



# Australian Careers Education Pty Ltd

CRICOS No: 03219A RTO No: 22424 | Australian Careers Education Pty Ltd |  
 347-351 Victoria Street, Brunswick, VIC, 3056 Phone: +61 3 9380 1414 | Facsimile: +61 3 9380 1811  
 Email: [info@ace.vic.edu.au](mailto:info@ace.vic.edu.au) | Website: [www.ace.vic.edu.au](http://www.ace.vic.edu.au)

## ENROLMENT FORM – INTERNATIONAL

This Enrolment Form is for:

- International Students

Enrolment Method:

- Please check the relevant course information, entry requirements and intake dates available by contacting Australian Careers Education (ACE) Head Office or online at [www.ace.vic.edu.au](http://www.ace.vic.edu.au)
- Complete this form in its entirety
- Attach all supporting documentation (certified true copy or original) as required, including:
  - Evidence of IELTS score of at least 5.5 or equivalent in an internationally recognised English proficiency test (see ACE's Student Engagement Prior to Enrolment Policy for further information)
  - Passport
  - Testamurs and/or Statements of Attainment for Nationally Recognised Training qualification(s)
  - Visa Grant Notification
  - Letter of Release (if applicable)
  - OSHC cover (if already obtained)
  - Year 12 (or equivalent) certificate
- Post, email or hand-deliver to ACE's Head Office (details above).

NB: ACE may not be able to continue with the processing of your application unless the required information is provided and the student declaration at the end of this document is reviewed and signed.

For indicative course and materials fees and course entry requirements, please refer to the Pre-Enrolment Brochure available online at [www.ace.vic.edu.au](http://www.ace.vic.edu.au) or at ACE's Head Office

### SECTION 1: APPLICANT DETAILS

Are you a currently enrolled ACE student?  No  Yes – please provide ACE Student ID No.: ACE \_\_\_\_\_

Have you previously applied to study at ACE?  No  Yes

#### Unique Student Identifier (USI)

1. What is your Unique Student Identifier (USI) Number: \_\_\_\_\_  
 If you do not have a USI, please apply via [www.usi.gov.au](http://www.usi.gov.au) and provide ACE with the USI number once obtained for verification.

2. Title  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Surname (Legal Family Name)	Given Names (Legal Given Names)
--------------------------------	------------------------------------

3. Date of Birth Day / Month / Year: \_\_\_ / \_\_\_ / \_\_\_\_\_

4. Gender (tick one box only)  Male  Female

#### 5. Usual Residence – In Australia (Place when you live/stay)\*

- This question refers to the address location and postcode of the suburb, locality or town in which you usually live. Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.
- If you are from a rural area, use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building / Property Name	Flat / Unit Number	
Street Number (e.g. 5 or Lot 12)	Street Name	
Suburb, Locality or Town	State / Territory	Postcode
Telephone (incl. area code)	Mobile Number	+61
Email Address:		



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## 6. Postal Address – In Australia - Is your postal address different from the usual address listed above?

No  Yes - If answered 'Yes', please complete the information required below:

Building / Property Name		Flat / Unit Number		Street Number	
PO Box OR Roadside Delivery Box		Suburb, Locality or Town			
State / Territory		Postcode			

## 7. Overseas Residence Address

Building / Property Name		Flat / Unit Number		Street Number	
Street Name		Suburb, Locality or Town			
State / Territory		Postcode		Country	
Telephone (incl. area and country codes)					

## 8. Emergency Contact Details (In Australia)

Name		Relationship	
Address			
Mobile		Email (optional)	

## 9. Emergency Contact Details (Overseas)

Name		Relationship	
Address			
Mobile		Email (optional)	

## SECTION 2: PROGRAM (QUALIFICATION / COURSE) ENROLMENT

### 10. Which program (qualification/course) are you applying for?

	CRICOS Code	Course Code	Course Name	Duration (incl. holidays)	Fees* (incl. enrolment, tuition and non-tuition fees)
<input type="checkbox"/>	094804G	SIT30816	Certificate III in Commercial Cookery	52 weeks	\$10,000
<input type="checkbox"/>	094805G	SIT40516	Certificate IV in Commercial Cookery	81 weeks	\$15,000
<input type="checkbox"/>	091066F	SIT50416	Diploma of Hospitality Management	74 weeks	\$20,000
<input type="checkbox"/>	086976K	BSB40215	Certificate IV in Business	26 weeks	\$6,000
<input type="checkbox"/>	087261D	BSB50215	Diploma of Business	26 weeks	\$6,000
<input type="checkbox"/>	088549B	BSB60215	Advanced Diploma of Business	52 weeks	\$9,000
<input type="checkbox"/>	091626A	AUR30616	Certificate III in Light Vehicle Mechanical Technology	52 weeks	\$10,500

