

PLEASE SELECT THE AWARD YOU WISH TO ENROL INTO:

<input type="checkbox"/>	Graduate Certificate of Management	<input type="checkbox"/>	Graduate Diploma of Management	<input type="checkbox"/>	MBA
<input type="checkbox"/>	Graduate Certificate of Management (Technology Management)	<input type="checkbox"/>	Graduate Diploma of Management (Technology Management)	<input type="checkbox"/>	MBA (Technology Management)
<input type="checkbox"/>	Graduate Certificate of Business Strategy	<input type="checkbox"/>	Australian Computer Society (ACS) Graduate Diploma of Management (Technology Management)	<input type="checkbox"/>	Master of Technology in Project Management
<input type="checkbox"/>	Graduate Certificate of Project Management	<input type="checkbox"/>	Single unit(s) only	<input type="checkbox"/>	Australian Computer Society (ACS) MBA (Technology Management)
<input type="checkbox"/>	Graduate Certificate of Strategic Leadership				

Please ensure you read the entry requirements for the program you wish to enrol into prior to submitting your application. Insufficient information provided will result in a delay of processing your application. Visit the website for details.

APPLICATION PROCESS

Please tick the appropriate box

Please select which study period and year you want to enrol into:

Have you previously enrolled in the program?

Do you hold an undergraduate Bachelor degree?*

Are you an APESMA member?

If no, have you applied for membership?

Do you have previous postgraduate study that you wish to apply for credit with?

01	<input type="checkbox"/>	02	<input type="checkbox"/>	Year (e.g. 2010)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Student number	<input type="text"/>			
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	APESMA number	<input type="text"/>			
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, application must accompany this form				
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, credit application must accompany this form				

* If you do not hold an undergraduate Bachelors degree, you must supply additional documentation as per Special Entry requirements. Please refer to the website for details.

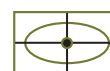
PERSONAL DETAILS

Title	Mr / Mrs / Miss / Ms / Dr / Other							
First Name	<input type="text"/>							
Last Name	<input type="text"/>							
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male				<input type="checkbox"/> Female			
Position	<input type="text"/>							
Organisation	<input type="text"/>							
Industry	<input type="text"/>							
Email	<input type="text"/>							
Tel (daytime)	<input type="text"/>							
Tel (home)	<input type="text"/>							
Mobile	<input type="text"/>							
Facsimile	<input type="text"/>							

PREFERRED CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Home	<input type="checkbox"/>	Work
Address +	<input type="text"/>		
	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

+ Overseas students must supply a street address for delivery of study materials.



MEMBERSHIP AFFILIATIONS

Please advise if you are a member of these organisations to receive your member affiliation rate.

<input type="checkbox"/>	AIPM	<input type="checkbox"/>	ACS	<input type="checkbox"/>	AUSIMM
<input type="checkbox"/>	CPSU	<input type="checkbox"/>	ALIA	<input type="checkbox"/>	IPENZ
<input type="checkbox"/>	BoM	<input type="checkbox"/>	PIA	<input type="checkbox"/>	MDPI
<input type="checkbox"/>	MAdv	<input type="checkbox"/>	Other (pls state)	<input type="text"/>	
<input type="checkbox"/>	Membership number (pls specify)				

Please note:

To be eligible for the member affiliation rate, you must provide your membership number or proof of membership. You will receive your member affiliation rate upon verification with the member organisation.

HOW DID YOU FIND OUT ABOUT THIS COURSE?

<input type="checkbox"/>	Chifley website	<input type="checkbox"/>	Chifley promotional mail
<input type="checkbox"/>	APESMA e-news	<input type="checkbox"/>	My company intranet
<input type="checkbox"/>	Friend or colleague	<input type="text"/>	
<input type="checkbox"/>	Internet search engine (pls specify)	<input type="text"/>	
<input type="checkbox"/>	Advertisement (pls specify name)	<input type="text"/>	
<input type="checkbox"/>	Event (pls specify)	<input type="text"/>	
<input type="checkbox"/>	Other (pls specify)	<input type="text"/>	

TERTIARY QUALIFICATION DETAILS

An undergraduate degree from a recognised Higher Education Provider. If your undergraduate Bachelor degree was not taught in English, please attach evidence to indicate that you have: a TOEFL score of 577 or computer-based score of 233 or higher, or an IELTS score of 6.5. If you do not hold an undergraduate degree, please refer to the website for information on Special Entry.

You MUST attach certified copies of your qualifications for your application to be processed. All qualifications MUST be in English.

