

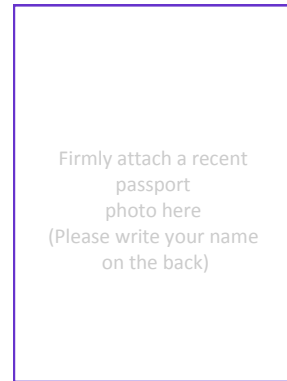
## APPLICATION FOR ADMISSION

**INSTRUCTIONS TO APPLICANTS — ALL APTC APPLICATION FORMS ARE PROVIDED FREE OF CHARGE**

**↓ PLEASE READ THESE INSTRUCTIONS CAREFULLY**

Return the completed Application for Admission form to: Australia-Pacific Technical College, PO Box 10885, Nadi Airport, FIJI **OR** Return it to your Country Office (see page 4).

1. Applications should only be submitted by Citizens of Pacific Island Forum member countries (excluding Australia and New Zealand).
2. Applications will be received from people under the age of 18, but they will not be accepted for enrolment until 18 years of age.
3. Attach to your application any required documentation and any other relevant documents including evidence of previous education and work history.
4. Birth Certificate or passport must be provided as proof of identity with this application. In the event of no birth certificate or passport being available at the time of submission of application, a statutory declaration verifying identity and date of birth and signed by an authorized person (Police Officer, Church Officer or recognized local official) will be accepted for application assessment purposes. However a birth certificate will be required before an applicant can commence the course.
5. Complete the form in English, electronically or hand written in block letters using black or blue ink.
6. Complete the checklist at the end of this form to ensure your application is complete
7. Providing an email address will allow us to respond to you more quickly.



Please ensure that ALL fields in this form have been completed.

We are unable to process incomplete applications. Incomplete applications will be sent back to you for completion and will delay your application.

<b>A. PERSONAL DETAILS</b>				Date of application			
Mr <input type="checkbox"/>   Mrs <input type="checkbox"/>   Miss <input type="checkbox"/>   Ms <input type="checkbox"/>		First and Middle Name(s) (as in Birth Certificate)		FAMILY NAME (as in Birth Certificate, Capital letters)			
Other ..... <input type="checkbox"/>							
Other or preferred names:				Gender (tick)		Male <input type="checkbox"/>   Female <input type="checkbox"/>	
Date of birth	Day	Month	Year	Country of birth			
Country of Residence			Country of Citizenship				
Do you have a current, valid passport? Yes <input type="checkbox"/>   No <input type="checkbox"/> Passport Number: [.....] Expiry date: [.....]							
Other ID	Birth Certificate Number			<b>OR</b>	Drivers licence Number		
Postal Address Street address / PO Box number				Residential Address Street address / PO Box number			
Village / Suburb		City / Town		Village / Suburb		City / Town	
State / Province / Island				State / Province / Island			
Postcode if applicable		Country		Postcode if applicable		Country	
Email Address							
Contact phone	+ ( )		Home phone		+ ( )		
Mobile phone	+ ( )		Fax number		+ ( )		

Application for Admission

## A. PERSONAL DETAILS (Continued...)

Where do you live? Village / Rural  **OR** Town / City  Do you live with your parents? Yes  | No Do you have any special needs / disability requirements? Yes  | No 

If YES, please describe special needs / disability requirements

## B. NEXT OF KIN

Full Name Relationship to you

Full postal address

Email Phone + ( ) Fax + ( )

Job title / profession

## C. LANGUAGES

What is your first language?

Please list all the languages you speak & complete rating	Ability to Read			Ability to Write			Ability to Speak		
	Very good	Good	Some	Very good	Good	Some	Very good	Good	Some
1. English	<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"/>
2. ....	<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"/>
3. ....	<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"/>
4. ....	<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"/>

## D. HOW DID YOU FIND OUT ABOUT APTC COURSES? (Tick appropriate boxes)

Friend  | Relative  | Newspaper  | Magazine  | School  | College  | Employer  | Radio  | Internet Other  Please specify

Have you previously applied for an APTC course?

## E. COURSE FOR WHICH YOU ARE APPLYING

Yes  | No  | Approximate date .....

Choose up to three courses you would like to study and list them in order of preference. Check the attached course offerings and entrance requirements list to see if you are eligible to enrol in the course. If you meet the requirements of your first choice, you will not be assessed for your second and third choices. For more information about course details, fees and location country please visit your country office, the web site at [www.aptc.edu.au](http://www.aptc.edu.au) or email [enquiries@aptc.edu.au](mailto:enquiries@aptc.edu.au)

Course Name	Preferred Start Date	Time	Entrant type
1.		Full <input type="checkbox"/> Part <input type="checkbox"/>	Exist Worker <input type="checkbox"/> New Entrant <input type="checkbox"/>
2.		Full <input type="checkbox"/> Part <input type="checkbox"/>	Exist Worker <input type="checkbox"/> New Entrant <input type="checkbox"/>
3.		Full <input type="checkbox"/> Part <input type="checkbox"/>	Exist Worker <input type="checkbox"/> New Entrant <input type="checkbox"/>

