



APPLICATION FORM

This Form should be **electronically completed**. After receiving the Form, we will contact you by email. To avoid delays in processing your application, it is important that you complete all details, attach all supporting documents and clearly include **your email address** (mandatory). **Your name & date of birth should match with those in your Passport, Birth Certificate or Driver's Licence.**

A. Course to be enrolled

1. Course of Study	<input type="checkbox"/> English	<input type="checkbox"/> Business	<input type="checkbox"/> Bookkeeping
	<input type="checkbox"/> Accounting	<input type="checkbox"/> Leadership & Management	<input type="checkbox"/> First Aid
	<input type="checkbox"/> Early Childhood Education & Care	<input type="checkbox"/> Marketing	<input type="checkbox"/> Food Safety Supervisor
2. Course Level	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Diploma	<input type="checkbox"/> Skill set
	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Short course
3. Start Date	<input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <i>(Indicate when do you want to start the training)</i>		
	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September
	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
4. Mode of delivery	<input type="checkbox"/> Classroom	<input type="checkbox"/> Workplace	<input type="checkbox"/> Blended (distance learning)
5. RPL/Credit Transfer	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES <i>(Tick one or both)</i> <input type="checkbox"/> RPL <input type="checkbox"/> Credit Transfer		

B. Personal Details

1. Unique Student Identifier (USI)	Your USI Number: _____		
	If you do not have your USI yet, do you want to authorise the College to generate your USI? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2. Personal Details	<i>These details should matched with information in your Passport or Birth Certificate</i>		
	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms.		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	First Name: _____		Middle Name: _____
	Surname: _____		DOB: _____
	Country of Birth: _____		
	Residential Status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Australian Permanent Residency
	<input type="checkbox"/> Humanitarian visa holder	<input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Other:	
3. Your Contacts	Yourself	Mobile: _____	Email (compulsory): _____
	Next of kin	Name: _____	Relationship: _____
		Mobile: _____	Email: _____
4. Current Residential Address	Address 1: _____		
	Address 2: _____		
	Suburb: _____	Postcode: _____	State: _____
5. Permanent Address (if different from the current address)	Address 1: _____		
	Address 2: _____		
	Suburb: _____	Postcode: _____	State: _____
6. Disability	Do you have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES - <i>Type of disability:</i> _____		
7. Indigenous Status	Are you Aboriginal? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you Torres Strait Islander? <input type="checkbox"/> No <input type="checkbox"/> Yes		

C. English & Academic Achievement and Work Experience

1. English Proficiency	<input type="checkbox"/> Very well (Advanced)	<input type="checkbox"/> Not well (Elementary)	
	<input type="checkbox"/> Well (Intermediate)	<input type="checkbox"/> Not at all (Starter)	
Main language other than English spoken at home:			
2. Schooling	<i>Tick the school level when you left high school</i>		
	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 10	<input type="checkbox"/> Years 7 or 8
	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 9	<input type="checkbox"/> Never attended high school
In which year did you complete the above school level?			
3. Previous Qualifications	Have you achieved ANY qualification(s) since turning 17 years old?		
	<input type="checkbox"/> No <input type="checkbox"/> Yes - While still at school <input type="checkbox"/> Yes - After leaving school		
	<i>If YES, tick all qualifications you have achieved</i>		
<input type="checkbox"/> Bachelor or higher	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate II	
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate I	
<input type="checkbox"/> Certificate III			
4. Employment	<i>Tick the appropriate employment status</i>		
	<input type="checkbox"/> Employer	<input type="checkbox"/> Part-time (P/T) employee	<input type="checkbox"/> Unemployed – Seeking P/T work
	<input type="checkbox"/> Self employed	<input type="checkbox"/> Employed – Unpaid worker	<input type="checkbox"/> Not employed – Not seeking employment
	<input type="checkbox"/> Full-time (F/T) employee	<input type="checkbox"/> Unemployed-Seeking F/T work	

D. Information for Government-funded Programs

1. Indication of Disability	Do you or your dependent have a disability?	<i>If YES in the first column, tick the appropriate one</i>
	<input type="checkbox"/> No <input type="checkbox"/> Yes, I have a disability <input type="checkbox"/> Yes, my dependent child or spouse is in receipt of a disability support pension	<input type="checkbox"/> Recipient of disability support pension <input type="checkbox"/> Assessed by specialist support professional as a student with a disability
2. Indication of Welfare Status	Are you or your child/spouse a welfare recipient?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If YES</i> <input type="checkbox"/> I'm a welfare recipient <input type="checkbox"/> My dependent or spouse is a welfare recipient	
	<i>Specify type of welfare support</i>	
	<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Exceptional Circumstance Relief Payment <input type="checkbox"/> Family Tax Benefit Part A Maximum Rate <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Pension <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance
3. Service Provider Client	Are you an Employment Service Provider client?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If YES</i>	Employment Service Provider ID:	Name:
4. Long Term Unemployment Status	Do you have evidence of long term unemployment status?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If YES, please provide evidence</i>	

