

Student Application Form



APPLICATION INSTRUCTIONS

Thank you for choosing to apply at EQUALS International (Aust) Pty Ltd (EQUALS). Please fill out all the requested information in this application form. Incomplete applications will not be processed. Once the application form has been completed and you have attached the required items (listed below), kindly return the completed form and documentation to:

Student Admissions

GPO Box 2443, Adelaide SA 5001 Australia **OR**

Upload your application via this [link](#) **OR**

Email your application to admissions@equals.edu.au

Please make sure before signing this document that you agree with all policies, regulations, and terms & conditions of EQUALS and you have read the Pre-admission Student Handbook which contains important information. You can access our Pre-admission Student Handbook on our [website](#). Alternatively, you may request to have the handbook printed or emailed to you. No payment is required with your application.

Enrolment Application Checklist

Please submit your application along with the required documents below.

Please note that the application may NOT be processed if the applicant fails to submit the required documents listed below.

Are you applying for either of the following (please tick one or both if applicable)?

Vet Student Loan (VSL)

WorkReady Government Subsidy

Fees for Services

Tick	Document type
The following documents are required for ALL applicants:	
	*Application Form signed by applicant, including Health Questionnaire (as attached)
	*Photo ID. Please provide <i>at least ONE</i> Passport OR Driver's Licence
	*Proof of Current Address
	Concession Card / Medicare Card
	Valid Visa Type (if not an Australian citizen)
	DCSI / Police Clearance or PRM
	Certified true copies of academic transcripts and qualifications (Australian Year 12 Certificate or Certificate IV and above <i>If applying for VET Student Loan</i>)
	CHESSN Number (If relevant)
	Proof of Australian Residency (if applying for VET Student Loan or Government subsidised training) Australian Passport, OR Australian Birth/Citizenship Certificate
	CHESSN Number (if you have previously accessed Fee Help or VET Student Loan)
	Lodgement type (select one): Reception in person Via Email Online
	<i>For HLT54115 Diploma of Nursing and HLT64115 Advanced Diploma of Nursing applicants only:</i> Certified true copies of academic transcripts and qualifications to support extended education pathway (Pathway A or Pathway B) as per EQUALS website

Full Name		Date of Birth	
Course Name		Intake Month	

For office use only:

Interview Time		EQUALS ID	
-----------------------	--	------------------	--

Student Application Form



1. WHAT IS YOUR USI NUMBER?	
You must have a Unique Student Identifier to enrol. Please insert clearly above. If you don't have one, you must obtain one prior to enrolment. Apply for your USI here http://www.usi.gov.au	

2. WHERE DID YOU HEAR ABOUT EQUALS?			
Internet	Family/Friends	Work	Word of Mouth
Other			

3. PROGRAM OF STUDY				
Have you studied with EQUALS before?	Yes	No	If Yes, what year did you last study with EQUALS?	
What Program/Course Title that you would like to enroll?				
What month and year would you prefer to start studying?				

4. APPLICANT DETAILS										
Please enter your complete name as per USI application.										
Given Name:			Middle Name:			Family Name:				
Date of Birth:	D	D	M	M	Y	Y	Y	Y	Gender:	
Address:						Suburb:				
State/Country:						Postcode:				
Telephone:						Mobile:				
Email:										
Are you of Aboriginal or Torres Strait Islander Origin?						Yes, Aboriginal			No	
						Yes, Torres Strait Islander				
What country were you born in?										
Resident Type (Please tick): Section A						<input type="radio"/> Australian Citizen <input type="radio"/> Permanent Australian resident <input type="radio"/> New Zealand citizen living in South Australia <input type="radio"/> Visa Type – VET Sector Visa (subclass 572) - This visa allows you to stay in Australia to study a full-time vocational education and training course or; <input type="radio"/> Other Visa Type check (Go Section B)				
Section B						<input type="radio"/> Skilled – Regional Sponsored (provisional) Visa, subclass 475 and subclass 495 <input type="radio"/> Skilled – Regional Sponsored (provisional) Visa, subclass 487 <input type="radio"/> Skilled – Nominated or State Territory Sponsored, subclass 489 <input type="radio"/> State/Territory Sponsored Business Owner (provisional) Visa, subclass 163 <input type="radio"/> State/Territory Sponsored Senior Executive (provisional) Visa, subclass 164 <input type="radio"/> State/Territory Sponsored Investor (provisional) Visa, subclass 165 <input type="radio"/> Business Innovation and Investment (provisional visa) Subclass 188				
What language do you usually speak at home?										
How well do you speak English?			Very Well		Well		Not Well		Not at all	