What are your preferences for the Country in which you would like to study? (Fiji, PNG, Samoa or Vanuatu)

1st choice 2nd choice 3rd choice 4th choice

F. PREVIOUS EDUCATION					
What was the name of the last School, College, TAFE or University that you attended? Name			Period of Study		
			From Date		To Date
Full Address of the School, College, TAFE or University Street Address / PO Box, Town, City, State / Province, Postcode, Country					
Language of Delivery		Highest level of education for which you have received results or qualifications			
Other courses attempted and completed (please attach another page if more than one course)					
Course Name					
Language of delivery					
Institution & Location					
Result			Year		
G. EMPLOYMENT EXPERIENCE					
Are you currently: Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/>				How long have you been employed / self-employed / unemployed etc ?	
Other ..... <input type="checkbox"/>					
Name of Company / Organisation if currently employed					
Contact person Name			Position in the Company / Organisation		
Relationship of your employer to you (supervisor, director etc)					
Employer's full address					
Employer's phone		+ (    )	Fax	+ (    )	
Mobile phone		+ (    )	Email		
H. PREVIOUS EMPLOYMENT EXPERIENCE					
Start Date	End Date	Position & Type of work	Organisation	Contact Person	Phone
Date	Date				+ (    )
Date	Date				+ (    )
Date	Date				+ (    )
Date	Date				+ (    )
I. FINANCIAL SUPPORT					
There are fees to attend APTC. Scholarships are available in specific circumstances. For more information or to apply please obtain an APTC Scholarship Application Form.					
Are you applying to APTC for a Scholarship?				Yes <input type="checkbox"/>   No <input type="checkbox"/>	
If YES, do you intend to apply for a		Full APTC Scholarship <input type="checkbox"/> <b>OR</b> Partial APTC Scholarship <input type="checkbox"/>			

**I. FINANCIAL SUPPORT (Continued...)**

Is a Scholarship Application Form attached?

Yes  | No How do you intend to pay your fees? (tick one only) Private funding  | Employer sponsored  | Scholarship **J. 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, accepting your enrolment, 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 and enrolment is that you consent to the release of your results or statement of progress 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 front 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.

**K. DECLARATION****Applicant Declaration:**

I declare that the information supplied in this application and the supporting documentation is true and complete

I have read and understood the Privacy Statement above

I am a citizen of a Pacific Island Country (Excluding Australia &amp; New Zealand)

I agreed to abide by the APTC Rules and Code of Conduct.

Applicant's signature

Sign here

Signature Date

Date

**L. EMPLOYER DECLARATION**

- I support this application and understand that the applicant may undertake on and/or off the job training
- I declare that on behalf of the organization identified below, specified fees or charges under the schedule of fees will be made by the organization if required on behalf of the applicant
- I am duly authorized by the organisation to make this declaration on its behalf.

Employer's name

Job position / Title

Organisation

Your contact details

Employer's signature

(Sign here)

Signature date

(Signature date)

**M. APPLICATION CHECKLIST**

Please check boxes next to all supporting documents you are returning with this application.

 Passport photo page Proof of identity (Passport, Birth Certificate or Statutory Declaration) Passport-sized Photo Attached copies of all qualifications and educational results You have signed the declaration on this form References or other evidence of your work history

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

**APTC Fiji (Schools of Automotive, Construction, Electrical & Manufacturing):** PO Box 14319, Suva, Fiji Islands, Phone: (679) 334 3958, Fax: (679) 334 3971 [enquiries.fijiACEM@aptc.edu.au](mailto:enquiries.fijiACEM@aptc.edu.au)

**APTC Papua New Guinea:** PO Box 1043, Port Moresby, NCD, Papua New Guinea, Phone: (675) 321 3666, 321 3668, Fax: (675) 321 3662 [enquiries.png@aptc.edu.au](mailto:enquiries.png@aptc.edu.au)

**APTC Fiji (Schools of Tourism & Hospitality and Health & Community Services):** PO Box 11125 Nadi Airport, Fiji Islands, Phone: (679) 672 7342, Fax: (679) 672 7345 [enquiries.fijiSTH@aptc.edu.au](mailto:enquiries.fijiSTH@aptc.edu.au)

**APTC Samoa:** PO Box 2474, Apia, Samoa, Phone: (685) 26 844, Fax: (685) 26 871, [enquiries.samoa@aptc.edu.au](mailto:enquiries.samoa@aptc.edu.au)

**APTC Vanuatu:** PO Box 3390, Port Villa, Vanuatu, Phone: (678) 24 066, Fax: (678) 23 985, [enquiries.vanuatu@aptc.edu.au](mailto:enquiries.vanuatu@aptc.edu.au)

**APTC Coordination Office:** 14 Concave Drive, Namaka Nadi PO Box 10885, Nadi Airport, Fiji Islands, Phone: (679) 672 8777, Fax: (679) 672 7981, [enquiries@aptc.edu.au](mailto:enquiries@aptc.edu.au)