

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: YES NO

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:	<input type="text"/>	Correspondence/ Distance:	<input type="text"/>
Workplace delivery:	<input type="text"/>	Online:	<input type="text"/>

Approx. Number of Employees:	Teaching	Full Time	<input type="text"/>	Part Time	<input type="text"/>	Full Time Equivalent *	<input type="text"/>
	Non-Teaching	Full Time	<input type="text"/>	Part Time	<input type="text"/>	Full Time Equivalent *	<input type="text"/>

**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.*

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

Which level of accreditation is your organisation approved to deliver?

Please tick relevant field of study.

- | | | |
|--|---|---|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Diploma | <input type="checkbox"/> Graduate Certificate |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Graduate Diploma |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Masters Degree |
| <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Doctoral Degree |

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

- | | |
|---|---|
| <input type="checkbox"/> VET Provider/RTO | please complete sections A, E, F & G |
| <input type="checkbox"/> Adult & Community Education Provider | please complete sections A, E, F & G |
| <input type="checkbox"/> Provider with pending VET registration | please complete sections A, E, F & G |
| <input type="checkbox"/> Higher Education provider | please complete sections B, E, F & G |
| <input type="checkbox"/> Provider with pending Higher Education registration | please complete sections B, E, F & G |
| <input type="checkbox"/> Primary Education (K to 6) | please complete sections C, E, F & G |
| <input type="checkbox"/> Secondary Education (7 to 12) | please complete sections C, E, F & G |
| <input type="checkbox"/> Provider with pending Primary / Secondary registration | please complete sections C, E, F & G |
| <input type="checkbox"/> ELICOS provider | please complete sections D, E, F & G |
| <input type="checkbox"/> Provider with pending ELICOS registration | please complete sections D, E, F & G |
| <input type="checkbox"/> Foundation Studies | please complete sections D, E, F & G |
| <input type="checkbox"/> VET in Schools | 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? [Click here to enter a date.](#)

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

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

Total education fees from ALL students	\$	<input style="width: 150px; height: 20px;" type="text"/>
Total domestic education fees from ALL students in courses to be covered by the ASTAS, incl VET/FEE HELP	\$	<input style="width: 150px; height: 20px;" type="text"/>
Total Income	\$	<input style="width: 150px; height: 20px;" type="text"/>
Total Expense	\$	<input style="width: 150px; height: 20px;" type="text"/>
Interest Expense	\$	<input style="width: 150px; height: 20px;" type="text"/>
Net Surplus / (Deficit)	\$	<input style="width: 150px; height: 20px;" type="text"/>
Cash and Cash Equivalents	\$	<input style="width: 150px; height: 20px;" type="text"/>
Current Assets: Trade and Other Receivables	\$	<input style="width: 150px; height: 20px;" type="text"/>
Non-Current Assets: Trade and Other Receivables	\$	<input style="width: 150px; height: 20px;" type="text"/>
Total Current Assets	\$	<input style="width: 150px; height: 20px;" type="text"/>
Total Assets	\$	<input style="width: 150px; height: 20px;" type="text"/>
Current Liabilities: Trade and Other Payables	\$	<input style="width: 150px; height: 20px;" type="text"/>
Total Current Liabilities	\$	<input style="width: 150px; height: 20px;" type="text"/>
Total Liabilities	\$	<input style="width: 150px; height: 20px;" type="text"/>
Total Equity	\$	<input style="width: 150px; height: 20px;" type="text"/>
Value of Prepaid Student Fees (at end of Financial Year)	\$	<input style="width: 150px; height: 20px;" type="text"/>
Net Increase / (Decrease) in Cash and Cash Equivalents	\$	<input style="width: 150px; height: 20px;" type="text"/>

Cash and Cash Equivalents \$

Debtors /Creditors

Please complete the following table for aged debtors:

Current	>30 Days	>60 Days	>90 days	Total
\$ <input style="width: 80%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>

Please complete the following table for aged creditors:

Current	>30 Days	>60 Days	>90 days	Total
\$ <input style="width: 80%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>

**STATUTORY
OBLIGATIONS**

Are the organisations statutory obligations up to date?

Taxation	Please tick one:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Superannuation	Please tick one:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
GST	Please tick one:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PAYG	Please tick one:	<input type="checkbox"/> YES	<input type="checkbox"/> 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.

**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

Course Code	Course Name	Domestic students*	Mode of Delivery**	% of fees taken prior to course commencing	Cover Type***	Fee	Duration (wks)
Please add details for any additional courses below requiring coverage							
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____

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
- or
 - 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