

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 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 (DD/MM/YY)
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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
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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 http://www.acer.edu.au/professional-learning/postgraduate/students/policies.
- 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