

## APPLICATION FOR ADMISSION

### Course information

Please nominate the course you wish to enrol in:

Master of eLearning

Graduate Certificate in Higher Education Academic Practice

**Please attach to this application evidence that demonstrates that you meet the published entry requirements for this course if this has not already been provided.**

Entry requirements can be found at: <http://heli.edu.au/mel/> and <http://heli.edu.au/gradcerthed/>

### Personal details

Title: Dr Mr Mrs Ms Miss

Family Name:

Other Names:

Date of Birth: (DD/MM/YYYY) / /

Gender: Male Female Other please specify

Telephone: (Home) (Mobile)

Email:

Permanent Home Address:

Suburb: State: Postcode: Country: If not Australia

Postal Address: If same as permanent home address write as above

Suburb: State: Postcode: Country: If not Australia

Address while studying: If same as permanent home address write as above

Suburb: State: Postcode: Country: If not Australia

### Ethnicity

Were you born in Australia Yes No

If not born in Australia, in what country were you born? \_\_\_\_\_

and, what year did you arrive in Australia?

Are you of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

**Citizenship / visa details**

Are you an Australian citizen?	Yes	No
Are you a New Zealand citizen?	Yes	No
Do you hold a permanent resident visa?	Yes	No
Do you hold a permanent humanitarian visa?	Yes	No
Are you an international student that already holds a visa to study in Australia? (please complete next section)	Yes	No
Are you an international student planning to apply for a visa to study in Australia? (please complete next section)	Yes	No

**International Students only**

Do you already hold a passport?	Yes	No
If yes, passport number		
Expiry date: (DD/MM/YYYY)	/	/
Country of Citizenship		

**Language**

Is English the language spoken at your permanent home address?	Yes	No
If not, what language is spoken at your permanent home address:		

**Disability**

Do you have a disability, impairment or long term medical condition which may affect your studies?	Yes	No
If yes, please indicate the area/s of impairment:		
hearing	vision	
learning	medical	
mobility	other	
If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you?	Yes	No

### Your Education

What is your highest completed secondary school level?	Year 10 or lower
	Year 11
	Year 12
What year did you complete your secondary schooling?	
What is the highest level of study you have undertaken?	Completed? Year completed
A VET award course	Yes
Higher Education Diploma/Advanced Diploma/Associate Degree	Yes
Bachelor degree	Yes
Postgraduate degree	Yes
Other	Yes

### Education details of your parents/guardians

What is the highest level of education your parents/guardians have achieved?	
Parent / Guardian 1	Parent / Guardian 2
	Postgraduate qualification (e.g. Graduate Diploma, Master, PhD)
	Bachelor degree
	Other post school qualification (e.g. VET Cert, Associate Degree or Diploma)
	Completed Year 12 schooling or equivalent
	Did not complete Year 12 schooling or equivalent
	Completed Year 10 schooling or equivalent
	Did not complete Year 10 schooling or equivalent
	Don't know

### Emergency contact

Name:	Relationship to you:
Contact details: Phone	Email

**Other information**

Is there any other information you would like to provide as part of your application?

**Privacy Statement**

The information collected in this form is required to facilitate your enrolment and will be handled and stored in line with the HELI's *Privacy and Personal Information Procedures*. The Institute reserves the right to verify any of the details you have provided on this form in order to assess your application.

Some information requested on this form is collected to comply with the reporting requirements of the Australian government and its regulatory agencies and will be disclosed as required by law.

**DECLARATION**

I hereby apply for admission to the Higher Education Leadership Institute and declare that the information I have provided in this form is correct. I understand that information about me and the study I undertake may be disclosed as described in the Privacy Statement or otherwise as required by law.

**Applicant Signature:**

**Date:**

**Date Received:**

		Office Use Only Office Use Only
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This form and supporting documentation should be submitted to:

[admissions@heli.edu.au](mailto:admissions@heli.edu.au)