Office will assess your application within seven working days and you will be contacted by the Admissions Office with an outcome.
2. If your application is successful you will be asked to attend an academic interview. Following your academic interview you will receive a Letter of Acceptance which will contain details to formalise your enrolment.
3. You will need to respond to the Letter of Acceptance and Student Agreement within seven working days in order to be enrolled into the course of study.
4. If your application is unsuccessful you will be notified in writing detailing the reasons why you were not successful and explaining your right to appeal the decision.