

## STUDENT APPLICATION FORM

☐ **Return to Practice (RN)** ☐ **Return to Practice (EN)**

### Personal Details

1. Surname:

2. Given Name:

3. Middle Name/s:

4. Title: Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Other

5. Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/Widower ☐

6. Is this your legal name? ☐ Yes ☐ No ☐ If not, what is your legal name?

7. Date of birth (dd/mm/yyyy)         8. Sex : Male ☐ Female ☐

9. Home Phone: ☐ Yes ☐ No ☐ 10. Mobile Phone:

11. E-mail:

### 12. Address in Australia

Street  City

State  Postcode:

### 13. Emergency Contact

Name  Relationship

Phone  E-mail

## PRE REQUISITES FOR REGISTRATION WITH AHPRA

Are there any grounds on which the Australian Health Practitioners Regulations Agency (AHPRA) might refuse to register you as a nurse pursuant to The Health Practitioner Regulation National Law (Victoria) Act 2009 (these grounds include a substance abuse problem or a physical or mental impairment which significantly impairs your capacity to practice as a registered nurse or any disclosable criminal record?) ☐ Yes ☐ NO

Please refer to [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au) for any further information.

If YES, please specify:

## APPLICATION PROCESS

- The Student Application Form is completed and submitted to Australian Centre of Further Education (ACFE) with supporting documents (Minimum Requirement for Enrolment)
- If application is successful you will be invited to interview. Interviews are conducted either at our office or via SKYPE.

## Application Requirements

### Documents Required to Submit this Application Form

1. Australian Health Practitioner Regulation Agency (AHPRA) Student must provide an original certified true copy of the AHPRA Letter indicating which course they have permission to complete. This letter must be Valid. (A valid letter is 12 months from the date of issue)
2. Supporting documents
  - Please attach an up to date resume and a letter explaining the reason why you wish to enroll into the course.
  - Certified Copy of Nursing Qualifications
3. Identification copy of Driver's License or Passport

### Additional Documents Required when accepted in the Program

1. Applicants must provide copies of all relevant information of nursing registration, and other nursing courses.
2. Police Clearance
3. Current working with children check (Victoria) or interstate equivalent.
4. Students need to provide evidence of Immunisation for:
  - Hepatitis A, B, C
  - Diphtheria, Tetanus and Poliomyelitis (Polio)
  - Measles, Mumps, Rubella
  - Influenza vaccination
5. Clinical Placement may also require students to provide documented evidence of their status for Mantoux Test

## Course Fee And Refund Policy

1. Application Fee: AUD \$50 (non-refundable) this fee is required together with a completed ACFE Application Form
2. Course Fee: AUD \$6,500 Materials Fee: \$500.00 (Total of A\$7,000)
  - a. Initial Fee of \$1000 is required within 7 days of receiving the Letter of Offer and Invoice from ACFE. This fee will confirm your place in the IRON Program and your Clinical Placement.
  - b. The balance is required not later than one month prior to the start of the Course or as soon as the Applicant has been granted Visa by the Australian government.
3. Refunds
  - a. Full Refund is applicable if the enrolment is withdrawn 30 days or more prior to the intake date as stated in the Confirmation of Enrolment (COE).
  - b. The initial fee of \$1000 is forfeited if a student cancels less than 30 days prior to the intake date as stated in the Confirmation of Enrolment.
  - c. No refund is applicable if the student withdraws on or after the commencement date of the course intake as stated in the Confirmation of Enrolment.

**NOTE:** Payment or participation in the program does not guarantee recommendation for registration with the Nursing and Midwifery Board of Australia (NMBA) within the Registered Nurse section of the AHPRA register, this requires successful completion of the program.

## PAYMENT DETAILS

**(A) CREDIT CARD** All VISA and MASTERCARD transactions will incur a 2.5% additional fee.

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> CASH	<input type="checkbox"/> BANK CHEQUE
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**Card Number**

**Card Holder Name**

**VERIFICATION CODE**  
(last 3 digits on back of card)

**EXPIRY DATE**

**AMOUNT**

**Card Holder's Signature**

## (B) ELECTRONIC FUNDS TRANSFER (EFT)

**Account Name:** Australian Centre of Further Education

**BSB:** 083 091

**Bank Details:** National Australia Bank

Please include the Student name in the description box, so we are able to identify payment allocation.

Please allow extra for Bank transfer fees.

**Swift code:** NATAAU3303M

**Account Number:** 162-440-439

**Bank Address:** 460 Collins St., Melbourne, VIC 3000 Australia

### Student Declaration

In signing this form I agree:

- That the information I have provided on this form is true, correct and complete;
- To be bound by the applicable standards of conduct, statutes, regulations, policies and procedures of Australian Centre of Further Education including any variations that are made from time to time
- I read and accept the "Fees, Charges and Refund Policy" of the Australian Centre of Further Education
- I understand that failure to comply with any of the above may result in being unable to register as Registered Nurse in Australia with AHPRA

**Student Signature**

**Date**

Please return this Form along with supporting documents to:

The Administrator  
Australian Centre of Further Education Pty Ltd.  
Level 5, 341 Queen Street. Melbourne 3000 AUSTRALIA

Tel: +613 8600 8600 | Fax: +613 9670 0454 | Email: [info@acfe.edu.au](mailto:info@acfe.edu.au)