Qualification 1

Qualification Name (e.g. BEng)	Year Conferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualification Level (e.g. Bachelor)	<input type="text"/>				
Field of Study (e.g. Engineering)	Discipline (e.g. Electrical)	<input type="text"/>			
Name of Institution	<input type="text"/>				
Country Qualification Attained	<input type="text"/>				

Qualification 2

Qualification Name (e.g. BEng)	Year Conferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualification Level (e.g. Bachelor)	<input type="text"/>				
Field of Study (e.g. Engineering)	Discipline (e.g. Electrical)	<input type="text"/>			
Name of Institution	<input type="text"/>				
Country Qualification Attained	<input type="text"/>				

OFFICE USE ONLY

Date received

Forms checked by

Forms

Quals

Additional Attachments

DEST

Attached

Credit

ACS

Outcome

With credit appl

Membership

Corp Affiliate

Special entry

OK to process

SELECTION OF UNITS

I wish to enrol into Unit(s) e.g. 101

EXAMINATION VENUE

Preferred examination centre (Refer to the website for list of codes)

STUDY GUIDE

I would like to receive (choose one) a PDF version only a hard copy

PAYMENT

Is your employer paying for, or reimbursing you for course fees? No Yes, part Yes, all

Please choose a payment option that suits you. To ensure your place, payment must accompany this form. If payment is not enclosed, Purchase Order details should be completed. Applications without payment details will not be processed. Please refer to the website for fees.

AMEX Diners Mastercard Visa
 Telegraphic Transfer (please phone for details) Cheque (please enclose)
Make cheque payable to **Chifley Business School Pty Ltd**

Credit Card Payment

Please debit my credit card

Name on card

Credit card number

Expiry date

AU\$												
Name on card												
<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"/>	Cardholder's signature							

CHECK LIST

Please ensure you have included the following prior to submitting your application for enrolment. Incomplete applications will not be processed.

Certified copy of your degree or relevant documentation Payment Completed DEST Statistics Form (see over page)

PRIVACY STATEMENT

Chifley respects your privacy and strictly controls use of personal information. The information you provide on your enrolment will be used in administering the Chifley Business School program, which involves the use of external service providers. Where it is necessary to involve a third party service provider, Chifley will ensure that a confidentiality agreement is in place to protect your personal details, and will only supply details which are necessary to provide the agreed service. Your enrolment will be an indication of your consent to utilise any necessary information to administer the program by Chifley and these third party service providers. You may obtain details of your personal information held by Chifley or our detailed privacy statement by contacting the Privacy Officer on (03) 9695 8800 or visiting our website at www.apesma.asn.au.

DECLARATION

I declare that to the best of my knowledge the information I have supplied in this application for admission to the Chifley program is correct and complete. I have read the relevant admission requirements, privacy statement and course structure information. I acknowledge that it is my responsibility to ensure that I seek advice on re-enrolment and variances to my re-enrolment that I may require. I agree to pay any fees and charges up front each study period for any units I wish to enrol in. I acknowledge that while I am enrolled in an Chifley program I am subject to the legislation, policies and procedures of that program.

Signature
Print Name Date

Please submit your application to:

Chifley Client Care
Chifley Business School
GPO Box 1272, Melbourne VIC 3001
AUSTRALIA



DEST STATISTICS FORM

Title Mr / Mrs / Miss / Ms / Dr / Other Gender Male Female

Family Name Student number

Given Names Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of student Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1. Do you have a disability, impairment or long term medical condition?

No Yes If YES, the disability or medical condition is describe as:

Hearing Learning Medical Mobility Vision

Other Send me advice on support services

2. Education Statistics

Did you complete Year 12? No Yes If YES, in what year did you completed Year 12?

D	D	D	D
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3. Are you of Aboriginal or Torres Strait Islander descent?

Are you of Aboriginal descent? No Yes

Are you of Torres Strait Islander descent? No Yes

4. Please select the citizenship/residency that applies to you

Australian citizen (1) New Zealand (2) Permanent Humanitarian Visa (8) *

Permanent Resident Status (3) * Date you obtained Permanent Residency Status

D	D	M	M	Y	Y	Y	Y
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Temporary Entry Permit (4) Other (5) Please specify

* Please provide proof e.g. certified copy of label in passport

5. Residence

Permanent home address postcode

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 If residence is overseas, state country

Semester residence postcode

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 If residence is overseas, state country

Country of birth If born overseas, indicate your year of arrival in Australia

Language spoken at permanent residence

Year 12 residence suburb postcode

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 If Year 12 residence is overseas, please state country

6. What is your highest educational attainment prior to commencement of this course?

<input type="checkbox"/>	02	Completed Higher Education postgraduate level course	completion year is	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y					
<input type="checkbox"/>	03	Completed Higher Education bachelor level course	completion year is	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y					
<input type="checkbox"/>	04	Completed Higher Education sub-degree level course	completion year is	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y					
<input type="checkbox"/>	05	Have started but not completed Higher Education course						
<input type="checkbox"/>	07	Completed final year of secondary education course at school or TAFE	completion year is	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y					
<input type="checkbox"/>	08	Completed other qualification or certificate of attainment or competence	completion year is	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y					
<input type="checkbox"/>	09	No prior educational attainment	completion year is	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y					
<input type="checkbox"/>	10	Completed Vocational & Technical Education course (e.g. TAFE)	completion year is	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y					
<input type="checkbox"/>	11	Have started but not completed a Vocational & Technical Education course (e.g. TAFE)	completion year is	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y					