
APPLICATION FORM – APPLICATION FOR CRICOS REGISTRATION

FOR REGISTERED HIGHER
EDUCATION PROVIDERS

EFFECTIVE FROM 1 MARCH 2012



Australian Government
Tertiary Education Quality
and Standards Agency



**THIS FORM MUST BE READ IN CONJUNCTION
WITH THE *APPLICATION GUIDE – APPLICATION FOR
CRICOS REGISTRATION*.**

This document will be reviewed by
TEQSA from time to time.

Document history	
Version 1.1	Effective from 11 October 2013

SECTION 1 – PROVIDER DETAILS

If completing this application as part of a concurrent higher education provider registration and course accreditation process only complete subsections 1.6, 1.10, 1.11, 1.12, 1.13 and 1.14.

1.1 Name of legal entity applying for CRICOS registration

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1.2 Registered business/trading name or names

List all registered business/trading names under which the entity intends to deliver CRICOS registered services.

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1.3 Changes to business details

Outline any changes to legal entity or other business related details that are not consistent with the information that TEQSA currently holds.

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1.4 TEQSA Provider Identification Number

Is the applicant currently registered as a higher education provider?

Yes No

If **YES**, provide the TEQSA Provider Identification Number:

P	R	V							
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1.5 CRICOS Registration Number

Is the provider currently registered on CRICOS to deliver Vocational Education and Training (VET) or other courses to overseas students on a student visa?

Yes No

If **YES**, provide the CRICOS Registration Number:

CRICOS No.									
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1.6 Principal Executive Officer (PEO) details

PEO details		
Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position		
<input type="text"/>		
Phone <i>(including area code)</i>	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residency status		
<input type="text"/>		

1.7 Contact officer details

Contact officer details		
Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
If contact officer is not an employee of the applicant, enter name of employer organisation:		
<input type="text"/>		
Position		
<input type="text"/>		
Phone <i>(including area code)</i>	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.8 Head office details


Head office		
Street address		
<input type="text"/>		
City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address <i>(if different from street address)</i>		
<input type="text"/>		
City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone <i>(including area code)</i>	Fax <i>(including area code)</i>	Website address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

1.9 Education as the principal purpose

Does the entity seeking registration have education as the principal purpose?

Yes No

If NO, what is the entity's principal purpose? The applicant will need to contact the Provider Case Manager for further guidance.

 **If YES, attach** a copy of the entity's constitution, memorandum or articles of association, or governing legislation. Also attach any other relevant evidence that demonstrates education is, or will be, the principal purpose of the provider.

1.10 Proposed course of study

Provide the title of the course of study proposed for CRICOS registration.

(Only one course of study can be entered in the box below. To register more than one course of study on CRICOS, the provider must complete the Form for Adding one or more Courses of Study on CRICOS.)

1.11 Proposed states and territories for delivery

Indicate in which states and/or territories the provider plans to deliver the course of study proposed for CRICOS registration. Check the relevant boxes.

QLD NSW ACT VIC TAS SA WA NT

1.12 Proposed delivery site details

Delivery Site 1

Contact person

Street address

City State Postcode

Postal address *(if different from street address)*

City State Postcode

Phone *(including area code)* Fax *(including area code)* Website address

Is this delivery site owned or leased by the provider?

Proposed student numbers for this delivery site:	Overseas students	Domestic students	Total
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete and attach a separate table for each delivery site.

 For each delivery site, **attach** a Certificate of Occupancy and, if applicable, a copy of the tenancy or leasing agreement.

1.13 Proposed maximum overseas student capacity

Indicate the proposed maximum number of students across all delivery sites.

Overseas students	Domestic students	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.14 Arrangements with other providers

Outline the arrangements with other providers in the delivery of the course to overseas students and the responsibilities of each provider.

Are there any arrangements with other providers for this course?


Yes No

If **YES**, complete a separate table for each provider with which relevant arrangements exist.

