

Student Application Form

Please complete this enrolment form by filling in the fields, selecting the options and then email back all pages to ASA or return to your local ASA representative. When complete, email to admissions@asahe.edu.au

1. Personal Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	Other _____	
Family Name			Given Name	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate	
Date of Birth	(DD/MM/YYYY)			
Nationality			Country of Birth	
Passport Number			Passport Expiry Date	
Type of Visa	<input type="checkbox"/> Student	<input type="checkbox"/> Working Holiday	<input type="checkbox"/> Tourist	Other _____
Have you enrolled at ASA previously?	<input type="checkbox"/> New student		<input type="checkbox"/> Re-enrolling student	

Unique Student Identifier (USI)

All students must supply their Unique Student Identifier (USI) More information about USI's, including how to apply for your USI online, go to www.usi.gov.au

2. Contact Details

Email				
Home Phone		Mobile Phone		
Home Country Address				
Street Number		Street Name		
Suburb/City		State		Postcode
Address in Australia				
Street Number		Street Name		
Suburb/City		State		Postcode

3. Emergency Contact Details

Emergency Contact Name				
Phone				
Relationship				

4. OSHC (ALL STUDENT VISA APPLICANTS)

Would you like ASA to arrange your OSHC?

☐ NO. I will make my own OSHC arrangement.

<input type="checkbox"/> YES. Please arrange my OSHC <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family </div>						
5. Agent Information						
Did an agent assist you with this enrolment?				<input type="checkbox"/> No <input type="checkbox"/> Yes		
Agency Name						
Counsellor Name						
6. Higher Education Course Details						
Location		Sydney				
Commencement date		<input type="checkbox"/> Quadmester 1 <input type="checkbox"/> Quadmester 2 <input type="checkbox"/> Quadmester 3 <input type="checkbox"/> Quadmester 4 Year _____				
Course Details						
<input type="checkbox"/> Diploma of Business and Technology (CRICOS Course Code: 108861B/TEQSA Course Code: 14011776)						
<input type="checkbox"/> Bachelor of Professional Accounting (CRICOS Course Code: 102219K/TEQSA Course Code: 1400690)						
<input type="checkbox"/> Associate Degree in Business and Technology (CRICOS Course Code: 108860C/TEQSA Course Code: 1401178)						
<input type="checkbox"/> Bachelor of Business (Technology Management) (CRICOS Course Code: 108859G/TEQSA Course Code: 1401177)						
Advanced Standing/Credit Transfer *						
Are you seeking RPL/Credit Transfer for studies completed?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*Please refer to course planners for the subjects and availability.</i>						
7. Education						
Completed Education:		<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University				
Please list all secondary and post-secondary programs in which you have been enrolled						
Name of Course	Name of Institution	Country	Years		Completed	
			From	To		
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please Specify			Other			
<p><i>Applicants must attach certified copies of all relevant academic certificates and transcripts.</i></p> <p><i>Certified copies must be stamped and signed by a Justice of the Peace, Commissioner for Declarations, an approved ASA education agent or the issuing authority/institution, and the certifier's stamp must include the certifier's printed name, title/position, signature and date of notary.</i></p> <p><i>All documents not in English must be accompanied by certified and translated English copies by an approved translator.</i></p>						

8. English Proficiency		
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, what is your first language? _____		
Do you hold a certificate of English proficiency? (e.g.: Academic IELTS, PTE) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you complete secondary or vocational study with English as the language of instruction? (In Australia or overseas) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Applicants must attach certified copies of all relevant English certificates and transcripts.</i>		
9. Work experience		
Employer	Years of service	Position
10. Payment Plan		
<input type="checkbox"/> Option 1 100 % payment of the Quadmaster+ administration fee + material fee		
<input type="checkbox"/> Option 2 50% deposit of the Quadmaster + administration fee + material fee and pay 50% the day before the Quadmaster starts.		
11. Study Reason		
Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)		
<input type="checkbox"/> To get a job <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To get skills for community/voluntary work	<input type="checkbox"/> To get to another course of study <input type="checkbox"/> To start my own business <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> To try for a different career	<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> Other reasons
12. Disability		
Do you have any learning needs that are likely to affect your study? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide a summary of your learning requirements and we will do our best to accommodate your needs. _____		

13. Declaration

- ☐ I declare that the information supplied in this application is true and correct. I authorise ASA to obtain enrolment and academic information from any of my previous or current education providers. I understand that ASA would take remedial corrective action if the information provided is false and misleading.
- ☐ I declare that I have genuine access to sufficient funds whilst in Australia, to meet my financial commitments to ASA and cover all tuition, Overseas Student Health Cover and living expenses for myself and any dependants.
- ☐ I understand that I may be contacted by an ASA representative and asked a series of questions in relation to this application and that the Department of Home Affairs (DHA) will undertake their own determination of any criterion for visa purposes. I am aware that information relating to my application may be provided to DHA. I understand that upon accepting an offer of admission from ASA, that I am required to complete a minimum of 6 months study in my principal course (the highest qualification applied for).

Name

Signed

Date

14. Checklist

- ☐ Provide a certified copy of your passport and current Australian visa (if applicable)
- ☐ Certified transcript of your qualifications (in English)
- ☐ Proof of English language ability (IELTS or TOEFL) or other qualifications
- ☐ Attach certified copies of all testamurs and transcripts for qualifications outlined above.
- ☐ If you intend to apply for Credit Transfer or Recognition of Prior Learning, please download the application form www.asahe.edu.au / Our Policies and Forms / Application Recognition of Prior Learning
- ☐ Provide certified copies of evidence of funds (if applicable)