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: membership@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.

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

Please indicate the Membership application/s being made:

☐ ACPET Member
If your organisation is a privately owned registered training organisation, higher education provider, ELICOS college, pathways or foundation studies college or school

☐ Partner in Education
If your organisation is a publicly owned institution, overseas peak body or overseas provider

Please indicate the Tuition Assurance application/s being made:

Please note that to be eligible for Tuition Assurance, you must be a current and financial ACPET Member, or be applying for ACPET Membership as part of this application.

☐ ASTAS Cover
If your organisation requires tuition assurance from ACPET to comply with NVR Standards SNR 11.3e and 22.3e whereby domestic student fees paid in advance must be protected.

☐ 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 FEE-HELP provider.

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

REGISTRATION AND OWNERSHIP:

Company Name:__________________________________________

Trading Name(s):__________________________________________

ACN: ______________________  ABN: ______________________

State/s requiring TAS:_____________________________________

Website:________________________________________________

Phone: ______________________  Fax: ______________________

Postal Address:__________________________________________

Street Address:__________________________________________

CEO Name:____________________________________________

CEO Position:__________________________________________

CEO email:____________________________________________
CEO Mobile:  

PRINCIPAL CONTACT DETAILS:
Main Contact Name:  
Main Contact Position:  
Main Contact email:  
Main Contact Mobile:  

ADDITIONAL CONTACT DETAILS:  
If more space is required, please attach a separate list.
Contact (1)
Contact person:  
Contact email:  
Contact Mobile:  
Contact (2)
Contact person:  
Contact email:  
Contact Mobile:  

COMPANY DIRECTORS / SHAREHOLDERS/OFFICER HOLDERS:
- Company details are available on ASIC, or
- The applicant is an incorporated entity, a list of Board Members is attached, or
- The applicant is a partnership, details of the partners are attached, or
- The applicant is a Trust, details of the Trust are attached, or
- I am an individual / sole trader.

Is your company a wholly or partly owned subsidiary of an overseas trading enterprise?
Please tick one:   

If yes, ACPET will need details of the parent company including name, Country of registration, board of directors and their contact details and the name and details of the CEO of the parent company (please attach separately)  

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/Distance  
- Online  

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

Face to Face:  
Correspondence/Distance:  
Workplace delivery:  
Online:  

Approx. Number of Employees:
Teaching:  
Full Time  
Part Time  
Full Time Equivalent *  
Non-Teaching:  
Full Time  
Part Time  
Full Time Equivalent *

*Full time equivalent (FTE) is the combination of full time and part time numbers, i.e. 1 full time staff member and 1 part time staff member working 2.5 days per week would equal a FTE of 1.5.
FIELDS OF STUDY:  Please tick relevant fields of study.

- Acting / Theatre Studies
- Adult Community & Further Education
- Advertising
- Arts and Craft
- Aged Care
- Agriculture & Horticulture
- Architecture, Building & Construction
- Automotive
- Beauty & Make-Up
- Business Studies
- Childcare & Children's Services
- Civil Aviation
- Construction
- Counselling
- Dance
- Education / Teaching Studies
- Electrical & Electronics
- Engineering
- English Language / EUCOS
- Equestrian & Racing
- Event Management
- Facilities Management
- Fashion Design and Textiles
- Film & Video Production
- Finance & Accounting
- Financial Counselling
- Fitness
- Floristry
- Food
- Foundation Studies
- Furnishing
- Graphic Design & Printing
- Hairdressing
- Health Care
- Indigenous Studies
- Information Technology/Multimedia
- Interior Design
- Jewish Studies
- Journalism
- Legal Studies
- Manufacturing
- Maritime
- Marketing/PR
- Massage Therapy
- Music
- Natural Medicine
- Nursing Petcare / Veterinary Studies
- Photography
- Printing
- Primary Education Studies
- Property / Real Estate
- Psychology
- Resources Sector
- Retail & Wholesale Studies
- Secondary Education Studies
- Security & Guarding / Public Safety
- Sport & Recreation TESOL
- Theology/Religion
- Tourism & Hospitality
- Transport, Storage & Distribution
- Yoga / Pilates
- Welfare
- Workplace Training & Assessment (Certificate IV)

Which level of accreditation is your organisation approved to deliver? Please tick relevant field of study.