5. Traineeship Registration	Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If YES, tick the appropriate type</i>	
	<input type="checkbox"/> New entrant traineeship <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Existing worker traineeship	<input type="checkbox"/> School Based Apprentice <input type="checkbox"/> School Based Traineeship
E. Evidence Documents		
1. Standard Supporting Documents	Residential Status <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> Other (Specify)	
	Residential Address in NSW <input type="checkbox"/> Driver's Licence <input type="checkbox"/> RTA Photo Card <input type="checkbox"/> Other (Specify)	
2. Other Documents	<input type="checkbox"/> Centre Link document (specify) <input type="checkbox"/> Other document 1 (Specify) <input type="checkbox"/> Other document 2 (Specify)	
F. Declaration and Application		
1. Student over 18 years old	<input type="checkbox"/> I have read & accept the 'Terms & Conditions of Enrolment' on Pages 4 & 5 of this Application Form	
	Your name: _____	<input type="checkbox"/> Tick to replace your signature Date: _____
2. Student under 18 years old	<input type="checkbox"/> I have read & accept the 'Terms & Conditions of Enrolment' on Pages 4 & 5 of this Application Form	
	Name of Parents or Guardian: _____	<input type="checkbox"/> Tick to replace the signature Date: / /
3. Application	<i>Return this Application Form and Supporting documents to UPC</i> <input type="checkbox"/> Email address info@upc.edu.au or admission@upc.edu.au <input type="checkbox"/> UPC College , 27 Greenfield Parade, Bankstown, NSW 2200, Australia.	

PRIVACY NOTICE – To be completed by the applicant

The Australian and New South Wales Governments allocate training places for participants to undertake training under different training programs. **University Preparation College** has been approved to deliver training within those programs which are funded or subsidised by the Australian and/or NSW Government(s). The personal information you provide on this Application Form will be collected and used by **University Preparation College** for the purposes of:

- assessing your eligibility for those Program;
- if you are eligible to participate in a particular program, all aspects of enrolment, administration and delivery of the qualification;
- advising your employment service provider (if appropriate) of your participation and attendance in training and
- Undertaking the AVETMISS report requirement (Mandatory from January 2015 for all student catalogues).

University Preparation College, the Commonwealth Department of Education , the Department of Industry and the NSW Department of Education and Community may also disclose your personal information to another person, body or agency without your consent where authorised or required by law.

I confirm I have read and understood the above information and consent to the stated uses of my personal information.

Name:

Signature:

OR tick this box

Date

USE OF STUDENT INFORMATION IN PROMOTIONAL MATERIALS

From time to time, the College may use student information to promote its courses and activities in its website, leaflets, brochures, etc. Please tick the appropriate box(es) to indicate your agreement to allow/not allow the College to use your personal information.

Agree	Do not agree	Type of information
<input type="checkbox"/>	<input type="checkbox"/>	Your Given Name
<input type="checkbox"/>	<input type="checkbox"/>	Your Given Name and suburb
<input type="checkbox"/>	<input type="checkbox"/>	Name of you workplace (Company, partnership, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Name of you workplace (Company, partnership, etc.) and suburb
<input type="checkbox"/>	<input type="checkbox"/>	Photos taken in classes and meetings, at workplace, during excursions, etc.

Signature:

OR tick this box

Date:

APPLICANT DECLARATION – Acknowledge by ticking boxes and signing below by the applicant

- I have read, understood and signed the **Privacy Notice** stating how my personal information can be used.
- I have been fully informed of **University Preparation College Policy and Procedures**
- I have been fully informed about the **training program** to be undertaken

I declare that, to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.

Name: _____

Signature: _____ or tick this box Date: _____

RTO DECLARATION – Acknowledge by ticking boxes and signing below by UPC representative

- I have gathered all the required evidence and copies of the evidence supplied are on file.
- I have undertaken a literacy/numeracy assessment of the applicant and they have the ability to undertake the training program (Either in English or bi-lingual form).
- I am satisfied that the applicant meets the enrolment requirements for the training program.
- I have assessed the applicants' capacity to benefit from the training.

I declare that, to the best of my knowledge, the information on this form is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.

Name: _____

Signature: _____ OR tick this box Date: / / _____