4. APPLICANT DETAILS continued

Reason for study? (Please tick)

To get a job	To try for a different career	To get a better job or promotion	It was a requirement of my job
I wanted extra skills for my job	To get into another course of study	Personal Interest	Self-Development

Other:

Of the following categories, which best describes your current employment status? (Please tick)

Full time employee	Part time employee	Self Employed – not employing others	Employer
Employed – unpaid family work	Unemployed – seeking full time work	Unemployed – seeking part time work	Not employed – not seeking employment.

5. EDUCATION

What was your highest completed school level (please tick)?

- Year 12 (or equivalent)
- Year 11 (or equivalent)
- Year 10 (or equivalent)
- Year 9 or lower

In which year did you complete this level?

Are you still attending secondary school? YES / NO Name of last high school:

State or Territory (or country, if overseas):

Have you completed any other type of qualification in Australia? If Yes, please select:

Bachelor or Higher Degree	Advanced Diploma or Associate Degree	Diploma	Certificate IV (or Advanced Certificate)
Certificate III (or Trade Certificate)	Certificate II	Certificate I	Certificates other than the above
What Institution did you gain this qualification?		In what year did you complete your last qualification?	
If you studied a tertiary qualification overseas, has it been formally recognised in Australia?	Yes	No	

6. SPECIAL NEEDS

Do you consider yourself to have a disability or special needs? Yes No Unsure

If Yes, then please indicate the areas of disability, impairment or long-term condition.

Hearing/Deaf	Mental Illness	Intellectual	Acquired Brain Injury
Physical	Vision	Learning	Medical Condition

Do you wish to be contacted by support staff to discuss your needs?

7. NATIONAL RECOGNITION

Do you wish to apply for national recognition (credit transfer)	Yes	No	If Yes, your application must include a completed Student National Recognition Application (available from www.equals.edu.au/students) form and supporting evidence.
Based on your current skills and/or experience, do you wish to seek Recognition of Prior Learning (RPL) for part of/or a whole qualification?	Yes	No	If Yes, please download and read the RPL Guide and Application form from www.equals.edu.au/students and contact us for your relevant RPL Toolkit.

Student Application Form



8. EMPLOYER DETAILS

Employer Name:				Contact Name:	
Address:				Suburb:	
State/Country:				Postcode:	
Telephone:				Mobile:	
Employment Status:	Fulltime	Part time	Casual/Other	What is your role?	

9. EMERGENCY DETAILS

Emergency Contact Name:				Relationship:	
Address:				Phone:	
Email contact details:					

10. AGREEMENT & DECLARATION

I, (Insert Student Name)

declare that I consent to have my contact and/or enrolment details provided to EQUALS Interact and other divisions of EQUALS where requested;

declare that all enrolment, admission assessment and health information is true and correct and has been written and completed by the applicant only;

declare that I have read, understood and agree to abide by the terms, conditions and policies outlined in the Pre-admission Student Handbook (F002) and the policies and other information, including Refund Policy (included on this Application form);

agree that I will agree, where requested, to have a Police and/or Security check conducted for or on behalf of EQUALS;

declare that I am liable for all course and tuition fees and any collection/legal costs associated with debt recovery (where relevant);

declare that I understand that EQUALS is responsible for compliance with the Vocational Education and Training (VET) Quality Framework and the Standards for Registered Training Organisations (RTOs) 2015, including the quality of the training and assessment services it provides for the range of VET Courses under its current scope of operation and for the issuance of the AQF certificate documentation.

declare that I understand that in the event that EQUALS, or a third party delivering training and assessment on EQUALS' behalf, closes or ceases to deliver any part of the training product that a student is enrolled in, a number of options will be available to me including the supported transfer to an alternate RTO for completion of services delivery (where applicable), or refund of course fees paid;

agree the information requested in this form may be used by the Australian or State Government Departments/Agencies for research, statistical and internal management purposes only. I consent to the use of the information for those purposes;

understand that notices and other documents may be given by way of email, web-based communication or any other form of electronic communications specified by EQUALS;

hereby grant permission for EQUALS to use my physical likeness in film, video or photographic use, without restriction in any communication medium, in present or future use;

hereby grant permission for EQUALS to use my written or spoken words, without restriction in any communication medium, in present or future use.

