

# Course Acceptance Form

## Congratulations and Welcome

Congratulations! You are on your way to becoming a Chisholm Institute student. Carefully read the Chisholm course guide/website and complete this form.



PO Box 684  
Dandenong VIC 3175  
Telephone +61 3 9212 5000  
www.chisholm.vic.edu.au  
CRICOS Provider Code  
00881F

Return this form with proof of payment to your Agent or Directly to Chisholm:

International Student Programs, Chisholm Institute  
PO Box 684, Dandenong, Victoria, AUSTRALIA 3175

Fax +61 3 9212 5374

Email international.admissions@chisholm.edu.au

Family Name			
Given Names			
Date of birth		Age*	Gender Male or Female
*If you are under 18, you must also submit a Care Arrangements form			
Chisholm ID number (on your offer letter)			
Home Address (not the address of your agent)			
Email Address (not your agent's email address)			
Passport Number		Citizenship*	

\*A copy of your personal details page from your passport must be attached to this document

### Your Visa Details

What type of visa will you apply for (or do you already have) for your study at Chisholm? _____
Have you attached a Pre Visa Assessment (PVA)? Yes or No
Where will you apply for your visa? City _____ Country _____
If you are applying in Melbourne, at which office? Lonsdale Street, CBD <input type="checkbox"/> or Dandenong <input type="checkbox"/>

### Course and Payment Details

ELICOS	Commencement date:
	Completion date:
VCE/VET course/s	Course Name 1:
	Commencement date:
	Completion date:
	Campus:
	Course Name 2:
	Commencement date:
	Completion date:
	Campus:

If your offer letter includes an offer for credit transfer, do you accept this credit transfer offer? YES or NO (Circle)

Fee	AUD\$
ELICOS	
VCE/VET course	
Package offer deposit fee and application fee	
Overseas Student Health Cover (OSHC)	
Service: Homestay Accommodation (optional)	
Service: Airport Pickup (optional)	
Service: Short term arrival accommodation	
<b>Total</b>	<b>AUD\$</b>

**Would you like to add a service?**  
To receive these services you must complete a service request form. Visit [www.chisholm.edu.au/international](http://www.chisholm.edu.au/international) to download service forms.

## Method of Payment

**Credit Card**    Mastercard     Visa     Total payment AUD\$ \_\_\_\_\_

Card number     Expiry date /

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

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**StudentPay** - Online transfer or in country bank branch payment (details at: [www.chisholm.edu.au/international](http://www.chisholm.edu.au/international))

Make an online transaction using your online bank account or take your StudentPay details to your local bank branch to make payment

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**Bank Draft** - made payable to 'Chisholm Institute' to the value of AUD \$ .....

Please note that if you have sent a copy of the bank draft, please ensure that the original bankdraft is received by Chisholm within two weeks. If the original bankdraft is not received your place in the course will be forfeited.

Write the following on the back cheques/drafts sent to Chisholm: Student's full name, Course and Chisholm ID number

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### Telegraphic Transfer or Direct Deposit

Account Name:	Chisholm Institute	Account Number:	10545820
Bank Name:	Commonwealth Bank	Branch (BSB) Number:	063 010
Address:	385 Bourke Street, Melbourne VIC 3000, AUSTRALIA	SWIFT no:	CTBA AU2S

Name of payer \_\_\_\_\_ (please write in English)    Date of transfer \_\_\_\_\_

Your bank must include the following details when they process the telegraphic transfer: **Chisholm ID number and student name**

**You must attach a copy of the Telegraphic Transfer or Direct Deposit receipt to this Course Acceptance Form**

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### Acceptance Declaration

I confirm that I have read and fully understand the Chisholm's Course Guide and website which includes information about course requirements, refund policies and processes, and an explanation of what occurs, if for some unforeseen reason, the course is not delivered. I understand and accept the following:

- Tuition fees do not include the cost of books and I may be required to buy equipment, uniforms or other items not included in materials fees.
- That I am not eligible, without Chisholm's approval, to transfer to another registered provider until I have completed 6 months of my principal course of study.
- That I agree to the collection of personal information as outlined in 'Personal Information' in the course guide/website
- That continuation in the course/s is dependant upon satisfactory academic progress and attendance and the payment of the required tuition fees before the commencement of subsequent semesters.
- That it is compulsory to be covered by Overseas Student Health Cover while I am on a student visa. If I have not purchased cover through Chisholm that I must make my own cover arrangements. If I have purchased OSHC through Chisholm, I understand that Chisholm will provide my personal details for the purposes of establishing my OSHC.
- That if I have to repeat any subjects, an additional tuition fee will apply.
- Should the outcome of credit / RPL process alter the course end date by at least a semester, the fee will be adjusted
- That I must advise Chisholm of my residential address in Australia, and advice any address changes while enrolled in the course/s.
- That I must attend orientation or seek permission for late arrival. If I do not arrive on time, I may loose my place in the course.
- That I understand that any of my dependants attending government or non-government schools will be required to pay full fees.
- That deferment is possible for one semester only subject to availability of places and a new course fee may apply. If I need to defer for more than one semester, I must submit a new application and pay the new fee rate applicable to that intake
- This Agreement, and the availability of complaints and appeals processes, does not remove the right of the student to take action under Australia's consumer protection laws.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Agreement must be signed by a parent / legal guardian if the student is under 18.

Signature and name of parent / legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to the student \_\_\_\_\_