

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?					
<input type="checkbox"/> 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"/> Quarter 1 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> Quarter 3 <input type="checkbox"/> Quarter 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) Master of Information Technology (Artificial Intelligence) (CRICOS Course Code: 117600D/TEQSA Course Code: 1401712) Master of Information Technology (Cyber Security) (CRICOS Course Code: 117597E/TEQSA Course Code: 1401713) Master of Software Application Development (CRICOS Course Code: 117603A/TEQSA Course Code: 1401719) Master of Project Management (CRICOS Course Code: 117606J/TEQSA Course Code: 1401718)						
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 Quarter+ administration fee + material fee		
<input type="checkbox"/> Option 2 50% deposit of the Quarter + administration fee + material fee and pay 50% the day before the Quarter 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)