

ENROLMENT APPLICATION FULL TIME COURSES

PERSONAL DETAILS

Your name: _____

Family Name _____

Given Name _____

Preferred Name _____

Title Mr Mrs Ms Miss Other
 Male Female

Date of Birth _____
Day _____ Month _____ Year _____

Are you under 18 years Yes No

Place of Birth _____

Address: _____

State: _____ Postcode: _____

Email: _____

Telephone (H) _____

Mobile: _____

Emergency Contact - name, address, phone number :

Name: _____

Address: _____

Contact Number: _____

When do you wish to commence your Course:

Day _____ Month _____ Year _____

Please advise the name and contact details of the person responsible for paying tuition fees

EDUCATIONAL RECORD (PREVIOUS AND CURRENT)

Original or certified true copies of academic records must be attached when applying for RPL (recognised prior learning). Official English translations are required for documents in another language.

Qualification	School/Institution	Country	Duration of Study	Date Completed

PROPOSED STUDY PROGRAM

I wish to commence study at the Australian International College of Art in the following full time course.

- Diploma of Graphic Design 39148QLD (CRICOS Course Code 057352E)
- Certificate III in Printing and Graphic Arts (Graphics Pre-press) – ICP 30205 (CRICOS Course Code 063635K)
- above packaged with Diploma of Graphic Design
- Diploma of Ikebana & The Arts 30661QLD (CRICOS Course Code 022814B)
- {Diploma of Visual Arts 39227QLD – (Part 2) (CRICOS Course Code 06207B)
- {Certificate IV in Visual Arts CUV40103 – (Part 1) (CRICOS Course Code 059001A)
- Certificate III in Visual Arts CUV30103 (CRICOS Course Code 053299D)
- Certificate II in Visual Arts CUV20103 (CRICOS Course Code 054689D)
- {Diploma of Photoimaging 39147QLD – (Part 2) (CRICOS Course Code 059845A)
- {Certificate IV in Photoimaging CUV40403 (Part 1) (CRICOS Course Code 059002M)
- Certificate IV in Training & Assessment TAA40104 (CRICOS Course Code 056702G)
- Individual Unit from Cert II, Cert III or Diploma Course Unit Code No: _____

REFUND POLICY

(Please read carefully and acknowledge)

- 1 The deposit is non-refundable if student cancels or is not accepted
- 2 If the college is unable to provide the course for which the student is enrolled, course fees will be refunded in full or course fees will be transferred to another institution which can provide the course.
- 3 Course fees are refunded in full if a student cancels more than 45 days before the course commences.
- 4 If a student cancels his/her application 45 days or less before the course commences, a cancellation fee of 10% of course fees will be charged.
- 5 No refund of fees is given after a student has commenced studying.
- 6 AICA will pay the amount of refund within 4 weeks after receiving a written claim from the student.
- 7 AICA will pay the refund amount to the person who enters into the contract with AICA, unless the person gives a written direction to AICA to pay the refund to another party
- 8 This agreement does not remove a student's right to take further action under Australia's consumer protection laws.
- 9 AICA's dispute resolution process does not circumscribe a student's right to pursue other legal remedies

DECLARATION

- I declare that the information provided on this form is true and complete
- I acknowledge that A.I.C.A. reserves the right to vary or reverse the decision regarding admission or enrolment made on the basis of incorrect or incomplete information.
- I understand the refund policy outlined above.
- I agree to pay all fees owing by the payment date.
- I agree to advise the college immediately if there are any changes to my residential address, e-mail address and telephone number. It is my responsibility to ensure that I always update my address details at the college to ensure that I receive important information about my course and fees.
- I understand that when group transportation is supplied by AICA for field trips, I will be invoiced accordingly
- I understand that any additional costs incurred (eg. Printing etc) will be invoiced at the end of each term and payable in full.

Students or Guardians Signature: _____
(if under 18 years of age)

Date: _____

Please sign if applicable:

- Any matters pertaining to this student will only be referred to the person who is the payer of course fees, as detailed below.

Print Name: _____

Phone #: _____

Signed: _____

Date: _____