

Application for Tuition Assurance

*for current ACPET Members and Partner in
Education Members*

INSTRUCTIONS FOR COMPLETION

- Review** the ACPET Information kit available on the ACPET website prior to completing this form.
- Note** if delivering courses in multiple States / Territories, you need to apply for Tuition Assurance in each State / Territory.
- Complete** all information required for your application.
- Attach** all required additional documentation.
- Return-** to ACPET Membership via email: astas@acpet.edu.au or post: PO Box 551, East Melbourne Vic 8002

ACPET respects and is committed to maintaining the privacy of all members. All information provided will be used in accordance with relevant privacy legislation and is understood to be provided on a commercial in confidential basis.

ACPET reserves the right to audit any information provided by an applicant, or to request further documentation if required.

Tuition assurance application/s being made for Membership number/s:

Trading Name:

Please note that to be eligible for Tuition Assurance you must be a current and financial full ACPET Member or Partner in Education. If you do not have ACPET Membership, please use the "ACPET Membership and TAS Application Form" located on the ACPET website www.acpet.edu.au.

- | | | |
|--|---|--|
| <input type="checkbox"/> ASTAS Cover | If your organisation requires tuition assurance from ACPET to comply with ASQA's RTO Standards 7.3 whereby domestic student fees paid in advance must be protected. | please complete Sections 1, 2 & 3 |
| <input type="checkbox"/> ASTAS HE/VET Cover | If your organisation requires tuition assurance from ACPET to comply with the course assurance and refund requirements of becoming a HEP or VET Student Loans provider. | please complete Sections 1, 2 & 3 |

If you require any assistance in completing this application form, please contact the Membership team, via Membership@acpet.edu.au, ph: 1800 657 644 or 03 9412 5900

Please be aware that to ensure ACPET is able to meet our TAS obligations, we may ask that you make additional financial arrangements as a condition of approval.

Section 1 - TUITION ASSURANCE GENERAL INFORMATION

To be completed by current Members applying for Tuition Assurance

Delivery Locations: Please list the details of each location where you deliver courses in the States/Territories for which you are applying for Tuition Assurance. Please also indicate the student capacity at each location.

Delivery address:

Max Student Number:



If you have additional locations, please provide the address(es) on a separate page.

Please note: You must have TAS cover in each state/territory for which you require tuition assurance.

Mode of Delivery: Please indicate the various modes of delivery offered for your courses and the approximate percentage of each mode of delivery offered.

Face to Face

Workplace delivery

Correspondence/Di stance

OnLine

Percentage value: Please provide % to indicate the proportion of each mode of delivery.

Face to Face:

Workplace delivery:

Correspondence/

Online:

Distance:

Audit Cycle: Please confirm your registration audit cycle _____ years.

In terms of your ongoing registration, has your regulator requested an audit frequency less than 5 years or has a compliance audit been scheduled within the next 12 months?

Please tick one:

YES

NO

Do you have any conditions placed on your registration?

Please tick one:

YES

NO



If yes, please provide evidence of registration conditions.

STUDENTS

Student Outcomes: Please confirm completion rate:



VET - _____%

Please indicate competency completion rate and provide copy of NCVET Quality Indicator Data Report.



HE - _____%

Please indicate student pass rate and provide copy of report for Academic Board (or equivalent).

*Pass rate is the total number of subjects / units passed as a percentage of the total subjects / units attempted in the previous academic period.

Student Numbers: Actual student number two academic years ago _____

Actual student number last academic year _____

Student number forecast for current academic year _____

Student number forecast for following academic year _____

FINANCIAL INFORMATION

Please provide copies of:



Most recent Signed / Audited Annual Financial statements.



Most recent signed Year to Date Management Accounts
(prepared within 1 month of application..ie. Profit & Loss and Balance Sheet)



Current Business Plan (covering at least the next two years).

Financial Statement: Please complete the following using information from the Annual Financial statement provided:

Total education fees from ALL students	\$
Total domestic education fees from ALL students in courses to be covered by the ASTAS, incl VSL/FEE HELP	\$
Total Income	\$
Total Expense	\$
Interest Expense	\$
Net Surplus / (Deficit)	\$
Cash and Cash Equivalents	\$
Current Assets: Trade and Other Receivables	\$
Non-Current Assets: Trade and Other Receivables	\$
Total Current Assets	\$
Total Assets	\$
Current Liabilities: Trade and Other Payables	\$
Total Current Liabilities	\$
Total Liabilities	\$
Total Equity	\$
Value of Prepaid Student Fees (at end of Financial Year)	\$
Net Increase / (Decrease) in Cash and Cash Equivalents	\$

Management accounts:

Cash and Cash Equivalents

Please complete the following table for aged debtors:

Current	>30 Days	>60 Days	>90 days	Total
\$	\$	\$	\$	\$

Please complete the following table for aged creditors:

Current	>30 Days	>60 Days	>90 days	Total
\$	\$		\$	\$

STATUTORY OBLIGATIONS

Are the organisations statutory obligations up to date?

