



RTO: 6324 CRICOS Code: 01905F Centrelink Code: 3D049

Application for Admission

INSTRUCTIONS:

1. Familiarise yourself with the attached privacy permission statement.
2. Complete all sections clearly using CAPITAL LETTERS. If you have any questions contact OPIE on (03) 9663 3129.
3. Attach the entry test fee of \$50.00 (non-refundable) in the form of a cheque, or money order payable to "Oceania Polytechnic Institute of Education".
4. Attach all supporting documents regarding your previous education, including certified copies of your secondary school qualifications and any other educational results.
5. Return the form and attachments to **Course Applications, OPIE, Level 3, 446 Collins Street, Melbourne Victoria 3000.**

Personal Details

Title: (Mr, Ms, Miss, Mrs, Dr, Other)		Given Names:			Family Name:		
Postal address:	PO Box/Street/No:						
Country of Birth:				Year of Arrival:			
Your date of Birth: day/month/year	Gender	VTAC Student Application No.:					

Contact Details

Postal address:	PO Box/Street/No:					
Town/City:	State:		Postal Code:			
Permanent home Address:	Street/No:					
Town/City:	State:		Postal Code:			
Term Address: (your place of residence during the term of study)	Street/No:					
Town/City:	State:		Postal Code:			
Phone: ()	Facsimile: ()		Mobile:			
Email Address:				Other:		

Citizenship Details

Your country of Citizenship:				If other than Australian please answer the following:	
How long have you been living in Australia?			How long in any English speaking Country?		
Are you currently in Australia on an existing Visa type? (e.g., student, visitor, temporary, resident)				Yes	No
If yes, you must contact OPIE and apply as an overseas student.					
Have you achieved permanent residency status?	Yes	No	Date issued:		
Are you of Aboriginal or Torres Strait Islander decent?	Yes	No			

VTAC Applications

<i>Have you placed, or will you be placing your application for the course(s) below through VTAC?</i>	Yes	No
<i>It is important that you apply through VTAC, if you are applying for commencement in March, for the courses listed in the VTAC Guide, as VTAC applicants will be offered priority placements. If you are applying for any other commencement date, outside the VTAC application dates, or for courses not handled by VTAC, only a direct application is required. Contact OPIE if you have any queries.</i>		

Course Preferences

Preferences	Course Code:	VTAC Code:	Course Title:	Commencement Date:
<i>Example:</i>	40357SA	89242	CERTIFICATE IV IN RESIDENTIAL DRAFTING	02/03/09
1st				
2nd				
3rd				
<i>My application to the above course(s) is for enrolment as a:</i>				
			Part-time Student	Full-time Student

Previous Education

List all academic qualifications previously attempted or completed

FULL NAME OF QUALIFICATION	DURATION (YEARS)	FULL NAME OF INSTITUTION (PLEASE DO NOT ABBREVIATE)	STATE / COUNTRY	DATE COMMENCED STUDY	DATE COMPLETED STUDY	FULL OR PART-TIME (F/P)	SUCCESSFULLY COMPLETED ENTIRE PROGRAM? YES/NO

List details of all current studies for which you are awaiting results (including Year 12)
 When released, please forward certified copies of these documents to the Office for Prospective Students.

FULL NAME OF QUALIFICATION	DURATION (YEARS)	FULL NAME OF INSTITUTION (PLEASE DO NOT ABBREVIATE)	STATE / COUNTRY	DATE COMMENCED STUDY	FULL OR PART-TIME (F/P)	NUMBER OF COURSES AWAITING RESULTS	APPROXIMATE DATE RESULTS WILL BE RELEASED	WILL ALL REQUIREMENTS FOR AWARD OF THIS QUALIFICATION BE COMPLETED IF COURSES LISTED ARE PASSED? YES / NO

Employment History

In addition to the summary below, please attach supporting documents and references including employers' names, addresses, telephone numbers and contacts in the form of a resume for any previous employment you may have had.

Employer's Name:	Dates/duration of employment:	Position and Duties:

RPL

Do you wish to apply for Recognition of Prior Learning (RPL)?	Yes	No
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English Proficiency

Is English your first language:	Yes	No	If no, what is your first language:
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Have you previously studied a secondary/tertiary level course with English as a medium of instruction:	Yes	No
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Name of Institution:			
Course:		Duration of study: (years/months)	

If English is not your first language and you have not studied a course with English as a medium of instruction for more than 12 months, you may be required to undergo English Proficiency assessments. You must contact OPIE on (03) 9663 3129 for further assistance.

