

***Please read this application form carefully and complete all sections**

1. Personal Details <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Country of Birth:
Surname:			
Given Names:			
Nationality:			
Unique Student Identifier (USI):			

Please note from January 2015, all students undertaking nationally recognized training delivered by a registered training organization will require a USI. You can create your own USI at <http://usi.gov.au/create-your-USI/Pages/default.aspx>.

2. Section 2 – ECoE Details

ECoE to be Changed ECoE Number's:	
Reason for ECoE Change:	

Preferred Course and Intake

SELECT COURSE	CRICOS Code	Course code	QUALIFICATION	COURSE DURATION (weeks)	INTAKES (please find our intake dates and academic calendar at www.accend.edu.au)
[]	096343E	SHB20116	Certificate II in Retail Cosmetics	36	
[]	096335E	SHB20216	Certificate II in Salon Assistant	30	
[]	096342F	SHB30115	Certificate III in Beauty Services	58	
[]	096341G	SHB30215	Certificate III in Make-Up	56	
[]	096340G	SHB30315	Certificate III in Nail Technoloav	56	
[]	096344D	SHB40115	Certificate IV in Beauty Therapy	78	
[]	096345C	SHB50115	Diploma of Beauty Therapy	98	
[]	096337C	SHB30416	Certificate III in Hairdressing	60	
[]	096336D	SHB30516	Certificate III in Barbering	52	
[]	096338B	SHB40216	Certificate IV in Hairdressing	30	

[]	096339A	SHB50216	Diploma of Salon Management	58	
[]	0100018	BSB40215	Certificate IV in Business	30	
[]	0100020	BSB51918	Diploma of Leadership and Management	60	
[]	0100021	BSB52415	Diploma of Marketing and Communication	62	
[]	0100019	BSB50618	Diploma of Human Resource	54	
[]	102662B	AUR30616	Certificate III in Light Vehicle Mechanical Technology	60	
[]	102663A	AUR40216	Certificate IV in Automotive Mechanical Diagnosis	34	

Section 3 - Student Declaration

I hereby declare and certify that the information supplied by me on all parts of this form is complete and true in all aspects.

Signature:

Date:

Section 4 – OFFICE USE ONLY

Item	Please tick	Initials	Date
ECoE Form Received – Completed Accurately & Signed by Student			
Revised Signed Letter of Offer Received (if applicable)			
Wisenet is Updated as per the changes			
Xero is Updated as per the changes			
ECoE variation added in PRISMS			
Updated ECoE issued			

All sections to be completed by delegate officer