Applicant/Student Signature:		Date:	
Parent/Legal Guardian Signature: (If applicant is under 18 years of age)		Date:	

11. NEXT STEPS

1. Please read the conditions of enrolment on the following pages and complete the declaration.
2. Forward your completed application form and attachments to:

Admissions Coordinator
EQUALS

Phone: +61 (8) 8110 1200

Email: admissions@equals.edu.au

GPO Box 2443, Adelaide SA 5001 Australia

OR

Upload your application via this [link](#)

Release & Waiver of Liability



ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

This is an important document which affects your legal rights and obligations, please read carefully before signing.

To fulfil the requirements of your course you may be required to complete one or more work placements at various organisations relevant to your course, which may include Hospitals, Residential Aged Care & Community Care facilities, Retail, Business Services and Hospitality employers (the "Work Placement"). EQUALS Pty Ltd ("EQUALS") will assist in arranging for you to participate in the Work Placement.

NOTE: Section 74 of the Trade Practices Act ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Subject to that warranty, if applicable and in consideration of being permitted to participate or otherwise be involved in any way in the Work Placement the undersigned, for himself/herself, his/her personal representatives, heirs and next of kin:

1. Hereby releases, waives, discharges and covenants not to sue EQUALS, its officers, employees, agents and representatives, all for the purposes as herein referred to as "releasees", from all liability, to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned arising out of or related to the work placement, whether caused by the negligence of the releasees or otherwise.
2. Hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the work placement, whether caused by the negligence of the releasees or otherwise.
3. Hereby assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to the work placement whether caused by the negligence of the releasees or otherwise.
4. Hereby acknowledges that the work placement may involve the risk of serious injury and/or death and/or property damage.
5. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the work placement occurs and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this release and waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or Guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. By signing hereunder, I confirm having read and understood the contents of this agreement.

.....
PRINT STUDENT NAME HERE

.....
STUDENT SIGNATURE HERE

.....
DATE

.....
PRINT WITNESS NAME HERE

.....
WITNESS SIGNATURE HERE

.....
DATE

THIRD PARTY INDEMNITY WHERE STUDENT IS UNDER 18 YEARS OF AGE

I, being a parent/legal guardian of the above named Student do hereby acknowledge:

- (i) that I have read the whole of this document and understand it;
- (ii) that I consent to the above named Student participating in the Work Placement;
- (ii) that I am aware of the risks, dangers and obligations set out in the above Agreement;

In consideration of the above named Student being permitted to participate or otherwise be involved in any way in the Work Placement **I do hereby agree** to be bound by the terms of the above Agreement in the same manner and to the same effect as if I was the above named Student.

.....
PRINT PARENT/LEGAL GUARDIAN NAME HERE

.....
PARENT/LEGAL GUARDIAN SIGNATURE HERE

.....
DATE

.....
PRINT WITNESS NAME HERE

.....
WITNESS SIGNATURE HERE

.....
DATE

EQUALS will conduct this policy/procedure in compliance with the NVR Standards for RTO's 2015, Schedule 1A of the Higher Education Support Act 2003 and related VET Provider Guidelines. This Policy applies to all new and existing domestic Students unless otherwise stated.

For the purpose of this policy/procedure, the **Student** is a **domestic Student** – a Student who is an Australian Citizen and/or permanent resident enrolled with EQUALS.

Refunds are most commonly considered under the following circumstances:

EQUALS Default occurs when:

- a) the course does not begin on the agreed commencement date; or
- b) the course ceases to be provided at any time after it commences but before it is completed; or
- c) the course is not provided in full to a Student because a sanction has been imposed on EQUALS.

Student Default occurs when EQUALS refuses to provide or continue providing a course to a Student due to:

- a) a Student not commencing a course on the agreed start date;
- b) a Student cancelling their enrolment in a course (this includes an abandonment of the course before its completion);
- c) a Student failing to pay an amount he or she was liable to pay to the provider, directly or indirectly, in order to undertake a course;
- d) a Student breaching a condition of his or her Student visa; or
- e) misbehaviour by a Student.

