

APPLICATION FOR ADMISSION

APTC is supported
 by the Australian
 Government



Complete this form in English with a blue or black pen

When you see this paperclip it means
YOU MUST PROVIDE DOCUMENTS AS EVIDENCE
 See Q. 20 for a checklist of acceptable documentation

There is no cost to the applicant to submit an application, or for this Application for Admission form

Q1 What course are you applying for?

Q2 Your current legal name - as shown on proof of Identity or proof of name change (see page 3)

Mr Mrs Miss Ms Other

First Name

Second Name

FAMILY NAME (in CAPITAL LETTERS)

Q3 Name you are known as

Q4 Your Date of Birth
 If you are under 18 you cannot apply.

Date Month Year

Q5 Your Gender
 Male Female

Q6 Which country are you a citizen of?
 Please tick one of the options below.

Cook Islands Papua New Guinea
 Fiji Palau
 Kiribati Solomon Islands
 Marshall Islands Tonga
 Micronesia Tuvalu
 Nauru Vanuatu
 Niue Samoa
 Other Country

Q7 Your Contact Details
 Home phone number (+)
 Mobile phone number (+)
 Work phone number (+)
 Email address
 Facebook Name
 What is the best way to contact you?
 Home Ph Mobile Ph Work Ph Email

Q8 Where do you live?
 Street number and name
 Suburb / Town
 Province / Island
 Country

Q9 Your Postal Address
 Same as above go to next question
 OR enter details
 PO Box Number OR Street number and name
 Suburb / Town
 Province / Island
 Country

Q10 Emergency Contact
 Full Name (first name, LAST NAME)
 Relationship to you (e.g. Father, Wife, Uncle)
 Home phone number (+)
 Mobile phone number (+)
 Email address

Q11 What is your current employment status?
 Employed Self-employed
 Unpaid work Unemployed

Q12 Your Current Employer
 Name of Company / Organisation / Business
 Employer's Email Address
 PO Box Number OR Street number and name
 Suburb / Town
 Province / Island
 Country

Q13 Do you have a current, valid passport?

- Yes you must provide a copy of the photo ID page
- No you must provide other Proof of Identity (see Q20 table)

Passport Number

Expiry Date

Q14 APTC supports people with disabilities or special needs. Do you require assistance with a disability or have any special needs?

- No Yes Please specify below

*We may contact you for further information***Q15 Do you have Work Experience or Education related to a course you are applying for?**

- No Yes

Q16 What WORK EXPERIENCE do you have over the last 10 years relevant to the course you are applying for?

Position/Tasks	Name of Company / Organisation / Business	From		To		Type			
		Month	Year	Month	Year	Full time	Part time	Un-paid	Volunteer
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you need more space please attach another page.***Q17 What EDUCATION do you have relevant to the course you are applying for?**

Course/Qualification	Name of High School, Tertiary Institution or University	Year completed

*If you need more space please attach another page.***Q18 How will you be funding your course?**

- Employer fully funded
- Self or privately funded
This means you will be paying the course fees yourself, or someone will be paying them for you.
- Seeking a scholarship
Limited scholarship assistance is available. There is no guarantee that you would be granted scholarship support.

Q19 Have you previously been awarded any scholarship?

- No Yes – APTC Yes – Other

Q20 REQUIRED DOCUMENTS - Attach COPIES

If you do not supply all of the required documents your application cannot be considered

- Passport sized photo** - write your name on the back of the photo and attach it to the front page
- Q2 Proof of Identity - Certified Copies**
- Q4** (Passport photo ID page and/or Birth Certificate and/or Statutory Declaration and/or Certificate of Identity and/or
- Q6** Driver's Licence with photo ID only until replaced by passport)
- Q2 Proof of name change** - only required if your current name is different from your Proof of Identity
- Q16 Work references** - current and/or previous employers
- Q16 Work History** - Resume / CV / description of tasks
- Q17 Qualifications / Education results** - Certificates, Statements of Attainment, Diplomas, etc

Tick only if documents are attached

APPLICANT DECLARATION

- I declare that the information supplied in this application and the supporting documentation is true and complete.
- I will advise APTC of any changes to my contact details.
- I have read and understood the privacy statement below.

Signature

Date

HOW DID YOU FIND OUT ABOUT APTC COURSES?

