



Department of
Education

APPLICATION FOR RENEWAL OF REGISTRATION

PROVIDERS OF EDUCATION AND TRAINING TO
OVERSEAS STUDENTS
SCHOOL REGULATION

Renewal of registration

Renewal of registration is one of the principal processes through which the Director General of the Department of Education assesses a 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 renewal under the ESPRA and makes recommendations to the Commonwealth Department of Education and Training about renewal under the ESOS Act. The Director General's assessment about renewal of 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.

A school exempt under the provisions of section 30 of the ESPRA is not required to complete the register or fit and proper persons statutory declaration contained within Part B of the application form.

Please attach all documents identified in Part B.

Submit Parts A and B along with all documents to the Department of Education between 90 and 30 days prior to the registration expiry date on the current certificate of registration.

Fee payment

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

| | |
|--|-------|
| Provider with a total international student population of nine or less per calendar year | \$327 |
| Provider with a total international student population of 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 renewal of 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

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

Level 9, 20 Walters Drive OSBORNE PARK WA 6017; or PO Box 1766 OSBORNE PARK WA 6916
Attention: Regulation Officer (Schools), Non-Government Schools

Enquiries:

T: (08) 9441 1943

E: ngsregulation@education.wa.edu.au

Application form published 14 September 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

| | | | |
|------------------------|--|--|--|
| 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

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 | 1.1 | | |
| | 1.2 | | |
| | 1.3 | | |
| | 1.4 | | |
| | 1.5 | | |
| Standard 2 | 2.1 | | |
| | 2.2 | | |
| | 2.3 | | |
| | 2.4 | | |
| | 2.5 | | |
| Standard 3 | 3.1 | | |
| | 3.2 | | |
| | 3.3 | | |
| | 3.4 | | |
| | 3.5 | | |
| | 3.6 | | |
| Standard 4 | 4.1 | | |
| | 4.2 | | |
| | 4.3 | | |
| | 4.4 | | |
| | 4.5 | | |
| | 4.6 | | |
| Standard 5 | 5.1 | | |
| | 5.2 | | |

| | | | |
|----------------------------|------|--|----------------|
| | 5.3 | | |
| | 5.4 | | |
| | 5.5 | | |
| | 5.6 | | |
| | 5.7 | | |
| Standard 6 | 6.1 | | |
| | 6.2 | | |
| | 6.3 | | |
| | 6.4 | | |
| | 6.5 | | |
| | 6.6 | | |
| | 6.7 | | |
| | 6.8 | | |
| | 6.9 | | |
| Standard 7 | 7.1 | | |
| | 7.2 | | |
| | 7.3 | | |
| | 7.4 | | |
| | 7.5 | | |
| | 7.6 | | |
| | 7.7 | | |
| Standard 8 | 8.1 | | |
| | 8.2 | | |
| | 8.3 | | |
| | 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 | | |
| | 8.12 | | |
| | 8.13 | | |
| | 8.14 | | |
| | 8.15 | | |
| | 8.16 | | |
| | 8.17 | | |
| | 8.18 | | |

| | | | |
|--------------------|------|---|----------------|
| | 8.19 | | |
| | 8.20 | | |
| | 8.21 | | |
| | 8.22 | | |
| <u>Standard 9</u> | 9.1 | | |
| | 9.2 | | |
| | 9.3 | | |
| | 9.4 | | |
| | 9.5 | | |
| | 9.6 | | |
| <u>Standard 10</u> | 10.1 | | |
| | 10.2 | | |
| | 10.3 | | |
| | 10.4 | | |
| <u>Standard 11</u> | 11.1 | | |
| | 11.2 | | |
| | 11.3 | | |
| | 11.4 | Not applicable (Self-accrediting providers) | Not applicable |

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 |
|------------|-------------------------------|-----------------|---------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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:

- never been convicted of an offence;
- never been cancelled or suspended under the ESOS Act;
- never been issued with an Immigration Minister's suspension certificate;
- never had a condition imposed under the ESOS Act on the registration of the provider or a related person of the provider;
- 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;
- never been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001* or fined under the *Associations Incorporation Act 2015*; and
- 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 renewal of 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 | |