

1. PERSONAL DETAILS

Title	Surname	Given Name(s)

Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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✉ Mailing Address

Post Code:	Country:

☎ Mobile Telephone Number	☎ Business	✉ Email Address

Do you have any medical conditions? Yes No If so, please state _____

2. ENTRY REQUIREMENTS (Please attach a certified copy* of certificates, degrees or diplomas)

Please state your current qualification(s) _____

*A certified copy of certificates/qualifications requires the photocopy to be signed off as sighted by a Justice of the Peace. This service is available at most pharmacies or local court or council

3. UNIT/COURSE FEES.

Options	Cost
To secure your position a deposit is payable	\$1300 (10% of your total fee)
Administration Fee	\$500
Total	\$1800 AUD
Course Fees Up-front total	\$13000
Course Fees up-front per Semester	Semester One: \$5850
Less Deposit & Admin Charge	Semester Two: \$5850
Text Books	\$756 (subject to change – correct at time of printing)

Please Note: Course Fees were correct at the time of printing and may increase without notice.

4. ENROLMENT STATUS

Full-time (4 units per 16-week semester)

5. COMMENCEMENT DATES. When do you wish to commence your studies?

February 2009
 February 2010



6. WHERE DID YOU FIRST HEAR ABOUT AACDS COURSES?

- | | |
|---|--|
| <input type="checkbox"/> Website search | <input type="checkbox"/> APAA |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Past or current student |
| <input type="checkbox"/> Email advertisement | <input type="checkbox"/> Expo |
| <input type="checkbox"/> Education agent/centre | <input type="checkbox"/> Magazine. Which? _____ |

7. COLLECTION OF PERSONAL INFORMATION


Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National code 2007; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

8. DO YOU NEED FURTHER INFORMATION or ASSISTANCE?

-  Student Enrolment Officer (+61) 8 9382 4788
 enquiries@aacds.edu.au

I hereby declare that the information supplied on this form is correct and complete to the best of my knowledge.

Applicant's Signature _____ Date ____/____/200____

 Thank you for completing this form. Please submit your application to AACDS Administration:
Suite 1a Arcadia Chambers, 1 Roydhouse St
SUBIACO WESTERN AUSTRALIA 6008
Or fax to (+61) 8 9382 4833

Upon receiving this form, an AACDS Course Coordinator will contact you for your Pre-Enrolment Interview.