Cessation of Delivery occurs when EQUALS, or a third party delivering training and assessment on EQUALS' behalf, closes or ceases to deliver any part of the training product that a student is enrolled in. In such a case, a number of options will be available to the student including the supported transfer to an alternate RTO for completion of services delivery (where applicable) or refund of course fees paid.

MAKING A CLAIM FOR A REFUND

1. The written request must be addressed to the Business Coordinator at kgajjar@equals.edu.au or GPO Box 2443, Adelaide SA 5001.
2. An approved refund will be processed within 28 days (4 weeks) of the written request being received. All refunds are paid by cheque or paid into the Students (or Parent/Legal Guardian, if Student is under 18 years of age) nominated bank account in Australian dollars (AUD).
3. Where a Student is able to demonstrate to EQUALS that matters beyond their control have resulted in the request for a refund of a portion of tuition fees that have been paid in advance, that Student may be eligible for a refund.

Reasons for the withdrawal or non-completion may include:

- The recent death of a close family member (parent, legal guardian, sibling, spouse, child)
- Partial or total incapacitation
- Significant medical or personal circumstances.

4. No refund will be issued to any Student who has deferred their enrolment or where the Student abandons study without formally cancelling his/her enrolment directly with EQUALS. Deferral, withdrawal or non-completion of your course may have implications for Student international student visas.

Reason for Refund of Fees Paid	Refund Payable By EQUALS
Student Default – Before the commencement date:	<p>If a Student cancels their enrolment before the commencement date of a course and requests a refund:</p> <ol style="list-style-type: none"> a) 10 weeks or more prior to the course commencement - a full refund of monies paid for tuition fees will be issued to the Student less a \$250 administration fee; b) 5 weeks up to 9 full weeks prior to the course commencement - a refund of 70% of monies paid for tuition fees will be issued to the Student; c) 4 weeks or less prior to course commencement - no refund will be issued. d) EQUALS withdraws its offer of enrolment prior to commencement of studies based on the Student providing misleading, or false, or incorrect or incomplete information in the Student Application form EQUALS reserves the right to retain 10% of monies paid for tuition fees.
Student Default – After the commencement date	<ol style="list-style-type: none"> 1. If there is a Student Default, after the agreed start date of a course no refund will be issued to the Student. 2. In accordance with the Student Enrolment Agreement, EQUALS reserves the right to invoice the Student the portion of fees owed by the Student for services received from EQUALS. 3. If a Student is able to demonstrate to EQUALS that matters beyond their control have resulted in the request for a refund of a portion of tuition fees that have been paid in advance, that Student may be eligible for a refund.
Refunds when Student's account is in credit balance - Graduating Students:	<p>If a Student has a credit balance on their EQUALS account when they graduate, that credit balance will be automatically refunded by EQUALS in full and does not require application by the Student.</p>
EQUALS Default	<p>Where there is an EQUALS Default, the Student can choose to accept either:</p> <ol style="list-style-type: none"> a) a refund of the course fees, which will be issued to the Student within 14 Days. This includes fees paid in advance; or b) to be placed in an alternative course within EQUALS or another provider. If the Student chooses placement in an alternative course within EQUALS, the Student must sign a document to indicate their agreement to the placement.

Student Refund Policy & Procedure (3-65.V)



Additional Information for Students who are eligible to take the VET Student Loans option:

1. A census date that is no earlier than 20% of the way through a unit of study will be set by EQUALS International for each VET unit of study. EQUALS will ensure that all Students are informed of the census date for each VET unit of study.
2. In the event of a Student withdrawing from a VET unit of study prior to the census date for that unit of study:
 - a) 100% of tuition fees paid for that unit will be refunded to the Student;
 - b) and the Student will not incur a VET Student Loan debt.
3. In the event of a Student withdrawing from a VET unit of study after census date for that VET unit of study:
 - a) no refund is applicable; and/or
 - b) the Student will incur a VET Student Loan debt.
4. Refunds will be made within 28 days of the census date of the VET unit of study to which the withdrawal applies.
5. A Student who withdraws after the census date for a VET unit of study may apply for special consideration in line with the *Student Review Procedures for Recrediting a VET Student Loan Balance* for refunds after commencement.
6. If a Student is dissatisfied with EQUALS decision in relation to their refund request a Student may lodge an appeal under EQUALS Complaints and Appeals Policy/Procedure (3-3100). Nothing removes the right of the student to take further action under relevant Australian consumer protection law and to pursue such legal remedies the student may have under such laws.
7. This Policy and Procedure will be made available by publication on EQUALS website (www.equals.edu.au/policies).

