



CHARLES TELFAIR
INSTITUTE

PHOTO

APPLICATION FOR ADMISSION FORM

(Please Complete All Sections)

CUSTOMER NUMBER

1. COURSE APPLIED FOR (Please ☒)

☐ CURTIN UNIVERSITY

☐ NORTH METROPOLITAN TAFE

☐ SOUTH METROPOLITAN TAFE

☐

☐ OTHER (Please Specify)

COURSE TITLE

STATUS

FULL-TIME

☐

PART-TIME

☐

2. APPLICANT'S DETAILS (write in BLOCK-LETTERS)

SURNAME (as per Birth Certificate)

FIRST NAMES (full names as per Birth Certificate)

KNOWN NAME

DATE OF BIRTH (day/month/year)

NATIONALITY

AGE

GENDER

F

☐

M

☐

RESIDENTIAL ADDRESS

TELEPHONE (HOME)

TELEPHONE (WORK)

TELEPHONE (CELL)

EMAIL ADDRESS

NATIONAL IDENTITY CARD NUMBER (If unavailable please supply Passport number)

3. EMPLOYMENT DETAILS (COMPLETE ONLY IF YOU ARE NOW EMPLOYED)

COMPANY NAME

COMPANY ADDRESS

DIVISION/DEPARTMENT

TELEPHONE NUMBER

FAX NUMBER

NATURE OF COMPANY'S BUSINESS (*e.g. Manufacturing, Banking, etc*)

MANAGER'S NAME

4. ACADEMIC RECORD (Please ☒)

SECONDARY SCHOOL QUALIFICATION

NAME OF SCHOOL / INSTITUTION

☐ A-LEVEL CERTIFICATE

☐ O-LEVEL CERTIFICATE

☐ FRENCH BACCALAUREATE CERTIFICATE

☐ IB CERTIFICATE / DIPLOMA

☐ IGCSE CERTIFICATE

☐ OTHER QUALIFICATION (*Please Specify*)

5. DETAILS OF NEXT OF KIN / RESPONSIBLE PARTY

NAME

SURNAME

RELATIONSHIP WITH STUDENT

POSTAL ADDRESS

TELEPHONE (*HOME*)

TELEPHONE (*WORK*)

TELEPHONE (*CELL*)

EMAIL

6. WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF FEES?

MYSELF ☐

MY PARENTS ☐

COMPANY/SPONSOR ☐

6.1 ONLY if you have ticked 'Myself' or 'My Parents' , please complete the section below:

NAME OF YOUR GUARANTOR

RELATIONSHIP TO YOU

HIS/HER POSTAL ADDRESS

HIS/HER EMAIL

HIS/HER TELEPHONE (HOME)

TELEPHONE (WORK)

(CELL)

6.2 ONLY if you have ticked 'Company/Sponsor', please complete the section below:

NAME OF YOUR SPONSOR

DESIGNATION

COMPANY (IF APPLICABLE)

POSTAL ADDRESS

EMAIL (HOME)

(WORK)

TELEPHONE

TELEPHONE

(CELL)

7. DECLARATION

I, _____, hereby

- 7.1** Agree that CTI will forward my application for enrollment to the respective academic partner and once the enrollment is confirmed, I understand that CTI will forward to me both Academic Calendar and Orientation Programme. In the event of my application being rejected, I understand that CTI will refund **all** application and course fees paid to date.
- 7.2** Agree to pay all fees on the stipulated due dates as per course information sheet provided. I understand that failure to do so could result in one or more of the following sanctions being taken against me:
- CTI will approach my Guarantor and/or Company/Sponsor for immediate payment
 - I will be barred from entering the campus and using its facilities, and/or
 - I will be barred from writing exams, attending all CTI functions including graduation ceremonies, and/or
 - My results will not be released and all my on-line facilities will be blocked, and/or
 - I will not be re-enrolled at CTI and/or its partner institution.
- 7.3** Declare that in the unlikely event of me withdrawing from my course of study, I
- Will inform the Registrar Academic **in writing**, stating clearly the reason(s) for withdrawal
 - Will attend an Exit Interview with my Head of Faculty
 - Understand that, following this Exit Interview, CTI readjust my account if necessary and will inform me of any additional payments/refunds I need to make/receive
 - Understand that in the event that I fail to inform the Registrar Academic in writing, I will become liable for all fees due
- 7.4** Agree to the terms and conditions of the payment plan, including the refund policy for my registered course

- 7.5

Declare that all the information I have so far disclosed, orally or in writing, about myself is accurate, truthful and complete. I understand that if any of this information turns out to be inaccurate or misleading in any manner whatsoever, my enrolment with CTI will be terminated immediately.I further undertake to notify CTI Registrar - Admin’s Office in writing should any of the information change.
- 7.6

Understand that acceptance of my application by CTI academic partner institution is at the discretion of the latter. Under no circumstances, will I hold CTI liable in case of refusal of admission by the partner institution.

Applicant’s signature

Date

FOR OFFICE USE ONLY

Please ensure that students complete all sections

APPLICATION CHECKLISTS

ACADEMIC DOCUMENTS	REMARKS
<div><div>A Level Certificate</div><div>Specify certificate or results slip in the remarks column</div></div>	<div></div>
<div><div>O Level Certificate</div><div>Specify certificate or results slip in the remarks column</div></div>	<div></div>
<div><div>French Baccalaureate Certificate</div><div>Specify certificate or results slip in the remarks column</div></div>	<div></div>
<div><div>• Original French Copy</div></div>	<div></div>
<div><div>• Translated English Copy</div></div>	<div></div>
<div><div>IB Certificate</div><div>Specify certificate or results slip in the remarks column</div></div>	<div></div>
<div><div>IGCSE Certificate</div><div>Specify certificate or results slip in the remarks column</div></div>	<div></div>
<div><div>Other Academic Docs (Please Specify)</div></div>	<div></div>
IDENTIFICATION DOCUMENTS	
<div><div>Birth Certificate</div></div>	<div></div>
<div><div>National Identity Card</div></div>	<div></div>
<div><div>Passport Data Sheets</div></div>	<div></div>
<div><div>Two Photographs</div></div>	<div></div>
OTHER DOCUMENTS / COMMENTS	

ADMIN OFFICER:

SIGNATURE:

DATE:

PAYMENTS

CTI Tuition Fees in MRU

Specify amount and date paid in the remarks column

Draft In AU\$ (If Applicable)

Specify amount, draft number and date paid in the remarks column

ADMIN OFFICER:

SIGNATURE:

DATE: