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APPLICATION FOR

INITIAL REGISTRATION

PROVIDERS OF EDUCATION AND TRAINING TO OVERSEAS STUDENTS

SCHOOL REGULATION

# Initial registration (proposed)

Submission of this application for initial registration (proposed) enables the Director General of the Department of Education to assess a proposed provider’s compliance with:

* *Education Services for Overseas Students Act 2000* (the ESOS Act);
* *Education Service Providers (Full Fee Overseas Students) Registration Act 1991* (the ESPRA); and
* the *National Code of Practice for Providers of Education and Training to Overseas Students 2018* (the National Code 2018).

The Director General makes decisions about registration under the ESPRA and makes recommendations to the Commonwealth Department of Education and Training about registration under the ESOS Act. The Director General’s assessment about registration takes into account relevant information about the provider and school.

# How to complete this application

Please complete the provider and school details in Part A, record evidence references and declarations in Part B, and sign the submission statutory declaration.

Please attach all documents identified in Part B.

Submit Parts A and B along with all documents to the Department of Education.

## Fee payment

The Department will issue an invoice to the applicant on receipt of the application.

Provider with a proposed total international student population of:

nine or less per calendar year $327

10 or more per calendar year $812

## Supplementary evidence

Following submission of Parts A, B and associated documentation, schools may be asked to provide further information.

## Registration visit

To facilitate the proposed registration, a visit to the school may be required. If a visit is to be undertaken, schools are advised of the scheduled date well before the visit.

Closer to the date of the visit, the Department will make contact with the school to discuss the aspects of registration that will be the focus of the visit and further information, if any, to be made available on the day of the visit.

## Submission:

Email to: [ngsregulation@education.wa.edu.au](mailto:ngsregulation@education.wa.edu.au)

Applications which are larger than 20 MB are unable to be accepted by email. Please contact us on the details below to arrange submission of a larger application.

## *or*

151 Royal Street EAST PERTH WA 6004

Attention: Regulation Officer (Schools), Non-Government Schools

## Enquiries:

T: (08) 9441 1943

E: [ngsregulation@education.wa.edu.au](mailto:ngsregulation@education.wa.edu.au)

Application form published 4 October 2018

# Part A: Registered legal entity (Provider) and school details

## Registered legal entity

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Head office (in Australia)** | | | | | | |
| Registered legal entity |  | | | CRICOS Code | |  |
| Type of legal entity |  | | | | | |
| Street address |  | | | | | |
| Suburb |  | | | Postcode | |  |
| Postal address (if different to street address) |  | | | | | |
| Suburb |  | | | Postcode | |  |
| Australian Business Number (ABN) or Australian Company Number (ACN) | |  | | | | |
| Registered Business Name |  | | Telephone number | |  | |
| Email address |  | | Website address | |  | |

## School for which registration is sought

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School name |  | | | | |
| Main address |  | | | | |
| Suburb |  | | Postcode | |  |
| Postal address |  | | | | |
| Suburb |  | | Postcode | |  |
| School website |  | Telephone number | |  | |
| School email address |  | Maximum student capacity across all campuses/sites | |  | |
| Name of contact person |  | Role of contact person | |  | |
| Email address |  | Mobile number | |  | |
| Courses offered |  | Course code | |  | |

## Other school locations for which registration is sought Attach a separate schedule if space below is insufficient.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Campus/site name |  | | | |
| Campus/site address |  | | | |
| Suburb |  | | Postcode |  |
| Telephone number |  | Max. international student capacity | |  |
| Name of contact person |  | Role of contact person | |  |
| Email address |  | Mobile number | |  |
| Courses offered |  | Course code | |  |

## Principal Executive Officer

|  |  |  |  |
| --- | --- | --- | --- |
| Given Names |  | Family name |  |
| Position |  | Mobile number |  |
| Email address |  | Direct number |  |

## Contact person for matters concerning International Students

|  |  |  |  |
| --- | --- | --- | --- |
| Given Names |  | Family name |  |
| Position |  | Mobile number |  |
| Email address |  | Direct number |  |