END.

Health Questionnaire



Students are advised that their details are kept strictly confidential and maintained in their student files. Any concerns should be directed to the Academic Manager.

Please complete the following:

Questions	Y/N	Details
Do you believe you have, or have you been diagnosed with any physical, mental or emotional restrictions/issues which may impact on your ability to perform health care services?		
Are you currently being treated by a medical professional for any illness or suspected illness?		
Are you currently taking any medications or drugs?		
Do you have any known allergies (including Latex)?		
Have you in the last 4 years taken time off from work due to injury or illness?		
Have you ever experienced injury or disease resulting from work (including voluntary work/work placement)?		
Nursing / Aged Care / Health Care Applicants ONLY:		
Providing health care is a physically demanding career. Are you aware of the physical requirements for providing health care?		
<p>Have you ever had, or been told you had, or received advice or treatment for (answer all questions individually):</p> <ol style="list-style-type: none"> 1. High Blood Pressure, Chest Pain, Stroke, High Cholesterol Rheumatic fever or any heart or vascular complaint? 2. Asthma, Bronchitis, Tuberculosis, pleurisy or any other lung complaint? 3. Mental disorder, such as anxiety, depression, nervous condition or stress? 4. Strained back, sciatica, whiplash, spondylitis or any other form of back or spinal trouble? 5. Arthritis, rheumatism, gout, tendonitis, repetitive strain injury or any other Injury or disorder of the joints and muscles? 6. Indigestion, ulcer, hiatus hernia? 7. Hepatitis, cirrhosis or any liver or gall bladder disease? 8. Diabetes? 9. Neurological or nervous disorders such as epilepsy, fits, paralysis? 10. Psoriasis, eczema, dermatitis or any other skin related condition? 11. Do you have HIV/AIDS or any sign of HIV infection? 12. Do you require medical treatment for any illness or injury not mentioned above including chronic fatigue syndrome? 13. Other illness? 14. Are you contemplating seeking medical advice, investigation or treatment for any current health problem(s)? 		

Declaration

I declare:

- a) that all information provided on my enrolment form and any other course related document is true and correct,
- b) that I agree to be bound by the terms and conditions of my program including all organisational policies and procedures which are listed in my student handbook or other organisational documents,
- c) that all the information provided in my health questionnaire is true and correct,
- d) that I understand that I must tell EQUALS of any change in my health that may affect my working as a Health Care professional.

In the event of an injury whilst on a work placement, EQUALS will be required to provide the above medical history to its insurer. If you fail to provide accurate medical information and sustain an injury whilst on a work placement the insurer may decline to accept your claim for compensation.

- I understand that I have a duty to disclose any medical condition, injury or disease, which may prevent me from being able to fulfil the work placement requirements adequately without endangering myself or other persons.
- I understand that EQUALS has an obligation to provide the above medical information to the work placement provider relating to any medical condition, injury or disease, which would require task modifications to enable me to fulfil the work placement requirements adequately without endangering myself or other persons.
- I understand that any false or misleading declaration made by me may jeopardise any entitlement to compensation if I sustain an injury whilst on a training placement.

Signature of Student: _____ Name: _____ Date: _____

Signature of Witness: _____ Name: _____ Date: _____

Declaration for students undertaking subsidised training

Undertaking subsidised training is an opportunity and privilege that comes with responsibilities. In many instances, EQUALS (Aust) Pty Ltd ("EQUALS") does not receive subsidy payments for your studies until you have completed part or all of a unit or course of study. By completing this declaration, you agree to make every effort to complete your subsidised course of study in a timely manner and in accordance with the policies and procedures referred to in the Student Handbook and as published on the equals.edu.au website.

Where you do not complete the course of study you are enrolled in, you may be required to repay in full the tuition costs associated with your enrolment. This amount will apply to tuition fees not already received for the units of study you have partially or wholly completed. If you are unclear as to how this may affect you, please contact the Admissions Advisor prior to completing this declaration.

Subsidised Course of Study: _____ Subsidy Type: (e.g. Work Ready) _____

Signature of Student: _____ Name: _____ Date: _____