



# Enrolment Application

Apex Institute of Education Pty Ltd Trading as Apex Institute of Education  
2 Sorrell Street, Parramatta NSW 2150 Telephone – 02 8007 6262 Facsimile – 02 8007 6260  
ABN 38 130 193 207 RTO Provider Code – 91606 CRICOS Provider Code – 03156M  
Before you complete this Application Form please read all of the information that has been made available about the course and institution. If you have any questions please contact your agent or staff at the institution

Please complete all details on this enrolment form. This will be used to enrol you in the qualification you are seeking. Some of the information contained herein will be keyed into a database and used for statistical and other reporting purposes. Please ask your agent for assistance; or contact Apex Institute of Education Pty Ltd 02 8007 6262 for any help that you may require. **PLEASE USE BLACK PEN AND WRITE IN BLOCK LETTERS**

## 1. Student Personal Details

Family Name:..... Given Names:.....  
Date Of Birth: \_\_\_/\_\_\_/\_\_\_(DD/MM/YYYY) Sex:  Male  Female  
Country of Birth: Citizenship:.....  
Passport Number: Date Issued: \_\_\_/\_\_\_/\_\_\_(DD/MM/YYYY)

## 2. Do you currently hold an Australian Visa? YES NO

If yes, Visa Type..... Expiry Date:\_\_\_/\_\_\_/\_\_\_(DD/MM/YYYY)

If no, which Australian Embassy/High Commission will you lodge your visa application?

City:..... Country:.....

## 3. Your Overseas Address

## Your Australian Address (if applicable)

.....  
.....  
.....

## 4. Your Contact Details

## 5. Emergency Contact Details

Landline:..... Name:.....  
Mobile:..... Relationship:.....  
Email:..... Phone Number:.....

## 6. Are you using and education agent YES – complete agent details below NO – go to 7

Agency Name:..... Contact Person Name:.....  
Contact Number:..... Email:.....

I nominate this agent to be my Education Agent in further dealings with this college.

## 7. Course Enrolment Details

Please refer to our website at [www.apexaustralia.com](http://www.apexaustralia.com) for course information and intake dates

1<sup>st</sup> Preference Course Name:..... 2<sup>nd</sup> Preference Course Name:.....  
Preferred Start Date:\_\_\_/\_\_\_/\_\_\_ Preferred Start Date:\_\_\_/\_\_\_/\_\_\_



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## 8. Overseas Student Health Cover (OSHC)

Do you need the college to arrange this for you?  YES – we will send details  NO – go to 9

## 9. Special needs

Do you have special needs the college should be aware of?  YES – indicate below  NO – go to 10

Allergies  Medical condition  Numeracy issues  Language difficulties

Disability or long term illness  Other

If you ticked any of the above boxes, please provide details: .....

## 10. Highest qualification you achieved: High School College University

Qualification Name:..... Year Awarded:.....

Institution Name: ..... Country: .....

## 11. English Proficiency

Completed English Test

Name of English Test:..... Result:..... Date Undertaken: \_\_\_/\_\_\_/\_\_\_

Completed English Course in Australia

Course Name: ..... Institution:..... Date Completed: \_\_\_/\_\_\_/\_\_\_

English is my first language

## 12. Current Australian Education Details

Are you currently studying in Australia  YES – provide details below  NO – go to 13

If yes Institution Name:..... Course Name:.....

Expected Date of Completion / Date Completed: \_\_\_/\_\_\_/\_\_\_

## 13. Recognition of Prior Learning/Course Credit

Are you Applying for RPL or Course Credit?  YES  NO If yes, please attach relevant documentation.

## 14. Are you transferring from other provider (college or university) in Australia?

YES  NO

If yes, Have you completed 6 months of your principal course?  YES  NO

If No, you must submit supporting evidence such as release letter before we can issue offer letter

## 15. Additional services OSHC Airport pickup Accommodation other.....

### Student Declaration

I declare that the information I have provided on this form is true and correct.

I agree that if I provide false, misleading or inaccurate information, AIE reserves the right to cancel enrolment.

I further acknowledge that I have the financial capacity to pay my college fees and living expenses as and when they become due.

I also understand and agree and consent that my personal information may be made available to Commonwealth and State agencies for compliance purposes and to other law enforcement agencies as required by the law.

AIE will not provide or disclose your personal information to outside parties without your consent.

I am fully aware that I must inform the college when my personal or contact details change.

If I am a student on student visa, I am responsible to comply with my student visa conditions and I must contact the Immigration department for enquires relating to my student visa issues.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_