

APPLICANT DETAILS

| | | | | | |
|---|---|------------------|--|------------|---------|
| Were you born in Australia? | Yes | No | | | |
| If you answered No above, what country were you born in? | | | | | |
| 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? | No – neither | Yes – Aboriginal | Yes – Torres Strait Islander | Both | |
| Are you an Australian Citizen? | Yes | No | Are you an New Zealand Citizen? | Yes | No |
| Do you hold a Permanent Resident visa? | Yes | No | Do you hold a Permanent Humanitarian visa? | Yes | No |
| Main language/s spoken at home | English | | Other (please specify): | | |
| How well do you speak English? | Very Well | Well | Not Well | Not at all | |
| Do you consider yourself to have a disability, impairment or long term medical condition which may affect your studies? | | | Yes | No | |
| If you answered Yes above, please indicate the area/s of impairment: | Hearing/Deaf | | Learning | | Vision |
| | Physical/Mobility | | Mental Illness | | Medical |
| | Other (please specify): | | | | |
| If you answered Yes above, please describe briefly your disability/condition/impairment and how it may affect your studies, as well as any support you feel you may need. | | | | | |
| 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? | | | Yes | No | |
| Highest completed secondary school level | Year 12 or equivalent | | Year 10 or equivalent or below | | |
| What year did you complete the above school level? | | | | | |
| Have you ever been accepted into a University? | | | Yes | No | |
| Highest academic qualification successfully completed to date | Not Applicable | | | | |
| | Bachelor Degree or Higher Degree | | Certificate III (or Trade Certificate) | | |
| | Advanced Diploma or Associate Degree | | Certificate II | | |
| | Diploma (or Associate Diploma) | | Certificate I | | |
| | Certificate IV (or Advanced Certificate/Technician) | | Certificates other than the above | | |
| Current employment status | Full time | | Part time | | |
| | Unemployed | | Self employed | | |



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.achw.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
Australasian College of Health & Wellness
Level 21, 580 George Street
Sydney NSW 2000

Phone: [1300 227 603](tel:1300227603)
Email: admissions@achw.edu.au
Web: achw.edu.au

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.

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.