Name of Provider 1:	
Role	Responsibility
Course details – curriculum design, delivery, assessment and awarding provider	
Pre-enrolment engagement of students Standards 1-4	

Care for and services to students Standards 5-6	
Student visa requirements Standards 9-13	

Complete and attach a separate table for each provider.

 **Attach** a copy of any contracts or agreements between the applicant and any other providers which cover provision of any services on behalf of the applicant relating to the course named at subsection 1.10 of the Application Form, including the quality assurance arrangements.

SECTION 2 – PROVIDER STANDING

If completing this application as part of a concurrent higher education provider registration and course accreditation process only complete subsection 2.2.

2.1 Has the provider applied, or previously applied, to another registration body for approval to provide education or related services in any state or territory in Australia?

Yes No

If **YES**, provide details in the table below.

Year of application	Applicant name	Type of application	Name of registration body	State or Territory where application was made	Application outcome

List any conditions or sanctions placed on the applications listed above, including restrictions on operations, de-registration, or reasons for rejection of registration application.

2.2 Key personnel

Each person falling within the categories below is required to complete a Fit and Proper Person Requirements Declaration at Attachment 1. For a full definition of each category, refer to the glossary of terms in the Application Guide.

 **Attach** a completed Fit and Proper Person Requirements Declaration for the following persons:

- the provider;
- an associate of the provider who has been, is or will be involved in the business of the provision of courses by the provider;
- a high managerial agent of the provider.


SECTION 3 – BUSINESS AND FINANCIAL PLANNING AND TUITION SAFEGUARDS

If completing this application as part of a concurrent higher education provider registration and course accreditation process you are not required to complete this section.

3.1 Business and financial planning

3.1.1 Business plan

Provide a business plan for the next three years as a minimum, or for a period of up to five years. The plan must include financial resourcing that clearly demonstrates the capacity to provide education of a satisfactory standard.

 **Attach** a copy of the provider's business plan for at least the next three years, or a business plan covering a longer period.

3.1.2 Financial resources

The applicant must provide audited general purpose financial statements for at least the three most recent and complete financial years, and may provide statements for a longer period.

 **Attach** audited general purpose financial statements for the three most recent and complete financial years, or for a longer period that includes the three most recent and complete financial years. If the applicant has been operating for less than three financial years, attach audited general purpose financial statements for all available years. For all applicants, if the most recent audited general purpose financial statement is more than six months old, then an interim financial statement must be attached.

Note: The audited general purpose financial statements provided must have been presented and independently audited by a qualified auditor in compliance with Australian Accounting Standards, and include a declaration of such compliance.

3.1.3 Projected student and staff numbers


Provide projected student and staff numbers for at least three years, for the course of study named at subsection 1.10 of the Application Form, including a breakdown for each delivery site.

Course of study:	Year 1 Target		Year 2 Target		Year 3 Target		Delivery site 1		Delivery site 2		Delivery site 3	
	EFTSL	Head-count	EFTSL	Head-count	EFTSL	Head-count	EFTSL	Head-count	EFTSL	Head-count	EFTSL	Head-count
Commencing												
Overseas Students												
Returning												
Overseas Students												
TOTAL												
	EFT	Head-count	EFT	Head-count	EFT	Head-count	EFT	Head-count	EFT	Head-count	EFT	Head-count
Staff												
Academic Staff												
Support Staff												
TOTAL												

3.2 Tuition Assurance Scheme

The *Education Services for Overseas Students Act 2000* and associated legislation requires all providers not exempt from the requirement to pay annual Assurance Fund contributions to either:

- be a member of a TAS, or
- claim exemption from TAS membership under the *Education Services for Overseas Students Regulations 2001*.

 **Attach** a certificate (or evidence of an application) for an overseas student TAS membership covering the course named at subsection 1.10 of the Application Form. The membership should also include the proposed maximum student capacity sought in this application.

 **If exempt from TAS membership, attach** a copy of evidence that relates to one or more of the grounds for exemption stated in the Application Guide.

