

APPLICATION FOR ADMISSION - 2011

SECTION 1	DETAILS OF APPLICANT								
TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other								
FAMILY NAME									
OTHER NAMES									
DATE OF BIRTH	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;"></td> <td style="border: none; width: 20%; text-align: center;">GENDER (circle)</td> <td style="border: none; width: 20%; text-align: center;">Male / Female</td> </tr> </table>		GENDER (circle)	Male / Female					
	GENDER (circle)	Male / Female							
SECTION 2	CONTACT DETAILS								
ADDRESS:	<table style="width: 100%; border: none;"> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(Number and street name)</td></tr> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(Suburb/City)</td></tr> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(State/province)</td></tr> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(Country) (Area code)</td></tr> </table>	_____	(Number and street name)	_____	(Suburb/City)	_____	(State/province)	_____	(Country) (Area code)

(Number and street name)									

(Suburb/City)									

(State/province)									

(Country) (Area code)									
MAILING ADDRESS (If your mailing address is the same as your home address, please write "Same as above")	<table style="width: 100%; border: none;"> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(PO Box number)</td></tr> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(Suburb/City)</td></tr> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(State/province)</td></tr> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(Country) (Area code)</td></tr> </table>	_____	(PO Box number)	_____	(Suburb/City)	_____	(State/province)	_____	(Country) (Area code)

(PO Box number)									

(Suburb/City)									

(State/province)									

(Country) (Area code)									
HOME TELEPHONE NUMBER									
WORK/MOBILE NUMBER									
EMAIL ADDRESS									
SECTION 3	INFORMATION REQUIRED								
ARE YOU A PERMANENT RESIDENT OF AUSTRALIA?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
DO YOU HOLD A CURRENT AUSTRALIAN DRIVERS LICENCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
IF YES, PLEASE PROVIDE DETAILS	<table style="width: 100%; border: none;"> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">(Licence number)</td></tr> </table>	_____	(Licence number)						

(Licence number)									
ARE YOU ELIGIBLE FOR FUNDING?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
IF YES, PLEASE PROVIDE DETAILS	<table style="width: 100%; border: none;"> <tr><td style="border: none;">_____</td> <td style="border: none; text-align: right;">_____</td> </tr> <tr><td style="border: none;">(Funding Type)</td> <td style="border: none; text-align: right;">(Member Number)</td> </tr> </table>	_____	_____	(Funding Type)	(Member Number)				
_____	_____								
(Funding Type)	(Member Number)								
HAVE YOU UNDERTAKEN A TRAINEESHIP OR APPRENTICESHIP IN THE LAST 5 YEARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
IF YES, PLEASE PROVIDE DETAILS	<table style="width: 100%; border: none;"> <tr><td style="border: none;">_____</td> <td style="border: none; text-align: right;">_____</td> </tr> <tr><td style="border: none;">(Company or Business name)</td> <td style="border: none; text-align: right;">(Contact Details)</td> </tr> <tr><td style="border: none;">_____</td> <td style="border: none; text-align: right;">_____</td> </tr> <tr><td style="border: none;">(Type of Apprenticeship or Traineeship)</td> <td style="border: none; text-align: right;">(Duration)</td> </tr> </table>	_____	_____	(Company or Business name)	(Contact Details)	_____	_____	(Type of Apprenticeship or Traineeship)	(Duration)
_____	_____								
(Company or Business name)	(Contact Details)								
_____	_____								
(Type of Apprenticeship or Traineeship)	(Duration)								

