

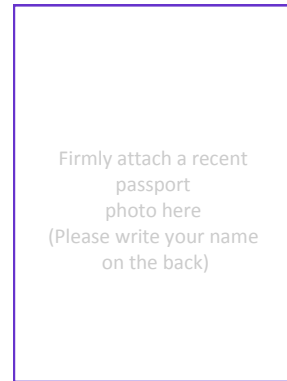
APPLICATION FOR SCHOLARSHIP

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

↓ PLEASE READ THESE INSTRUCTIONS CAREFULLY

Return the completed Application for Scholarship 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 – either 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.

A. PERSONAL DETAILS				Date of application	Date
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	First and Middle Name(s) <small>(as in Birth Certificate)</small>		FAMILY NAME <small>(as in Birth Certificate, Capital letters)</small>		
Other <input type="checkbox"/>					
Other or preferred names:			Gender (tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Occupation					
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 Identification	Birth Certificate Number		OR	Drivers licence Number	
Email Address					
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		Country		Postcode	
				Country	

Application for Scholarship

B. EMPLOYER DECLARATION (complete only if currently employed)

Please indicate your support of this scholarship application by filling in this section of the form.
Please place a or in the relevant boxes below:

Will you provide any financial or other support during this applicant's study? Yes | No

If YES, please explain what support will be given (Include any housing allowance, childcare, stipend, books or study equipment or other support, including loans).

- I support this application and understand that the applicant may undertake on and/or off the job training.
 I declare that this applicant will be able to undertake work placements with this organisation during their studies.
 I am duly authorised by this organisation to make this declaration on its behalf.

Employer's name	Job position / Title	
Company / Organisation		
Address:	Phone:	Email:
Employer's signature Sign here	Signature date Date	

C. PERSONAL CIRCUMSTANCES

Have you previously been awarded a scholarship? Yes | No

If YES, please indicate which scholarship:

When was the scholarship offered and active? From: Date To: Date

Name of Institution / College:

What Course / Program did you study?

Certificate / Qualification attained:

Have you ever had a scholarship terminated? Yes | No

If YES, please provide details:

Have you previously applied for an APTC scholarship?

Yes | No | Approximate date

Do you have any children? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of children of ages:	0-5 years old Number	6-12 yrs Number	13-18 yrs Number
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Do you have any other dependents? Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, how many? Number
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D. FINANCIAL SUPPORT (Note: Financial information is for statistical purposes only and will be kept strictly confidential)

Please answer the following questions explaining your reasons for wanting a scholarship.
Write at least one paragraph for each question (attach a separate sheet if you need more space).

1. Why are you applying for an APTC Scholarship?

2. Please explain your personal financial status and why you require a scholarship:

3. What are your future goals and plans following your study?

Are you currently employed? Yes | No Wages Salary Self-employed

If NO, when was your last date of employment? Date

Job Title / Position	Work Phone / Mobile + ()	Email
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Name of Employer (Company / Organisation)

Name of Contact person

Full postal address Street address / PO Box Town/City State/Province Postcode Country

Give your total gross income for the last 3 years and indicate currency:

Year:	Year:	Year:	Currency
Income amount:	Income amount:	Income amount:	
What type of scholarship are you applying for?	<u>Full Scholarship</u> <input type="checkbox"/> (includes tuition, books, accommodation, air-fare, food, transport, allowance)	<u>Partial Scholarship</u> <input type="checkbox"/> (includes some assistance with tuition, travel and accommodation costs)	

E. INFORMATION SOURCE

Where did you find out about APTC Scholarships? Please tick any sources that are relevant

Friend | Relative | Newspaper | Magazine | School | College | Employer | Radio | Internet

Other Please specify

F. 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 and 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 or statement of progress to your employer, sponsoring organisations or government agencies where appropriate.
- You may detach pages 1 & 2 of this application form to obtain your employer's endorsement without having to show your personal details on pages 3 & 4.
- 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. Personal information will only be used for the purpose for which it was collected.

G. DECLARATIONS

Applicant Declaration:

1. I declare that the information supplied in this application and the supporting documentation is true and complete
2. I have read and understood the Privacy Statement above
3. I am a citizen of a Pacific Island Country (Excluding Australia & New Zealand)
4. I agreed to abide by the APTC Rules and Code of Conduct.

Applicant's signature

Sign here

Signature Date

Date

H. CHECKLIST FOR SUPPORTING DOCUMENTS

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

- Passport photo page
- Birth Certificate
- Passport-sized photograph of you
- Medical Certificate
- Police Report
- References from people such as past or present employers and others
- Certificates / Other qualifications
- Have you signed this form?
- Has your employer signed this form?

Are you attaching any other documents? Please list and describe them:

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

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

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

APTC Samoa: PO Box 2474, Apia, Samoa, Phone: (685) 26 844, Fax: (685) 26 871, 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

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