SECTION 4 – EDUCATION RESOURCES

If completing this application as part of a concurrent higher education provider registration and course accreditation process only complete section 4.2 (subsections 4.2.1 and 4.2.2 and 4.2.3).

4.1 Facilities, equipment, library and learning resources

4.1.1 Library and learning resources

For each delivery site, describe how adequate library and learning resources will be made available to students and staff to support the course named at subsection 1.10 of the Application Form.

Details provided must include:

- the size of the collection
- access to digital resources such as databases, articles, e-journals, theses and dissertations relevant to the discipline areas to be taught, and
- subscription details for e-collections.


Course of study:	
Delivery site:	
Library and learning resources that will be available:	
Mode of study:	

Complete and attach additional tables for other delivery sites, if applicable.

Are the resources described at section 4.1.1 currently available?

- Yes No

 **If yes, attach** a list of relevant library holdings, including electronic databases that support the desired learning outcomes for the course of study.

 **If no, attach** evidence that details the planned approach for acquiring the library and learning resources required to support the desired learning outcomes for the course of study, including:

- the size of the collection
- access to digital resources such as databases, articles, e-journals, theses and dissertations relevant to the discipline areas to be taught, and
- subscription details for e-collections.

4.1.2 Physical teaching and learning spaces, and facilities

Provide an overview of the physical teaching and learning spaces (such as classrooms; common student spaces in the library and other places; lecture theatres) and other teaching facilities available for the course named at subsection 1.1.10 of the Application Form.

If the course will be delivered at more than one delivery site, information is required for each site.

Delivery site:	
Physical teaching and learning spaces, and facilities:	
Mode of study:	

Complete and attach additional tables for other delivery sites, if applicable.

4.1.3 Teaching and learning equipment

Provide information about the range of available, or planned for, technical facilities, electronic infrastructure and equipment necessary to support the teaching and learning of this course and at each delivery site.

Delivery site:	
Teaching and learning equipment:	
Mode of study:	

Complete and attach additional tables for other delivery sites, if applicable.

Respond to subsection 4.2 only if the course named at subsection 1.10 of the Application Form has a work-based training component that must be undertaken to gain the qualification.

4.2 Work-based training


4.2.1 Accessing placements

If the course of study named at subsection 1.10 of the Application Form has a work-based training component necessary to gain the qualification, describe the processes that are in place for overseas students to access placement opportunities.

4.2.2 Supervision and assessment

If the course of study named at subsection 1.10 of the Application Form has a work-based training component necessary to gain the qualification, outline the arrangements that will be in place for the supervision and assessment of overseas students undertaking work-based training.

4.2.3 Work-based training sites

 **Attach** the provider's policy specifying the criteria on which the selection and approval of these sites is based if the course of study named at subsection 1.10 of the Application Form has a work-based training component necessary to gain the qualification, and the work-based training sites are unknown at the time of submitting the Application Form.

SECTION 5 – PROPOSED COURSE OF STUDY FOR CRICOS DELIVERY

Complete this table to provide information relating to the course of study named at subsection 1.10 of the Application Form. For assistance completing this table, refer to the Guide.

Course code	Course title	AQF level	Field of education			Total course duration in weeks (tuition + vacation breaks)	Course cost per year (only required for courses more than 2 years) *	Total course cost	Total number of overseas students	Work-based training component			Mode or modes of study
			BF	NF	DF					Hours per week	Number of weeks	Total number of hours	

* Complete this field only if the duration of the course of study is more than two years. If course duration is more than two years, the provider must state both the annual course cost and the total course cost.

 **Attach** an annual timetable and course structure for the course of study which identifies any distance and online delivery, if relevant.

SECTION 6 – EVIDENCE RELATED TO NATIONAL CODE 2007 STANDARDS

The standards for registered providers set out the obligations for delivering education and training to overseas students. These standards detail the specific requirements providers must meet at the point of CRICOS registration and for ongoing compliance.

