

Australian Council for Educational Research



# APPLICATION FOR ENROLMENT

## PART I – Personal details (please complete all fields)

| Title          | Dr    | Mr | Mrs | Ms | Other | Gender  | Female             | Male  |
|----------------|-------|----|-----|----|-------|---|--------------------|---|
| Family na      | ame   |    |     |    |       | Former na   | ame (If applic     | able)*                                      |
| Given na       | me(s) |    |     |    |       | *If your pap  | ne differs from th | at on any of your supporting documentation, |
| Preferred name |       |    |     |    |       | please provide evidence of your name change - eg copy of Marriage<br>Certificate or Change of Name Certificate. |                    |   |
| Date of b      | birth |    |     |    |       |   |                    |   |

#### PART 2 – Citizenship status

| Australian citizen  | Yes       | No     | lf no, please i | indicate | current o | citizenship |
|---------------------|-----------|--------|-----------------|----------|-----------|-------------|
| Are you an Aborigin | al or Tor | res St | rait Islander?  | Yes      | No        |             |

## PART 3 – Contact details

| Postal address |  |  |
|----------------|--|--|
|                |  |  |
|                |  |  |

Workplace

Work address

| State                               | Postcode                | State                             | Postcode                  |
|-------------------------------------|-------------------------|-----------------------------------|---------------------------|
| Country                             |                         | Country                           |                           |
| This is my preferred mailing addres | S                       | This is my preferred mailing addr | ress                      |
| Home                                |                         | Business Telephone                |                           |
| Mobile                              |                         | Mobile                            |                           |
| Email address                       |                         | Email address                     |                           |
| This                                | s is my preferred email | Т                                 | his is my preferred email |

# PART 4 – Graduate program

Please indicate in order of preference the name of the course you wish to apply for. Full course name – e.g. Graduate Certificate of Education: Assessment of Student Learning Please state your reasons for applying for enrolment in this particular course.

Intake you are applying for: January/July

#### PART 5 – Academic qualifications

| Name of award eg, BA, Dip Ed | Name of awarding Institution | Date Completed<br>(DD/MM/YY) |
|------------------------------|------------------------------|------------------------------|
|------------------------------|------------------------------|------------------------------|

**Note**: These must be posted to ACER Student Administration in order to complete your application. Copies of awards need to be certified by a person authorised to witness statutory declarations under the Victorian Evidence Act 1958 or under the legislation of the state they reside in.

# PART 6 – Employment history

Please state your current employment and summarise your relevant employment history.

| Employer | Position | Dates |
|----------|----------|-------|
|----------|----------|-------|

#### PART 7 – How did you find out about the course?

ACER Website Colleagues Principal recommendation Alumni recommendation Magazine advertisement/Print/Flyer Email

Social Media Other

#### PART 8 – Declaration and signature

- 1 I declare that all the information in this application is true and correct.
- 2 I acknowledge that the failure to disclose my true and correct information may result in my being excluded from the ACER Institute.
- 3 I agree to be bound by and comply with the policies of the ACER Institute (as amended from time to time) available at http://www.acer.edu.au/professional-learning/postgraduate/students/policies.
- 4 I understand that the personal information I have provided in my application (or subsequently) will be dealt with in accordance with the ACER Institute Privacy Policy available at <a href="http://www.acer.edu.au/professional-learning/postgraduate/students/policies">http://www.acer.edu.au/professional-learning/postgraduate/students/policies</a>.
- 5 I acknowledge that all documents submitted become the property of ACER Institute and will not be returned.

| Note: Unsigned applications cannot be processed. |           | · |      |
|--|-----------|---|------|
| Name (please print)                              | Signature |   | Date |

## PART 9 – Checklist for applications (please tick if applicable)

All sections have been completed and relevant questions have been answered in full.

Evidence of change of name is attached (if applicable)

Certified copies of all academic awards must be posted (only the application form can be submitted online) The declaration has been signed and dated.

This form may be submitted online to courses@acer.edu.au or posted to:

ACER student administration ACER Institute Private Bag 55

CAMBERWELL VIC 3124 AUSTRALIA