- Certificate I
- Certificate II
- Certificate III
- Certificate IV
- Diploma
- Advanced Diploma
- Bachelor Degree
- Associate Degree
- Graduate Certificate
- Graduate Diploma
- Masters Degree
- Doctoral Degree

PROVIDER CATEGORIES: Please tick the most appropriate categories and complete the relevant section(s).

- VET Provider/RTO  
- Adult & Community Education Provider  
- Provider with pending VET registration  
- Higher Education provider  
- Provider with pending Higher Education registration  
- Primary Education (K to 6)  
- Secondary Education (7 to 12)  
- Provider with pending Primary / Secondary registration  
- EUCOS provider  
- Provider with pending EUCOS registration  
- Foundation Studies  

please complete sections A, E, F & G

please complete sections A, E, F & G

please complete sections B, E, F & G

please complete sections B, E, F & G

please complete sections C, E, F & G

please complete sections C, E, F & G

please complete sections D, E, F & G

please complete sections D, E, F & G
### SECTION A - VET PROVIDERS

**Is your organisation a Registered Training Organisation (RTO)?**

- **YES** - complete questions below
- **NO** - go to Section B

**Registration:**

- Registration Body
- RTO code
- Date of Registration
- Expiry of Registration

**Does your organisation have CRICOS approval?**

*Please tick one:*

- **YES**
- **NO**
- **IN PROGRESS**

**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.*

### SECTION B – HIGHER EDUCATION PROVIDERS

**Is your organisation a registered Higher Education Provider?**

- **YES** - complete questions below
- **NO** - go to Section C

**Registration:**

- Registration Body
- Date of Registration
- Expiry of Registration

**Does your organisation have CRICOS approval?**

*Please tick one:*

- **YES**
- **NO**
- **IN PROGRESS**

**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.*
SECTION C – PRIMARY & SECONDARY EDUCATION PROVIDERS

Is your organisation a registered Primary and/or Secondary Education Provider?

☐ YES - complete questions below  ☐ NO - go to Section D

Registration:

Registration Body

Date of Registration

Expiry of Registration

Does your organisation have CRICOS approval?

Please tick one: ☐ YES  ☐ NO  ☐ IN PROGRESS

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.

SECTION D – ELICOS PROVIDERS

Is your organisation a registered ELICOS Provider?

☐ YES - complete questions below  ☐ NO - go to Section E

Registration:

Registration Body

Date of Registration

Expiry of Registration

Does your organisation have CRICOS approval?

Please tick one: ☐ YES  ☐ NO  ☐ IN PROGRESS

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.

SECTION E – GROSS ANNUAL TURNOVER

What was your organisation’s gross annual turnover from all training activity including student tuition (local & overseas), fee for service training and all government funded and employer funded placements during the last financial year for the state/s in which you are applying for ACPET Membership?

$ Please provide income statement from most recent completed financial year, if NOT also applying for Tuition Assurance

Please DO NOT send payment with your application - A tax invoice will be mailed to your nominated address following Board approval.
SECTION F - TUITION ASSURANCE GENERAL INFORMATION

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

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.

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
- [ ] FEE-HELP
- [ ] VET FEE-HELP

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

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

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.

STUDENTS:

Student Outcomes:

Please confirm completion rate:

- VET - _______ %
- HE - _______ %
- Schools - _______ %
- ELICOS

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

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

Please indicate student pass rate and provide copy of Annual Returns indicating pass rates or separate report.

Please provide a copy of assessment policies and procedures.

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

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

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

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


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 e.g Profit & Loss and Balance Sheet)
- Current Business Plan - covering at least the next two years.