- Taxation *Please tick one:* YES NO
- Superannuation *Please tick one:* YES NO
- GST *Please tick one:* YES NO
- PAYG *Please tick one:* YES NO

OCCUPANCY

Is the building/s owned or rented?

Please tick one: Owned Rented Both

If both, please indicate percentage of each _____% _____%



Please provide evidence that payments for rent and / or mortgage are up to date and returned with this form.

e.g. or Receipts
Rental / Mortgage statements for } last three months.
Letter from Landlord / Agent / Bank

If property is owned outright, please provide copy of Title Deed or other evidence.

Section 2 -AUSTRALIAN STUDENT TUITION ASSURANCE (ASTAS)

Please note:

If applying for FEE-HELP or VET STUDENT LOANS, TAS cover is required in all states / territories where a provider has the course registered, regardless of the course actually being offered.

What type of courses or programs, leading to an accredited award & offered to domestic students, do you require coverage for under the ASTAS membership?

- Non FEE-HELP (ASQA) FEE-HELP VET STUDENT LOANS

If applying to DIISRTE for FEE-HELP or VET STUDENT LOANS, please indicate the date of submission of DIISRTE application?

Please ensure that your ACPET application is submitted at the same time as your DEEWR application to ensure that the time required to process your TAS application does not cause a delay with your DEEWR application.

Total domestic education fees from **ALL** students in courses covered by the ASTAS, incl VET/FEE HELP for the **FULL YEAR**

What is the estimated number of domestic students studying a course or program leading to an accredited award for which you are seeking ASTAS coverage?



Please provide copy of Student Selection Policies outlining assessment requirements to ensure aptitude of students for course.

**Please provide details of the courses for which you are seeking ASTAS cover by completing the schedule overleaf.
Note: all details are required in order to process your application successfully.**

Section 3 -Declaration and signature

I **confirm** that I have read and understood the ACPET Information Kit prior to completing this application.

I **understand** that the information submitted within this application has been provided on a confidential basis and will not be used by ACPET for purposes other than building a profile of private providers generally, and in specific circumstances detailed below.

I **confirm** that I have read and understood the ACPET Code of Ethics and, on behalf of the applicant, declare that the applicant agrees to operate in accordance with the ACPET Code of Ethics (available on the ACPET website)

I **acknowledge** that all members of ACPET are obliged to comply with the ACPET Constitution and the ACPET By-laws at all times (available on the ACPET website), and that failure to do so may result in the termination of membership.

I **acknowledge** that the information given within this application will be used to determine the correct category of ACPET Membership, and should this information change, acknowledge that an increase or decrease in membership category could be required.

I **acknowledge** that the information given within this application will be used to determine the correct category and risk level of Tuition Assurance cover, and should this information change, acknowledge that an increase or decrease in Tuition Assurance category could be required.

I **give** approval that, for the purposes of considering this application for ACPET Membership and Tuition Assurance cover, ACPET may make such enquiries with Commonwealth and/or state/territory Authorities as deemed necessary. In addition, I understand that ACPET will seek the views of its members and others to inform judgement as deemed necessary.

I **agree** to have the organisation name incorporated in the membership list available to all members in the members only section of the website and in any ACPET membership database provided to a third party as deemed appropriate by the ACPET National Board.

I **agree** to provide ACPET with updated student numbers and number of unique courses every six months.

I **declare** that the information provided in this application is true and complete and understand that ACPET reserves the right to vary or reverse any decision on membership of ACPET and/or tuition assurance cover based on incomplete or incorrect information.

Company Name: (applicant) _____

Name: (Authorised Person*) _____

Position Title: _____

Date: _____

Signature: (Authorised Person*) _____

* The Authorised Person should be a senior executive officer of the organisation, i.e. Executive Director, Managing Director, CEO etc

Witnessed by:

Name: _____

Position Title: _____

Date: _____

Signature: _____

Please note that unsigned, unwitnessed or incomplete applications or applications without required supporting documentation cannot be processed.

Scan all completed documents and email to:

Membership@acpet.edu.au

Fax all completed documents to:

03 9416 1895

Post completed documents to:

PO BOX 551, East Melbourne Vic 8002



Please make sure that the following documents are submitted with your application:

For all Tuition Assurance applications:

- List of any additional delivery locations (if required)
 - Copy of student outcomes report/s as relevant
 - Registered Training Organisation (RTO)
 - Higher Education Provider
 - Primary & Secondary Education Provider
 - ELICOS Provider
 - Copy of Student Selection Policies outlining assessment requirements to ensure aptitude of students for course
 - Copy of Student Handbook or website address that clearly states student refund policy that is compatible with ACPET requirements (refer to Membership Information Pack)
 - Most recent Signed / Audited Annual Financial Statements
 - Most recent signed Year to Date Management Accounts (prepared within 1 month of application)
(i.e. Profit & Loss and Balance Sheet)
 - Current Business Plan -covering at least the next two years
 - or
 - Receipts
 - Rental / Mortgage statements
 - Letter from Landlord / Agent / Bank } for last three months
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- If property is owned outright, please provide copy of Title Deed or other evidence