\* The course fee breakdown is available on ACE's website under 'Courses'

**Upfront fee:** (Must be answered)

I would like to pay more than half of the fee of above course(s) before the start of the course(s)  Yes  No

(a student can pay full fees if they wish to, but they are not required to pay more than 50% up front)



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**11.** What is your preferred intake date? Month: \_\_\_\_\_ Year: \_\_\_\_\_

**12.** Do you wish to apply for National Recognition (Credit Transfer) / Recognition of Prior Learning (RPL)\* from previous study?  
 Yes – please provide certified copies of official results including unit/subject descriptions  
 No  
*\*Fees apply for RPL - please refer to the schedule of fees in the 'Fees and Charges Policy' available online.*

**SECTION 3: VISA, LANGUAGE & CULTURAL DIVERSITY**

**13.** In which country were you born?  Australia  Other – please specify: \_\_\_\_\_

**14.** Town / City of Birth Please specify \_\_\_\_\_

**15.** Citizenship Please specify country of citizenship as shown on your passport: \_\_\_\_\_

**16.** Passport Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**17.** Are you currently in Australia?  Yes  No  
**If 'yes'** state your visa type (e.g. student) visa subclass and expiry date:  
 Visa Type: \_\_\_\_\_ Subclass No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Visa Notification Number: \_\_\_\_\_  
**OR**  
**If 'no'** in which country will you be applying for an Australian student visa?  
 Country \_\_\_\_\_ City \_\_\_\_\_

**18.** Do you speak a language other than English at home?  
 (If more than one language, indicate the one that is spoken most often)  No, English Only – **go to question 21**  
 Yes, other – please specify: \_\_\_\_\_

**19.** How well do you speak English?  Very Well  Well  Not Well  Not at All

**20.** Do you hold a Certificate of English Proficiency?  Yes  No

**If 'yes' to Question 18:** Complete this section on Evidence of English Proficiency:  
 IELTS  TOFEL  Other – please specify: \_\_\_\_\_  
 Score: \_\_\_\_\_ Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Test Reference Number: \_\_\_\_\_

**If 'no' to Question 18,** please provide information regarding qualification/s completed in Australia in the last 2 years which is higher than a Certificate IV:  
 Name of Institution / RTO / TAFE \_\_\_\_\_  
 Name of Course being Studied \_\_\_\_\_  
 Do you have a Letter of Release from the Institution/RTO/ TAFE?  Yes  No  
*Please note that not providing a letter of release in particular circumstances may impact your enrolment. Please refer to the Transfer between Registered Providers Policy available online under 'Policies' for further information.*

**SECTION 4: DISABILITY**

**21.** Do you consider yourself to have a disability, impairment or long-term condition?  
 Yes  No – **go to question 23**

**22.** Please indicate the areas of disability, impairment or long-term condition:  
*(This information will assist us determining whether ACE can accommodate your needs)*



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<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition

Other – please specify \_\_\_\_\_

*If a disability, impairment or long-term condition has been identified above, please complete the Reasonable Adjustment / Special Needs Form (available on ACE's website under 'Forms') and attach to this enrolment form. Upon receipt of a form, Student Support Services Officer will contact you to further discuss your needs and to determine whether ACE will be able to accommodate your needs.*

## SECTION 5: SCHOOLING

**23. What is your highest COMPLETED school level? (Tick ONE box only)**

Completed Year 12     
  Completed Year 11     
  Completed Year 10     
  Completed Year 9 or Equivalent  
 Completed Year 8 or Lower     
  Never attended school – **go to question 25**