# Part B: Evidence references and declarations

## National Code of Practice for Providers of Education and Training to Overseas Students 2018

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** | | **Document title** | **Document or website reference**  **i.e. Page 4 or hyperlink** |
| [Standard 1](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026942) | 1.1 |  |  |
| 1.2 |  |  |
| 1.3 |  |  |
| 1.4 |  |  |
| 1.5 |  |  |
| [Standard 2](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026944) | 2.1 |  |  |
| 2.2 |  |  |
| 2.3 |  |  |
| 2.4 |  |  |
| 2.5 |  |  |
| [Standard 3](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026946) | 3.1 |  |  |
| 3.2 |  |  |
| 3.3 |  |  |
| 3.4 |  |  |
| 3.5 |  |  |
| 3.6 |  |  |
| [Standard 4](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026948) | 4.1 |  |  |
| 4.2 |  |  |
| 4.3 |  |  |
| 4.4 |  |  |
| 4.5 |  |  |
| 4.6 |  |  |
| [Standard 5](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026950) | 5.1 |  |  |
| 5.2 |  |  |
| 5.3 |  |  |
| 5.4 |  |  |
| 5.5 |  |  |
| 5.6 |  |  |
| 5.7 |  |  |
| [Standard 6](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026952) | 6.1 |  |  |
| 6.2 |  |  |
| 6.3 |  |  |
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| 6.8 |  |  |
| 6.9 |  |  |
| [Standard 7](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026954) | 7.1 |  |  |
| 7.2 |  |  |
| 7.3 |  |  |
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| 7.5 |  |  |
| 7.6 |  |  |
| 7.7 |  |  |
| [Standard 8](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026956) | 8.1 |  |  |
| 8.2 |  |  |
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| 8.4 |  |  |
| 8.5 |  |  |
| 8.6 |  |  |
| 8.7 |  |  |
| 8.8 | Not applicable (Higher education) | Not applicable |
| 8.9 | Not applicable (Vocational education and training) | Not applicable |
| 8.10 |
| 8.11 |
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| [Standard 9](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026958) | 9.1 |  |  |
| 9.2 |  |  |
| 9.3 |  |  |
| 9.4 |  |  |
| 9.5 |  |  |
| 9.6 |  |  |
| [Standard 10](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026960) | 10.1 |  |  |
| 10.2 |  |  |
| 10.3 |  |  |
| 10.4 |  |  |
| [Standard 11](https://www.legislation.gov.au/Details/F2017L01182/Html/Text#_Toc487026962) | 11.1 |  |  |
| 11.2 |  |  |
| 11.3 |  |  |
| 11.4 | Not applicable (Self-accrediting providers) | Not applicable |

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# Part B: Registers and declarations

## Register of all persons concerned in the management and control of the registered legal entity (including board or management committee members and officers, Principal Executive Officer, chief executive and managers, etc).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start date | Title  (Dr, Mr, Ms, etc) | Full legal name | Residential Address | Position within legal entity and/or course provision business |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | Name of Board Chair | Signature | Date | Name of Principal Executive Officer | Signature | Date | |

# Fit and Proper Person Statutory Declaration

*Oaths, Affidavits and Statutory Declarations Act 2005*

|  |  |  |  |
| --- | --- | --- | --- |
| I, | | | (full name) |
| of | | | (address) |
| Chair of | | | (legal entity) |
| sincerely declare as follows:   * that the person, body or organisation seeking registration; and * that any associate of the provider who has been, is or will be, involved in the business of the provision of courses by the person, body or organisation:   *(select the one which applies)* | | | |
| ☐ | has / have: | | |
|  | | 1. never been convicted of an offence; | |
|  | | 1. never been cancelled or suspended under the ESOS Act; | |
|  | | 1. never been issued with an Immigration Minister’s suspension certificate; | |
|  | | 1. never had a condition imposed under the ESOS Act on the registration of the provider or a related person of the provider; | |
|  | | 1. never become bankrupt or taken steps to take the benefit of any law for the relief of bankrupt or insolvent debtors or compounded with one or more creditors of the provider or person or made an assignment of the remuneration of the provider or person for the benefit of one or more creditors of the provider or person; | |
|  | | 1. never been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001* or fined under the *Associations Incorporation Act 2015*; and | |
|  | | 1. never been involved in the business of the provision of courses by another provider who is covered by any of the above paragraphs at the time of any of the events that gave rise to the relevant conviction or other action. | |
| ☐ | has / have been subject to one or more of (a) – (g), and I am satisfied that despite this, the person, body, organisation and/or associate is fit and proper for the reasons attached. *(attach further details on a separate sheet of paper)* | | |
| This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.  This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* at  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(location of signing)* in the State of Western Australia, on  this \_\_\_\_\_\_*(day)*, of \_\_\_\_\_\_\_\_\_\_\_\_ *(month)*, 20\_\_\_\_ *(year)*, by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name of person making this declaration* *Signature of person making this declaration*  in the presence of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name of authorised witness* *Signature of authorised witness* | | | |