Disability

1a) Disability

(Complete, only if you are applying for a degree or postgraduate program)

Do you have a disability, impairment or long term medical condition which may affect your studies? Yes No

If you answered Yes, please indicate the area of impairment by ticking one of the following:

- Hearing
- Mobility
- Medical
- Learning
- Vision
- Other

If YES, are you likely to require support services, special equipment or facilities to assist you in your studies?

Yes No

1b) Disabilities

(Complete, only if you are applying for a TAFE program)

Do you have a disability, impairment or long term medical condition which may affect your studies? Yes No

If you answered Yes, please indicate the area of impairment by ticking one of the following:

- Hearing/Deaf
- Physical
- Intellectual
- Mental Illness
- Acquired brain impairment
- Learning
- Vision
- Medical Condition
- Other

If you answered Yes to the previous question, will you need any special assistance because of the disability?

Please tick one or more of the following:

- Special Equipment
- Physical access
- An Interpreter (sign)
- A note-taker
- Taped or large print materials

Checklist *(please tick)*

<input type="checkbox"/>	I have read and understood all the information provided in the OPIE Undergraduate Course Guide.
<input type="checkbox"/>	I have read the attached privacy policy
<input type="checkbox"/>	I have attached the non-refundable \$50 application fee.
<input type="checkbox"/>	I have attached evidence of my previous education.
<input type="checkbox"/>	I have attached supporting documents and a resume relating to my previous employment (if any) including references.
<input type="checkbox"/>	I have attached evidence of my English proficiency (school results or the like, as English is not my first language).

Applicant Declaration

I understand that:

- Oceania Polytechnic Institute of Education P/L (OPIE) is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESN) to me.
- OPIE will disclose this information to the Department of Education, Science and Training (DEST) for those purposes;
- DEST will store the information securely in the Higher Education Information Management System;
- DEST may disclose the information to the Australian Taxation Office (ATO); and
- OPIE and DEST will not otherwise disclose the information without my consent unless required or authorised by law.

Permission Statement

OPIE is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESN) to me. OPIE will disclose this information to the Department of Education, Science and Training (DEST) for those purposes. DEST will store the information securely in the Higher Education Information Management System. DEST may disclose the information to the Australian Taxation Office (ATO), and DEST will not otherwise disclose the information without my consent unless required or authorised by law.

OPIE Privacy Statement

OPIE is providing you with this notice because OPIE has sought personal information about you. OPIE needs this information so that it can fully and properly administer your enrolment in accordance with its policies and procedures. OPIE is required under law to collect and report enrolment details to state and federal government agencies that include the Federal Department of Education, Science and Training; the Victorian Department of Education and Training; Centrelink; Department of Immigration, and Multicultural, and Indigenous Affairs; Australian Taxation Office. Student data may also be accessed for conducting duly authorised research. In such instances the identity of individuals will not be disclosed in any resulting report or publication unless specifically authorised by the individual concerned. For bulk mailing services or debt collection, information is released to external agencies which are required to provide the same privacy safeguards as OPIE.

The information requested must be supplied. Please note that failure to do so, or to supply only part of it, may result in OPIE not being able to properly administer your enrolment, and you may not receive information and correspondence important to your studies. Supply of incomplete, misleading, or false information may result in the cancellation of your enrolment.

You have the right to request access to and/or correct any personal information concerning you held by OPIE. Routine corrections, changes and enquiries regarding your application should be submitted in writing to OPIE. This information is being collected and will be held by the Academic Registrar.

I, the undersigned applicant declare that I understand the conditions of enrolment, refund policy and rules and regulations and that the information supplied by me on this form and any accompanying documentation is true and correct. I acknowledge that the provision of false information or the withholding of any relevant information to my application may result in a cancellation of my enrolment. In the event of my admission as a student I agree to be bound by the rules and regulations, as amended, of the Polytechnic for the duration of my course and I undertake to make timely payments of any fees or associated costs for which I am liable. I am aware of the costs/fees required for this course and have the necessary financial capacity to meet such requirements for the duration of my course.

This application is not valid unless signed and dated. If you are signing this application on behalf of the applicant, a certified copy of your authority to act on their behalf must be attached.

<input checked="" type="checkbox"/>	/	/	<input checked="" type="checkbox"/>	/	/
Applicant's Signature	Date		Authorised Officer's Signature	Date	
A parent/guardian must also sign if the applicant is under 18 years of age.			Full Name:		

Office Use Only:	ET DATE	TIME	RESULT	RANK	FINAL
PD:					