**24. In which YEAR did you complete that school level stated in Question 23?** \_ \_ \_ \_ \_

Name of School: \_\_\_\_\_ Country: \_\_\_\_\_

**25. Are you still attending secondary school?**     Yes       No

## SECTION 6: PREVIOUS QUALIFICATIONS ACHIEVED

**26. Have you SUCCESSFULLY completed any one of the following qualifications?**  
 Yes     No – go to question 27.

If 'yes', please enter one of these Prior Education Achievement Recognition Identifiers in any applicable qualification level.  
**A – Australian    E – Australian Equivalent    I – International**

*Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use:  
 A – Australia, 2. E – Australian Equivalent, 3. I - International*

<input type="checkbox"/> <b>A</b>	<input type="checkbox"/> <b>E</b>	<input type="checkbox"/> <b>I</b>	<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> <b>A</b>	<input type="checkbox"/> <b>E</b>	<input type="checkbox"/> <b>I</b>	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Certificates other than the above

For the course/s you have elected to enrol into at ACE, do you have any previous experience or qualification?  
 No     Yes    If Yes, please describe further \_\_\_\_\_

## SECTION 7: OTHER DETAILS

**27. Agents Details (if no Agent involvement, please write 'Not Applicable')**  
 Agent Name: \_\_\_\_\_

Agent Contact Details: \_\_\_\_\_

**28. How did you find out about ACE?**  
 Friends     
  Website/Advertisement     
  Education Agent     
  Other – please specify: \_\_\_\_\_

**29. Airport Pick Up and Accommodation Services**  
*(additional charges apply – see pre-enrolment brochure on ACE website: [www.ace.vic.edu.au](http://www.ace.vic.edu.au))*

I require Airport Pick Up\*                      | Cost: \$150.00    |  Yes                       No  
 I require Assistance with Accommodation\*    | Cost: Varied\*\*    |  Yes                       No

If 'yes', please note for how many days/weeks/months/years \_\_\_\_\_  
 \*Payment options will be outlined in the Offer Letter.



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**\*\* Accommodation costs vary according to type of accommodation required. Please refer to the Fees & Charges Policy available online under 'Policies' for further information.**

## SECTION 8: OVERSEAS STUDENT HELTH COVER (OSHC)

It is compulsory for student visa holders to hold and maintain overseas student health cover.

30. Do you currently hold OSHC?  Yes  No – go to Question 31.

OSHC Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**(Please attach a copy of your OSHC to this application)**

31. Would you like ACE to organise OSHC for you?  Yes  No

If 'yes' please specify type of coverage required:  Single  Family

## SECTION 9: EMPLOYMENT STATUS

32. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- |  |  |
|--|--|
| <input type="checkbox"/> Full-time employee                            | <input type="checkbox"/> Part-time employee                    |
| <input type="checkbox"/> Self-Employed – not employing others          | <input type="checkbox"/> Employer                              |
| <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Unemployed – seeking full-time work   |
| <input type="checkbox"/> Unemployed – seeking part-time work           | <input type="checkbox"/> Not employed – not seeking employment |

33. Which of the following classifications BEST describes your current or recent occupation?

**(Tick ONE box only) – If unemployed go to Question 35.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1 - Managers                      | <input type="checkbox"/> 4 – Community and Personal Service Workers | <input type="checkbox"/> 7 – Machinery Operators and Drivers |
| <input type="checkbox"/> 2 - Professionals                 | <input type="checkbox"/> 5 – Clerical and Administrative Workers    | <input type="checkbox"/> 8 - Labourers                       |
| <input type="checkbox"/> 3 – Technicians and Trade Workers | <input type="checkbox"/> 6 – Sales Workers                          | <input type="checkbox"/> 9 - Other                           |

34. Which of the following classifications BEST describes the industry of your current or previous employer?

**(Tick ONE box only) – If unemployed go to Question 35.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A – Agriculture, Forestry and Fishing          | <input type="checkbox"/> H – Accommodation and Feed Services                 | <input type="checkbox"/> O – Public Administration and Safety  |
| <input type="checkbox"/> B – Mining                                     | <input type="checkbox"/> I – Transport, Postal and Warehousing               | <input type="checkbox"/> P – Education and Training            |
| <input type="checkbox"/> C – Manufacturing                              | <input type="checkbox"/> J – Information Media and telecommunications        | <input type="checkbox"/> Q – Health Care and Social Assistance |
| <input type="checkbox"/> D – Electricity, Gas, Water and Waste Services | <input type="checkbox"/> K – Financial and Insurance Services                | <input type="checkbox"/> R – Arts and Recreation Services      |
| <input type="checkbox"/> E – Construction                               | <input type="checkbox"/> L – Rental, Hiring, and Real Estate Services        | <input type="checkbox"/> S – Other Services                    |
| <input type="checkbox"/> F – Wholesale Trade                            | <input type="checkbox"/> M – Professional, Scientific and Technical Services |  |
| <input type="checkbox"/> G – Retail Trade                               | <input type="checkbox"/> N – Administrative and Support Services             |  |