Please tick all that are applicable

- | | | | |
|-----------|--------------------------|----------------------------|--------------------------|
| Friend | <input type="checkbox"/> | School | <input type="checkbox"/> |
| Relative | <input type="checkbox"/> | Local Tertiary Institution | <input type="checkbox"/> |
| Employer | <input type="checkbox"/> | Website | <input type="checkbox"/> |
| Newspaper | <input type="checkbox"/> | Church | <input type="checkbox"/> |
| Radio | <input type="checkbox"/> | Community Group | <input type="checkbox"/> |
| | | APTC Presentation | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="text"/> | |

NEXT STEPS

- 1 Submit your application to an APTC office, see back page for details.
- 2 You will be contacted by an APTC representative to undertake the following assessments.
 - Complete the Literacy and Numeracy assessment.
 - Undergo a Skills Assessment specific to the course you are applying for

Privacy Statement

The APTC is required to comply with Australian federal and state privacy requirements. The information you have provided to the APTC will be used, where applicable, for the purpose of assessing your application, assessing your welfare needs (if any), processing and advising you of your assessment results and other communications with you as required. A condition of your application is that you consent to the release of your results to your employer, sponsoring organisations or government agencies where appropriate.

You can request access to your personal information by writing to the APTC office at the contact address detailed on the back page of this form. If you do not wish to provide the requested information, this may restrict the range of services and educational programs that APTC can offer you. Personal information will only be used for the purpose for which it was collected.

EMPLOYER SUPPORT SECTION

Only an authorised person from your place of employment should complete this section.

- E1** Studying in an APTC course requires absence from the workplace for extended periods of time. Refer to course brochure for specific details.

Do you support your employee applying to study with the APTC?

Yes No

Signature

Date

- E2** Will you support this person financially to attend training?
Please tick a response for each of the options below.

	Yes	No
Course Fees (full)	<input type="checkbox"/>	<input type="checkbox"/>
Course Fees (partial)	<input type="checkbox"/>	<input type="checkbox"/>
Flights	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Allowances	<input type="checkbox"/>	<input type="checkbox"/>
Travel transfers (buses)	<input type="checkbox"/>	<input type="checkbox"/>
Salary	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

- E3** Contact Details

Name

Position

Work phone number (+)

Mobile phone number (+)

Fax number (+)

Email address

Are your Company / Organisation / Business details entered correctly on the front page (Q12 Current Employer)?

Yes No Please correct them, thank you.



Please return the completed application form and all attachments to one of our offices:

APTC Vanuatu

Vanuatu Institute of Technology, Leopold Sedar Senghor Boulevard, Port Villa

PO Box 3390, Port Villa, Vanuatu

Phone: (678) 24066

Fax: (678) 23985

Email: enquiries.vanuatu@aptc.edu.au

APTC Papua New Guinea

POMTECH, Idubada, Port Moresby

PO Box 1043, Port Moresby, NCD, Papua New Guinea

Phone: (675) 321 3666, 321 3668

Fax: (675) 321 3662

Email: enquiries.png@aptc.edu.au

APTC Samoa

Building N, National University of Samoa, Vaivase Road Apia

PO Box 2474, Apia, Samoa

Phone: (685) 26 844

Fax: (685) 26 871

Email: enquiries.samoa@aptc.edu.au

APTC Solomon Islands

Alvaro Building, Mendana Avenue, Point Cruz, Honiara

PO Box 2473, Honiara, Solomon Islands

Phone: (677) 21313

Fax: (677) 21317

Email: enquiries.solomons@aptc.edu.au

APTC Fiji - Suva and Regional Head Office

Level 5 Ganilau House, Corner Edward and Scott Street, Suva

PO Box 14319, Suva, Fiji Islands

Phone: (679) 330 0967

APTC Fiji - Nadi Office

13 Commercial Street, Namaka, Nadi

PO Box 10885, Nadi Airport, Fiji Islands

Phone: (679) 330 0967

APTC Email: enquiries@aptc.edu.au

APTC Website: www.aptc.edu.au

APTC USE ONLY

Recipient of Application

If this section is not completed the form will be returned to the receiving campus for completion without entry to CRM

Date received

Your Full Name
(print clearly)

Are all the required attachments supplied? Q20 Yes No

Is the LLN attached? Yes No

Is the Skills Assessment attached? Yes No

Relative to the campus is the applicant:

Local

Rural

Remote

Does the applicant meet APTC requirements?

Q4 Over 18? Yes No

Q6 PIFC ticked? Yes No

Q14 Related Work Exp. or Education Yes No

Is the applicant applying for scholarship, Q18? Yes No

Status assigned - tick ONE

Application Incomplete - need more info from applicant

Application Complete - tests to be done

Not Eligible

LLN Test completed

Vocational Skills Test completed

Notes



**AUSTRALIA-PACIFIC
TECHNICAL COLLEGE**

CREATING SKILLS FOR LIFE