**\* Important: This declaration must be made before one of the following persons:**

|  |  |  |  |
| --- | --- | --- | --- |
| Academic (post-secondary institution) | Court officer (magistrate, registrar or clerk) | Loss adjuster | Psychologist |
| Accountant | Defence Force officer | Marriage Celebrant | Public Notary |
| Architect | Dentist | Member of Parliament | Public Servant (State or Commonwealth) |
| Australian Consular Officer | Doctor | Minister of religion | Real Estate agent |
| Australian Diplomatic Officer | Electorate Officer (State – WA only) | Nurse | Settlement agent |
| Bailiff | Engineer Industrial organisation secretary | Optometrist | Sherriff or deputy Sheriff |
| Bank Manager | Insurance broker | Patent Attorney | Surveyor |
| Chartered secretary | Justice of the Peace (any State) | Physiotherapist | Teacher |
| Chemist | Lawyer | Podiatrist | Tribunal officer |
| Chiropractor | Local government CEO or deputy CEO | Police officer | Veterinary surgeon |
| Company auditor or liquidator | Local government councillor | Post Officer Manager |  |

# Submission of application for registration statutory declaration

*Oaths, Affidavits and Statutory Declarations Act 2005*

|  |  |
| --- | --- |
| I, | (full name) |
| of | (address) |
| Principal Executive Officer of | (legal entity) |
| sincerely declare as follows:   * all of the information provided in and with this application is true and correct; and * that the legal entity complies with the requirements of the *Education Service Providers (Full Fee Overseas Students) Registration Act 1999* (WA) and *Education Services for Overseas Students Act 2000* (Cth) and all other State and Australian Government legal requirements associated with its operation. | |
| This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.  This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* at  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(location of signing)* in the State of Western Australia, on  this \_\_\_\_\_\_*(day)*, of \_\_\_\_\_\_\_\_\_\_\_\_ *(month)*, 20\_\_\_\_ *(year)*, by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name of person making this declaration* *Signature of person making this declaration*  in the presence of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name of authorised witness* *Signature of authorised witness* | |

**\* Important: This declaration must be made before one of the following persons:**

|  |  |  |  |
| --- | --- | --- | --- |
| Academic (post-secondary institution) | Court officer (magistrate, registrar or clerk) | Loss adjuster | Psychologist |
| Accountant | Defence Force officer | Marriage Celebrant | Public Notary |
| Architect | Dentist | Member of Parliament | Public Servant (State or Commonwealth) |
| Australian Consular Officer | Doctor | Minister of religion | Real Estate agent |
| Australian Diplomatic Officer | Electorate Officer (State – WA only) | Nurse | Settlement agent |
| Bailiff | Engineer Industrial organisation secretary | Optometrist | Sherriff or deputy Sheriff |
| Bank Manager | Insurance broker | Patent Attorney | Surveyor |
| Chartered secretary | Justice of the Peace (any State) | Physiotherapist | Teacher |
| Chemist | Lawyer | Podiatrist | Tribunal officer |
| Chiropractor | Local government CEO or deputy CEO | Police officer | Veterinary surgeon |
| Company auditor or liquidator | Local government councillor | Post Officer Manager |  |