I confirm that our financial circumstances have remained in a sound position since our last financial Audit and there are no open regulatory actions against the organisation that will significantly impact our ability to operate

YES

Financial Data:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total education fees from <strong>ALL</strong> students</td>
<td></td>
</tr>
<tr>
<td>Total domestic education fees from <strong>ALL</strong> students in courses to be covered by the ASTAS, incl VET/FEE HELP</td>
<td></td>
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<tr>
<td>Total Income</td>
<td></td>
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<td>Total Expense</td>
<td></td>
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<tr>
<td>Interest Expense</td>
<td></td>
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<tr>
<td>Net Surplus / (Deficit)</td>
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<tr>
<td>Cash and Cash Equivalents</td>
<td></td>
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<tr>
<td>Current Assets: Trade and Other Receivables</td>
<td></td>
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<tr>
<td>Non-Current Assets: Trade and Other Receivables</td>
<td></td>
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<tr>
<td>Total Current Assets</td>
<td></td>
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<tr>
<td>Total Assets</td>
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<tr>
<td>Current Liabilities: Trade and Other Payables</td>
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<tr>
<td>Total Current Liabilities</td>
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<td>Total Liabilities</td>
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<td>Total Equity</td>
<td></td>
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<tr>
<td>Value of Prepaid Student Fees (at end of Financial Year)</td>
<td></td>
</tr>
<tr>
<td>Maximum Exposure to Domestic Student Prepaid Fees at any point throughout the year</td>
<td></td>
</tr>
<tr>
<td>Net Increase / (Decrease) in Cash and Cash Equivalents</td>
<td></td>
</tr>
</tbody>
</table>

Debtors /Creditors

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$</td>
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</tbody>
</table>

Please complete the following table for aged debtors:

<table>
<thead>
<tr>
<th>Age</th>
<th>Current</th>
<th>&gt;30 Days</th>
<th>&gt;60 Days</th>
<th>&gt;90 days</th>
<th>Total</th>
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Please complete the following table for aged creditors:

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<th>Current</th>
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</tbody>
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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.

- Receipts
- Rental / Mortgage statements for _______ months.
- Letter from Landlord / Agent / Bank

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

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.
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Domestic students*</th>
<th>Mode of Delivery**</th>
<th>% of fees taken prior to course commencing</th>
<th>Cover Type***</th>
<th>Fee</th>
<th>Duration (wks)</th>
</tr>
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Please add details for any additional courses below requiring coverage

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Domestic students*</th>
<th>Mode of Delivery**</th>
<th>% of fees taken prior to course commencing</th>
<th>Cover Type***</th>
<th>Fee</th>
<th>Duration (wks)</th>
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</table>

Should additional space be required please photocopy this page.

* Current number of domestic student

** List the percentage for each mode delivery for each course: Face to face, Online, Workplace or Distance. For example: 100% face to face delivery = 100F

*** FEE-HELP = Higher Education courses covered under ACPETs ASTAS-HE for FEE-HELP purposes.

VET FEE-HELP = VET courses covered under ACPETs ASTAS-VET for FEE-HELP purposes

Non FEE-HELP = Courses covered under ACPETs ASTAS not for FEE-HELP purposes.
SECTION G – 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 ACPET Membership applications:

- [ ] Certificate of incorporation of a company for the company name detailed within application
- [ ] Certificate of registration of trading name/s, if different from company name
- [ ] Details of overseas ownership & Directors (if required)
- [ ] Letter / certificate of accreditation as a:
  - [ ] Registered Training Organisation (RTO)
  - [ ] Higher Education Provider
  - [ ] Primary & Secondary Education Provider
  - [ ] ELICOS Provider
- [ ] Evidence of conditions of registration (if required)
- [ ] Income Statement from most recent financial year, if NOT also applying for Tuition Assurance

### 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
- [ ] Receipts
  - [ ] Rental / Mortgage statements
  - [ ] Letter from Landlord / Agent / Bank  }
  } for last three months
- [ ] If property is owned outright, please provide copy of Title Deed or other evidence