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 will need to apply for ACPET Membership and Tuition Assurance in each State / Territory.

Complete - all information required for your application.

Attach - all required additional documentation.

Return - to ACPET Membership.

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 our 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:

- [ ] Affiliate Member
  - If your organisation is not, or not yet, a registered training or education provider.

- [ ] ACPET Member
  - If your organisation is a registered training or education 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 protect domestic student fees paid in advance.

- [ ] ASTAS HE/VET Cover
  - If your organisation requires tuition assurance from ACPET to comply with the course assurance and refund requirements of becoming a HE FEE-HELP 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, 1800 774 176 or 02 8280 8100

REGISTRATION AND OWNERSHIP

Company Name:

Trading Name(s):

ACN: ________________  ABN: ________________

State/s requiring Membership and TAS:

________________________

________________________

________________________

________________________

________________________
Company Directors / Shareholders / Office Holders:

Please provide most recent ASIC Company Statement to indicating Directors, Shareholders and Officeholders.

If an incorporated organisation, please provide a list of all Committee / Board Members.

OR

I am an individual / sole trader.

Is your company a wholly or partly owned subsidiary of an overseas trading enterprise?

Please tick one:  

YES  []  NO  []

If yes, please provide details of company name and directors below.

Parent Company name:  

Country of Registration:  

Board of Directors - Name and Address of each member:  
If more space is required, please attach a separate list.

Parent Company CEO Name:  

Parent Company CEO e-mail:  

Parent Company CEO Mobile:  

REGISTRATION CANCELLATION:

Has your Organisation, Senior Management or Directors of the Organisation ever had your provider registration suspended or cancelled?

[] NO

[] YES - please provide details on a separate sheet

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.

Part Time:  []  Full Time:  []

Teaching Approx. Number of Employees:

Non-Teaching Approx. Number of Employees:

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 / ELICOS
- Equestrian & Racing
- Event Management
- Facilities Management
- Fashion Design & 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 levels of accreditation is your organisation approved to deliver?  
Please tick relevant fields 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
- ELICOS provider
- Provider with pending ELICOS registration
- Foundation Studies
- VET in Schools
- Education & Training Consultant
- Industry Skills Council

Please complete sections A, F & H
Please complete sections A, F & H
Please complete sections A, F & H
Please complete sections B, F & H
Please complete sections B, F & H
Please complete sections C, F & H
Please complete sections C, F & H
Please complete sections C, F & H
Please complete sections D, F & H
Please complete sections D, F & H
Please complete sections D, F & H
Please complete sections E & H
Please complete sections E & H
## SECTION A - VET PROVIDERS

Is your organisation a Registered Training Organisation (RTO)?
- [ ] YES - complete questions below
- [ ] NO - go to Section B
- [ ] Application in progress - complete questions below
  
  Please note that neither full ACPET Membership nor ASTAS cover are available until registration has been completed.

<table>
<thead>
<tr>
<th>Registration:</th>
<th>Registration Body</th>
<th>RTO code</th>
<th>Date of Registration</th>
<th>Expiry of Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your organisation have CRICOS Approval?

- [ ] YES
- [ ] NO

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?

- [ ] YES
- [ ] NO

Do you have any conditions placed on your registration?

- [ ] 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
- [ ] Application in progress - complete questions below
  
  Please note that neither full ACPET Membership nor ASTAS cover are available until registration has been completed.

<table>
<thead>
<tr>
<th>Registration:</th>
<th>Registration Body</th>
<th>Date of Registration</th>
<th>Expiry of Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your organisation have CRICOS Approval?

- [ ] 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
- Application in progress - complete questions below

Please note that neither full ACPET Membership nor ASTAS cover are available until registration has been completed.

### Registration:

<table>
<thead>
<tr>
<th>Registration Body</th>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Registration</th>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Expiry of Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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
- Application in progress - complete questions below

Please note that neither full ACPET Membership nor ASTAS cover are available until registration has been completed.

### Registration:

<table>
<thead>
<tr>
<th>Registration Body</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expiry of Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Does your organisation have CRICOS Approval?  