Ensure the following evidence is attached to the application.

Relevant Standard		Evidence Required	Attachment Number
Standard 1	Marketing information and practices	Copy of all marketing, advertising and promotional material to be used to recruit students, including materials provided to agents. Materials should clearly identify the registered provider's name (legal entity name)	6.1a
Standard 2	Student engagement before enrolment	Copy of all information provided to students prior to enrolment in accordance with Standard 2.1	6.2a
		Procedure for assessing the student's qualifications, experience and English language proficiency	6.2b
Standard 3	Formalisation of enrolment	Template of an agreement between the registered provider and a student	6.3a
Standard 4	Education agents	Template for agent agreements	6.4a
Standard 5	Younger students	If younger students will be enrolled in the course of study named at subsection 1.10 of the Application Form, the procedure for checking the suitability of the student's accommodation, support and general welfare arrangements if applicable	6.5a
Standard 6	Student support services	Orientation program materials	6.6a
		Critical Incident Policy	6.6b
Standard 7	Transfer between registered providers	Student transfer request assessment policy and procedure	6.7a
Standard 8	Complaints and appeals	Internal complaint handling and appeals process	6.8a
		External appeals process	6.8b
Standard 9	Completion within the expected duration of study	Policy and procedure for monitoring student progress	6.9a
Standard 10	Monitoring course progress	Policy and procedure for monitoring course progress	6.10a
		Documented intervention strategy	6.10b
Standard 12	Course credit	Procedure for granting and recording course credit.	6.12a
Standard 13	Deferring, suspending or cancelling a student's enrolment	Procedure for assessing, recording and approving deferment or suspension	6.13a
Standard 14	Staff capability, educational resources and premises	Policy and procedures to ensure staffing resources are adequate and staff have the capabilities as required by the quality assurance framework applying to the course	6.14a

ATTACHMENT 1 – FIT AND PROPER PERSON REQUIREMENTS DECLARATION

The Fit and Proper Person Requirements Declaration is required by the ESOS Act, Part 2, Section 9B for the following persons:

- the provider (the Declaration for the provider is to be completed on behalf of the provider by a person with the relevant knowledge)
- an associate of the provider who has been, is or will be involved in the business of the provision of courses by the provider
- a high managerial agent of the provider.

Attach additional tables for each Declaration to be completed.

<input type="radio"/> Provider <input type="radio"/> Associate <input type="radio"/> High Managerial Agent	
Name:	
Position:	
Address:	
1. Have you been convicted of an offence against a law of the Commonwealth or of a State or Territory?	<input type="radio"/> Yes <input type="radio"/> No
2. Have you, or the entity*, had its registration cancelled or suspended for any one or more courses for any one or more States under the ESOS Act or the old ESOS Act?	<input type="radio"/> Yes <input type="radio"/> No
3. Have you, or the entity ever had an Immigration Minister's suspension certificate issued under the ESOS Act?	<input type="radio"/> Yes <input type="radio"/> No
4. Have you, or the entity, ever had a condition imposed on your registration under the ESOS Act?	<input type="radio"/> Yes <input type="radio"/> No
5. Have you, or the entity, ever become bankrupt, applied to take the benefit of a law for the benefit of bankrupt or insolvent debtors, compounded with your creditors or assigned your remuneration for the benefit of creditors?	<input type="radio"/> Yes <input type="radio"/> No
6. Have you ever been disqualified from managing corporations under Part 2D.6 of the <i>Corporations Act 2001</i> (Cth)?	<input type="radio"/> Yes <input type="radio"/> No
7. Have you, or the entity, been involved in the business of the provision of courses by another provider who is covered by any of the above questions 1-6 at the time of any of the events that gave rise to the relevant prosecution or other action?	<input type="radio"/> Yes <input type="radio"/> No

* Entity refers to the provider when completing this Declaration on behalf of the provider.