SECTION 4		PROGRAM INFORMATION	
<i>(Refer to VSA website for details of programs offered and starting dates in 2010)</i>			
PROGRAM NAME (indicate selection with an 'X')		Intake Month and Duration of course	
<input type="checkbox"/>	AUR30405 Certificate III in Automotive Technology (Light Vehicle)		
<input type="checkbox"/>	FDF30503 Certificate III in Retail Baking (Cake and Pastry)		
<input type="checkbox"/>	FDF30603 Certificate III in Retail Baking (Bread)		
<input type="checkbox"/>	FDF30710 Certificate III in Retail Baking (Combined)		
<input type="checkbox"/>	HLT43507 Certificate IV in Optical Dispensing		
<input type="checkbox"/>	HLT43707 Certificate IV in Optical Technology		
<input type="checkbox"/>	91423NSW Certificate III in Spoken and Written English		
<input type="checkbox"/>	BSB51107 Diploma in Business Management		
<input type="checkbox"/>	BSB60407 Advanced Diploma in Business Management		
<input type="checkbox"/>	ICA30105 Certificate III in Information Technology		
<input type="checkbox"/>	ICA50305 Diploma in Information Technology(Systems Administration)		
<input type="checkbox"/>	SIT50307 Diploma of Hospitality		
SECTION 5		QUALIFICATIONS AND WORK EXPERIENCE	
PREVIOUS STUDY DETAILS	Year of completion	Name of award	Name of institution
WORK EXPERIENCE	Name and contact details of employer	Details of work experience relevant to your planned program of study	
SECTION 8		DOCUMENTARY EVIDENCE	
The following documents MUST be included when you submit your application.			
<input type="checkbox"/>	Copy of Drivers Licence or Birth Certificate		
<input type="checkbox"/>	Evidence of current residential Address		
SECTION 9		TERMS AND CONDITIONS OF ENROLMENT	
<i>I UNDERSTAND AND AGREE TO THE FOLLOWING:</i>			
<ul style="list-style-type: none"> – I authorise the Vocational Studies - Australia to obtain information concerning my academic record from any school, university or other institution attended by me – I consent to the collection, storage and disclosure of information concerning any acts of record falsification or other irregular acts in relation to my academic record – I acknowledge that Vocational Studies - Australia may vary or reverse any decision made on the basis of incorrect or incomplete information supplied by me – I authorise Vocational Studies - Australia to obtain information concerning my status required under the Higher Education Support Act 2003 (HESA) – I acknowledge that Vocational Studies - Australia may vary or reverse any decision made on the basis of such information once obtained – Vocational Studies - Australia reserves the right to discontinue or alter any program, course/subject, fee, admission requirement, staffing or other arrangement without prior notice – I acknowledge that information disclosed in this application may be made available to Australian Government and 			

State agencies.

SECTION 10

REFUND CONDITIONS

REFUNDS WILL ONLY BE GIVEN IN ACCORDANCE WITH THE FOLLOWING CONDITIONS

- Where a student application is rejected prior to commencing a training program at Vocational Studies – Australia, the student will be entitled to a full refund of tuition.

Provider default

In the unlikely event that Vocational Studies – Australia is unable to deliver the course in full, students are entitled to choose any of the following options:

- Cancel their enrolment and obtain a full refund of tuition fees they have paid up until the termination of the course. The refund will be paid within 2 weeks of the last day of scheduled classes
- Transfer to another course offered by Vocational Studies – Australia

Payment of Refund

- The request for refund must be made in writing and payment will be processed within 28 days of receipt of written cancellation advice
- Refunds will be paid by Vocational Studies - Australia directly to the student who has received the placement with Vocational Studies Australia
- The student must provide full account details (including SWIFT code, Account Name and Account Number).
- Refunds are not transferable to another student or institution

Monies will not be refunded into any account name other than that of the student.

Exceptional cases and individual circumstances beyond the control of the student which impact on their continuing studies should be discussed personally with the Director/Quality Manager about their refund. In these situations, each case will be judged on its own merit and Vocational Studies - Australia reserves the right to make the final decision.

STUDENT DECLARATION

I have read, understood and agree to abide by Vocational Studies – Australia Terms and Conditions of Enrolment, including Refund Conditions

_____	_____	_____
(Student Name)	(Student signature)	(Date)
_____	_____	_____
(Parent/Guardian Name)	(Parent/Guardian signature)	(Date)

STUDENT ADMINISTRATION CENTRE

Vocational Studies – Australia
13/2120 Logan Road
Upper Mt Gravatt 4122
Queensland
Australia
Email: tcvsa@optusnet.com.au
Phone: 07 34 222 733
Mobile: 0430 148 290
Fax: 07 34 222 755