

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:

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☎ 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. CITIZENSHIP and RESIDENCE STATUS CATEGORIES

- Australian citizen
- New Zealand citizen
- Permanent residence status
- Temporary resident visa, a visitors visa or a student visa
- Residing outside Australia and are none of the above categories

4. UNIT/COURSE FEES. (Students are invoiced only for the unit(s) they have nominated)

Unit/Module	Fee	Unit/Module	Fee
1.1 Dermal Science Theory	\$1000	2.1 Cosmetic Science Surgical and Non-Surgical	\$1000
1.2 Dermal Science Human Biology	\$1000	2.2 Dermal Science Practical Workshops (Available in Perth or Sydney)	\$3000
1.2GC Principles of Cosmetic Nursing	\$1000	2.3 Psychology	\$1000
1.3 Communications for Dermal Science	\$1000	2.4 Cosmeceutical Science	\$1000
1.4 Practice Management and Administration	\$1000	3.1 IPL & Laser Safety Officers Certificate Please note this unit is covered unit 1.1	\$650
3.2 Introduction to Injectables (2-day workshop for RNs and Doctors only)	\$1600		

Please Note: International students are charged an additional fee for postage and handling of manuals and textbooks.
The above fees are subject to change without notice.

5. COURSES INFORMATION. Please tick which course you wish to study:

- Advanced Diploma of Cosmetic Dermal Science
- Vocational Graduate Certificate of Cosmetic Nursing (available Jan, 2009)
- Certificate of Dermal Therapies (Go to straight to question 6)
- IPL/Laser Safety Officers Certificate (Go straight to question 6)

6. ENROLMENT STATUS

- Full-time (4 units per 16-week semester)
- Part-time (2 units per 16-week semester)
- One unit per 16-week semester.

Which unit would you like to commence with? (Recommended 1.1 Dermal Science Theory) _____

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

Online theory lectures: _____
(Enter start date)

8. PRACTICAL TRAINING. Where do you wish to complete unit 2.2 Dermal Science Practical Training and/or 3.2 Introduction to Injectables for RNs or Doctors?

- Perth
- Sydney
- Gold Coast

Do you have a preferred month of the year in which to complete practical training? _____

9. RECOGNITION OF PRIOR LEARNING.

- Do you want to be assessed for Recognition of Prior Learning? If yes, please complete the Recognition of Prior Learning Form available from www.aacds.edu.au and attach to this form.

10. 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? _____ |

11. DO YOU NEED FURTHER INFORMATION or ASSISTANCE?

-  Student Enrolment Officer (08) 9382 4788
-  enquiries@aacds.com.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 (08) 9382 4833

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