



Audit Application Form

For information about courses and entry requirements, please refer to our Student Handbook at <http://www.acerinstitute.edu.au>

PART 1 – Personal details (please complete all fields)

Title: Dr/Mr/Mrs/Ms (Please circle)
 Other:

Family name:.....

Given name(s).....

Former name (If applicable)*:.....
 *If your name differs from that on any of your supporting documentation, please provide evidence of your name change - eg copy of Marriage Certificate or Change of Name Certificate.

Date of birth:.....

Gender: Female/Male (Please circle)

Teacher Registration Number:

Are you an Aboriginal or Torres Strait Islander?
 Yes/No (Please circle)

PART 2 – Citizenship status

Australian citizen: Yes/No (Please circle) If no, please indicate current citizenship:.....

PART 3 – Contact details

Postal address:

 State:.....Postcode:.....Country:.....
 Telephone:.....
 Facsimile:.....
 Mobile:.....
 Email address:.....

Work address:

 State:.....Postcode:.....Country:.....
 Telephone:.....
 Facsimile:.....
 Mobile:.....
 Email address:.....

PART 4 – Graduate program

Please indicate in order of preference the name of the course you wish to apply for.

Full course name – eg, Graduate Certificate of Education (Assessment of Student Learning)

Semester and year you are applying for:

- Preference:** Fully online mode
 Blended mode (online and face to face sessions)

Please state your reasons for applying for enrolment in this particular course.

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PART 5 – Academic qualifications

Name of award eg, BA, Dip Ed	Name of awarding Institution	Course length (No. of years of equivalent full-time study)	Date Commenced (DD/MM/YY)	Date Completed (DD/MM/YY)

Note: You must attach certified copies of your awards. Copies of awards need to be certified by your School Principal, Regional Director or Supervisor and state the name, role, and signature of the person certifying, as well as the date.

PART 6 – Employment history

Please state your current employment and summarise your relevant employment history over the last five years.

EMPLOYER	POSITION	DURATION

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

	ACER Website		Family/Friends
	Principal recommendation		Alumni recommendation
	Magazine advertisement		Promotional material
			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) as outlined in the Student Handbook and available at www.acerinstitute.edu.au.
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 www.acerinstitute.edu.au/policies.
4. I acknowledge that all documents submitted become the property of ACER Institute and will not be returned.

Name (please print).....

Signature:.....Date:.....

Note: Unsigned applications cannot be processed.

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

<input type="checkbox"/>	All sections have been completed and relevant questions have been answered in full.
<input type="checkbox"/>	Evidence of change of name is attached (if applicable)
<input type="checkbox"/>	Certified copies of all academic awards are attached.
<input type="checkbox"/>	The declaration has been signed and dated.

**This form may be submitted on line to acerinstitute.edu.au
or posted to:**

Enrolment Officer
ACER Institute
Private Bag 55
CAMBERWELL VIC AUSTRALIA 3124