If the response is 'yes' to any of the questions above, additional information is required. For each question to which the response is 'yes', create a separate table and provide further details.

Question:	
Details:	

The material in this document is true and correct to the best of my knowledge and belief. I understand that giving false or misleading information is a serious offence.

Signed by:

Signature

Print name

Title

Date

Witnessed by:

Signature

Print name

Title

Date

Note: This Checklist must appear as the front page of the evidence submitted in attachments and must be signed by the PEO (or other authorised officer).

ATTACHMENT 2 – CHECKLIST FOR SUBMITTING THE APPLICATION FORM – APPLICATION FOR CRICOS REGISTRATION

To avoid delays in processing the Application Form, ensure the application is complete. A complete Form is one which has all required documents attached to it. Applications which are not accompanied by the required attachments will be returned for completion.

If you are submitting this application as part of a concurrent registration and course accreditation process, only provide the attachments that are applicable to the sections and subsections you have completed.

Each attached document must:

- be a controlled document (include a title, author, approver, and date/version number)
- have the title in the header of the document consistent with the attachment name listed in the table at Attachment 2 of the Application Form

- include page numbers (in the numbering format 'x of y') and version numbers in the footer of the document
- be sequentially and clearly labelled so that it may be readily located and referenced by TEQSA. Numbers should include the relevant section number in the Application Form, and alphabetical sequencing necessary to label the number of documents for each section, as indicated the table below. For example, if there are three attachments relevant to section 1.14, these would be numbered as Attachment 1.14a, 1.14b and 1.14c.
- be listed in the Checklist below.

Application Form Section Number	Attachment Name	Attached? Indicate Yes, No, or N/A (not applicable)	Attachment Number (label alphabetically for each section)
1.9	Evidence of education as the principal purpose	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1.9a
1.12	Certificate of Occupancy and, if applicable, a copy of the tenancy or leasing agreement	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1.12a
1.14	Copy of all contracts or agreements with other providers	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1.14a etc.
2.2	Fit and proper person requirements for key personnel	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.1.1	Business plan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.1.2	Audited financial statements	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.2	Tuition Assurance Scheme Certificate or evidence of exemption	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4.1.1	Evidence of library and learning resources	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4.2.3	Policy specifying the criteria for work-based training sites selection and approval	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Application Form Section Number	Attachment Name	Attached? Indicate Yes, No, or N/A (not applicable)	Attachment Number (label alphabetically for each section)
5	Annual timetable and course structure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Copy of all marketing, advertising and promotional material to be used to recruit students, including materials provided to agents. Materials should clearly identify the registered provider's name (legal entity name)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Copy of all information provided to students prior to enrolment Procedure for assessing the student's qualifications, English language proficiency and experience	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Template agreement between the registered provider and a student	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Template of an agent agreement	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Procedure for checking the suitability of the student's accommodation, support and general welfare arrangements	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Orientation program materials Critical incident policy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Student transfer request assessment policy and procedure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Internal complaint handling and appeals process External appeals process	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Policy and procedure for monitoring student progress	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Policy and procedure for monitoring course progress Documented intervention strategy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Procedure for granting and recording course credit	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Procedure for assessing and recording and approving deferment or suspension	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6	Policy and procedures to ensure staffing resources are adequate and have the capabilities as required by the quality assurance framework applying to the course	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
N/A	Remittance advice for fees	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

PRINCIPAL EXECUTIVE OFFICER (OR OTHER AUTHORISED OFFICER) TO COMPLETE:

All required evidence in each section is included. I understand that an application submitted without a completed Checklist, and/or without required evidence against each section, will be considered incomplete and returned to me.

I also understand that providing false or misleading information is a serious offence.