## SECTION 10: STUDY REASON

35. 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"/> To develop my existing business     |
| <input type="checkbox"/> To start my own business                  | <input type="checkbox"/> To try for a different career       |
| <input type="checkbox"/> To get a better job or promotion          | <input type="checkbox"/> It was a requirement of my job      |
| <input type="checkbox"/> I wanted extra skills for my job          | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other reasons                       |

## SECTION 11A – STUDENT DECLARATION

- I certify that the information provided by me on this form is true and complete to the best of my ability.
- I understand the implications of withdrawing in regard to course failure, liability for course fees/charges and re-admission.
- I understand that if my application for a student visa is refused by the Department of Border Protection and Immigration (DIBP); in order to obtain a refund of any unspent prepaid fees, I must advise ACE in writing that my application has been refused as soon as possible after being advised. I also understand that ACE will process the refund within 4 weeks of the default date.
- I understand that if my application for a student visa is refused by DIBP, that I will not be entitled to a refund of any unspent prepaid fees if refusal was the reason for one or more of the following acts or omissions by the student that directly or indirectly caused the student to default in relation to the course at the location:
  - The student's failure to start the course at the location on the agreed starting day;
  - The student's withdrawal from the course at that location;



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- The student's failure to pay an amount he or she was liable to pay the provider, directly or indirectly, in order to undertake the course at that location.
- I understand that ACE may refuse, vary, reverse or terminate my enrolment on the basis of untrue or incomplete information.
- I am aware that ACE's Educational Policies, Procedures, Handbooks and Forms that are applicable to me as a student are available on ACE's website and at ACE's Head Office.
- I agree to be bound by the applicable standards of conduct, statutes, regulations, policies and procedures of ACE, including any variations ACE may make from time to time.
- I am aware that ACE's programs are offered to international students in accordance with the Australian Government Education Service for Overseas Students (ESOS) Act 2000 and I will study full-time on-campus in CRICOS registered programs.
- I have read and understand my rights and responsibilities as an overseas student on a student visa as per the ESOS framework (as made available on the ACE website: [www.ace.vic.edu.au](http://www.ace.vic.edu.au)).
- I understand that ACE may distribute my personal details as indicated in the statement:  
*"Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National Code 2017; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students (ESOS) Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2017. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition protection Service (TPS) and the ESOS Assurance Fund Manager. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law."*
- I authorise ACE to access the Australian immigration Visa Entitlements Verification Online (VEVO) system at any time to obtain information on my visa status.
- I am aware that a **non-refundable** enrolment fee of \$200.00 applies.
- I am aware that any course variations will incur an Administration fees of \$300.00 (**non-refundable**)

## SECTION 11B – PRIVACY STATEMENT

### I understand/acknowledge that:

Australian Careers Education Pty Ltd ("ACE") is required to provide the Victorian Government, through the Department of Education, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines, available at:

<http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review. The Education and Training Reform Act 2006 requires ACE to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register. For more information in relation to how student information may be used or disclosed please contact ACE via telephone on +61 3 9380 1414 or via email at [info@ace.vic.edu.au](mailto:info@ace.vic.edu.au).

I acknowledge and agree to all the terms and conditions outlined in this Enrolment Form:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **For Office Use:**

Received Application form on date: \_\_/\_\_/\_\_\_\_

Correct and relevant supporting documents attached:  Yes  No

Enrolment Fee received:  Yes  No

Application processed:  Yes  No

Application processed by: \_\_\_\_\_

**If the student is successful then an Offer Letter along with the Student Acceptance Agreement will be sent to the student. Once he or she returns the signed Student Acceptance Agreement and then pays the relevant course fees, a CoE will be issued.**

Enrolment Form (International)	Version 8	Updated: May 2017
Authorised by CEO	CRICOS # 03219A	RTO # 22424
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