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 - AFFILIATE MEMBERS
☐ Education & Training Consultant  ☐ Provider of Products or Services to the education industry
☐ Industry Skills Council  ☐ Registration pending

SECTION F - 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 (example available on ACPET website) 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 G - TUITION ASSURANCE
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 State/s for which you are applying for Tuition Assurance.

Please also indicate the student capacity at each location.

Delivery Location: ____________________________  Student Capacity: __________

______________________________  ______________________________

______________________________  ______________________________

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

Please note: You must have ACPET Membership and ASTAS cover in each state/territory for which you require tuition assurance.

V02.12
STUDENTS

Student Outcomes:

Please confirm completion rate:

VET - _____ % Please indicate competency completion rate and provide copy of NCVER Quality Indicator Data Report.

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

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

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

Student Numbers:

Actual student number 2010 academic year. ____________________

Actual student number 2011 academic year. ____________________

Student number forecast for 2012 academic year. ____________________

Student number forecast for 2013 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?  ____________________

V02.12
**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) (i.e. Profit & Loss and Balance Sheet)
- Current Business Plan - covering at least the next two years.

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total education fees from <strong>ALL</strong> students</td>
<td>$</td>
</tr>
<tr>
<td>Total education fees from students covered by the ASTAS</td>
<td>$</td>
</tr>
<tr>
<td>Total Income</td>
<td>$</td>
</tr>
<tr>
<td>Total Expense</td>
<td>$</td>
</tr>
<tr>
<td>Interest Expense</td>
<td>$</td>
</tr>
<tr>
<td>Net Surplus / (Deficit)</td>
<td>$</td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$</td>
</tr>
<tr>
<td>Current Assets: Trade and Other Receivables</td>
<td>$</td>
</tr>
<tr>
<td>Non-Current Assets: Trade and Other Receivables</td>
<td>$</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>$</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$</td>
</tr>
<tr>
<td>Current Liabilities: Trade and Other Payables</td>
<td>$</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>$</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>$</td>
</tr>
<tr>
<td>Total Equities</td>
<td>$</td>
</tr>
<tr>
<td>Value of Prepaid Student Fees (at end of Financial Year)</td>
<td>$</td>
</tr>
<tr>
<td>Net Increase / (Decrease) in Cash and Cash Equivalents</td>
<td>$</td>
</tr>
</tbody>
</table>

**Debtors / Creditors:** Please complete the following table for aged debtors:

<table>
<thead>
<tr>
<th>Aged Category</th>
<th>Current</th>
<th>30 &gt; 60 Days</th>
<th>60 &gt; 90 Days</th>
<th>&gt;90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Please complete the following table for aged creditors:

<table>
<thead>
<tr>
<th>Aged Category</th>
<th>Current</th>
<th>30 &gt; 60 Days</th>
<th>60 &gt; 90 Days</th>
<th>&gt;90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
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]

Do you use Agents to introduce students?  

Please tick one: [YES] [NO]

If yes, what average percentage of the student fee is the Agents fee?  

_______%

Are your payments to agents up to date?  

Please tick one: [YES] [NO]

Is the building/s owned or rented?  

Please tick one: [Owned] [Rented] [Both]

If both, please indicated percentage of each ________%.

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

- Receipts
- Rental / Mortgage statements
- Letter from Landlord / Agent / Bank (template available on ACPET website).

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.
## Australian Student Tuition Assurance (ASTAS)

### Courses to be covered

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Domestic students*</th>
<th>Mode of Delivery**</th>
<th>% of Fees taken up front</th>
<th>Cover Type***</th>
<th>Fee</th>
<th>Duration (wks)</th>
</tr>
</thead>
</table>

Please add details for any additional courses below requiring coverage

If additional space is 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 H - 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 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: 02 9264 4550
Post completed documents to: PO BOX Q1076, SYDNEY NSW 1230
Please make sure that the following documents are submitted with your application:

### For all ACPET Membership applications:

- [ ] ASIC Company Statement or if an incorporated organisation a list of all Committee/Board Members
- [ ] 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
- [ ] Application is currently in progress. A copy of letter / certificate will be forwarded upon attainment
- [ ] 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
- [ ] 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 or Rental / Mortgage statements for last three months
- [ ] Letter from Landlord / Agent / Bank (template available on ACPET website)
- [ ] If property is owned outright, please provide copy of Title Deed or other evidence