**Signature of Principal Executive Officer
(or other authorised officer):**

Signature

Print name

Title

Date

Witness:

Signature

Print name

Title

Date



A.B.N. 50 65 8 250 012

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Internal use only (TEQSA) Case Manager to complete	
Date Application Received	
Case Manager Signature	
Forwarded to Finance Y/N	

PAYMENT FORM/INVOICE

Applicant Organisation (Legal entity as listed on the completed application)	
Application Submission Date	
Payment Date	
Contact Name	
Contact Telephone	
Contact Email	

PAYMENT DETAILS

Refer to Determination of Fees <http://www.comlaw.gov.au/Details/F2013L01405>

Note: The fees do not attract GST.

Fee Item	Description	Amount (\$)	Unit	Total (\$)
1	Application to Register - Preliminary Assessment University Categories.	25,000		
2	Application to Register - Preliminary Assessment Higher Education Provider Category.	5,500		
3	Application to Register - Substantive Assessment University Categories.	60,000		
4	Application to Register - Substantive Assessment Higher Education Provider Category.	16,500		
5	Renewal of Registration University Categories.	75,000		
6	Renewal of registration - Higher Education Provider.	20,000		
7	Application for change of provider category (see Fee determination).	85,000		
8ai*	Application for registration to provide a Course of study to overseas students under the ESOS Act.	5,000		
	Name of course:			

Fee Item	Description	Amount (\$)	Unit	Total (\$)
8a ⁱⁱⁱ *	Application for renewal of Registration to provide a Course of study to overseas students under the ESOS Act. Name of course: _____	5,000		
8b*	Application to add a course of study to a provider's existing registration on CRICOS – where not registered to provide higher education, foundation programs or an ELICOS under a pathway arrangement with a higher education provider to overseas students. Name of course: _____	5,000		
8c*	Application to add a course of study to a provider's existing registration on CRICOS – (where already registered to provide higher education, a foundation program or an ELICOS under a pathway arrangement with a higher education provider to overseas students) at the same location. Name of course: _____	n/a		
8d*	Application to add a course of study to a provider's existing registration on CRICOS at a new location (see Fee Determination for more detail). Name of course: _____	1,000		
9a	Application to self-accredit one or more courses of study - provider with no existing self-accrediting authority.	22,000		
9b	Application to self-accredit one or more courses of study - provider with some existing self-accrediting authority.	10,000		
10a*	Application for accreditation - Preliminary Assessment - single course or first course of study. Name of course: _____	2,000		
10b*	Application for accreditation - Preliminary Assessment - additional course(s) of study. Name of course: _____	1,400 per course		
11a*	Application for accreditation - Substantive Assessment - single course or first course of study. Name of course: _____	7,000		
11b*	Application for accreditation - Substantive Assessment - additional course(s) of study. Name of course: _____	4,900 per course		

Fee Item	Description	Amount (\$)	Unit	Total (\$)
12a*	Renew accreditation - teach out - single course of study (see Fee determination for circumstances in which this fee applies). Name of course:	1,000 per course		
12bi*	Renew accreditation - single course or first course of study. Name of course:	8,000		
12bii*	Renew accreditation - additional course(s) of study. Name of course:	5,600		
13a	Vary or revoke a condition of Registration or accreditation – first two conditions.	2,500 each		
13b	Vary or revoke a condition of Registration or accreditation – in addition to first two conditions.	1,500 each		
14	Approve changes to arrangements with other providers or to the maximum number of students that can be enrolled (the ESOS National Code).	2,500 per application of 1 or more changes		

TOTAL AMOUNT PAYABLE	
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* See last page for more room to list courses.

THIS FORM CONSTITUTES AN INVOICE WHEN COMPLETE AND PAYMENT IS MADE.

PAYMENT METHOD

Electronic Transfer

Account Name: Tertiary Education Quality and Standards Agency

Bank Name: Reserve Bank of Australia

BSB No: 093 – 003

Account No: 110520

INTERNAL USE ONLY: FINANCE	
Receipt Number:	
Date Payment received:	
Amount received:	
Date Application received:	
DSS Reference Number:	

NAME OF COURSE

[Empty rectangular box for course name entry]