



CHARLES TELFAIR
CAMPUS



APPLICATION FOR ADMISSION FORM

(Please Complete All Sections)

CUSTOMER NUMBER

1. COURSE APPLIED FOR (Please)

CURTIN UNIVERSITY

NORTH METROPOLITAN TAFE

SOUTH METROPOLITAN TAFE

OTHER (Please Specify)

COURSE TITLE

STATUS

FULL-TIME

PART-TIME

2. APPLICANT'S DETAILS (write in BLOCK-LETTERS)

SURNAME (as per Birth Certificate)

FIRST NAMES (full names as per Birth Certificate)

KNOWN NAME

DATE OF BIRTH (day/month/year)

NATIONALITY

AGE

GENDER

F M

RESIDENTIAL ADDRESS

TELEPHONE (HOME)

TELEPHONE (WORK)

TELEPHONE (CELL)

EMAIL ADDRESS

NATIONAL IDENTITY CARD NUMBER (If unavailable please supply Passport number)

3. EMPLOYMENT DETAILS (COMPLETE ONLY IF YOU ARE NOW EMPLOYED)

COMPANY NAME

COMPANY ADDRESS

DIVISION/DEPARTMENT

TELEPHONE NUMBER

FAX NUMBER

NATURE OF COMPANY'S BUSINESS (*e.g. Manufacturing, Banking, etc*)

MANAGER'S NAME

4. ACADEMIC RECORD (Please)

SECONDARY SCHOOL QUALIFICATION

NAME OF SCHOOL / INSTITUTION

A-LEVEL CERTIFICATE

O-LEVEL CERTIFICATE

FRENCH BACCALAUREATE CERTIFICATE

IB CERTIFICATE / DIPLOMA

IGCSE CERTIFICATE

OTHER QUALIFICATION (*Please Specify*)

5. DETAILS OF NEXT OF KIN / RESPONSIBLE PARTY

NAME

SURNAME

RELATIONSHIP WITH STUDENT

POSTAL ADDRESS

TELEPHONE (*HOME*)

TELEPHONE (*WORK*)

TELEPHONE (*CELL*)

EMAIL

6. WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF FEES?

MYSELF

MY PARENTS

COMPANY/SPONSOR

6.1 ONLY if you have ticked 'Myself' or 'My Parents', please complete the section below:

NAME OF YOUR GUARANTOR

RELATIONSHIP TO YOU

HIS/HER POSTAL ADDRESS

HIS/HER EMAIL

HIS/HER TELEPHONE (HOME)

TELEPHONE (WORK)

(CELL)

6.2 ONLY if you have ticked 'Company/Sponsor', please complete the section below:

NAME OF YOUR SPONSOR

DESIGNATION

COMPANY (IF APPLICABLE)

POSTAL ADDRESS

EMAIL (HOME)

(WORK)

TELEPHONE

TELEPHONE

(CELL)

7. DECLARATION

I, _____, hereby

- 7.1 Confirm that I have read and understood the detailed factsheet describing my chosen course including entry requirements, course structures, further study pathways, fees and payment options.
- 7.2 Confirm that I have received appropriate course counselling and that all my questions relating to my course has been answered.
- 7.3 Agree that CTC will forward my application for enrollment to the respective academic partner and once the enrollment is confirmed, I understand that CTC will forward to me both Academic Calendar and Orientation Programme. In the event of my application being rejected, I understand that CTC will refund **all** application and course fees paid to date.
- 7.4 Agree to pay all fees on the stipulated due dates as per course information sheet provided. I understand that failure to do so could result in one or more of the following sanctions being taken against me:
 - CTC will approach my Guarantor and/or Company/Sponsor for immediate payment
 - I will be barred from entering the campus and using its facilities, and/or
 - I will be barred from writing exams, attending all CTC functions including graduation ceremonies, and/or
 - My results will not be released and all my on-line facilities will be blocked, and/or
 - I will not be re-enrolled at CTC and/or its partner institution.
- 7.5 Declare that in the unlikely event of me withdrawing from my course of study, I
 - Will inform the Registrar Academic **in writing**, stating clearly the reason(s) for withdrawal
 - Will attend an Exit Interview with my Head of Faculty
 - Understand that, following this Exit Interview, CTC readjust my account if necessary and will inform me of any additional payments/refunds I need to make/receive
 - Understand that in the event that I fail to inform the Registrar Academic in writing, I will become liable for all fees due
- 7.6 Agree to the terms and conditions of the payment plan, including the refund policy for my registered course

- 7.7 Declare that all the information I have so far disclosed, orally or in writing, about myself is accurate, truthful and complete. I understand that if any of this information turns out to be inaccurate or misleading in any manner whatsoever, my enrolment with CTC will be terminated immediately. I further undertake to notify CTC Registrar - Admin's Office **in writing** should any of the information change.
- 7.8 Understand that acceptance of my application by CTC academic partner institution is at the discretion of the latter. Under no circumstances, will I hold CTC liable in case of refusal of admission by the partner institution.
- 7.9 Consent to CTC processing my personal data, as outlined in CTC's Privacy Notice and Consent to Use of Personal Data.

Applicant's Signature

____/____/____
Date

FOR OFFICE USE ONLY Please ensure that students complete all sections

APPLICATION CHECKLISTS

ACADEMIC DOCUMENTS	REMARKS
A Level Certificate Specify certificate or results slip in the remarks column	<input type="checkbox"/>
O Level Certificate Specify certificate or results slip in the remarks column	<input type="checkbox"/>
French Baccalaureate Certificate Specify certificate or results slip in the remarks column	<input type="checkbox"/>
• Original French Copy	<input type="checkbox"/>
• Translated English Copy	<input type="checkbox"/>
IB Certificate Specify certificate or results slip in the remarks column	<input type="checkbox"/>
IGCSE Certificate Specify certificate or results slip in the remarks column	<input type="checkbox"/>
Other Academic Docs <i>(Please Specify)</i>	<input type="checkbox"/>
IDENTIFICATION DOCUMENTS	
Birth Certificate	<input type="checkbox"/>
National Identity Card	<input type="checkbox"/>
Passport Data Sheets	<input type="checkbox"/>
Two Photographs	<input type="checkbox"/>
OTHER DOCUMENTS / COMMENTS	

ADMIN OFFICER:

SIGNATURE:

DATE:

PAYMENTS

CTC Tuition Fees in MRU Specify amount and date paid in the remarks column	<input type="checkbox"/>
Draft In AU\$ (If Applicable) Specify amount, draft number and date paid in the remarks column	<input type="checkbox"/>

ADMIN OFFICER:

SIGNATURE:

DATE: