



# The Australian Logistics Academy

*For People Who Really Move...*

ABN 19 081 175 626

## STUDENT APPLICATION FORM

### PERSONAL PARTICULARS

**Title** : MR /MRS /MS /DR /PROF (Circle One)

**Surname** : **First Name** :

**Date of Birth** : / / (dd/mm/yy) **Gender** : M F (Circle One)

### COURSE APPLICATION

List the course(s) that you are applying for (see end of form for relevant codes):

Course Code	Course Name

### CONTACT DETAILS

**Home Address** :

**Country** : **Postcode** :

**Home Tel** : **Mobile** :

**Pager** :

**Mailing Address** :

**Country** : **Postcode** :

**Tel** : **Fax** :

**Email** :

### ACADEMIC QUALIFICATIONS

#### Tertiary Education

From	To	Course	Institution	Country	Completed?	Qualification

#### Secondary Education

Complete only IF you have no tertiary qualifications or IF you believe it will assist your application.

**School** :

Subjects undertaken for final certificate:

Subject	Result	Subject	Result

## WORK EXPERIENCE

List in reverse date order. If necessary, include an additional page.

From	To	Company/Institution	Nature of Experience

## RELEVANT BACKGROUND EXPERIENCE

On a separate sheet of paper, state briefly any additional background experience that you feel may be relevant to the course you have selected. (This section only to be completed if work experience and/or academic qualifications are not sufficient).

## REFEREES

List two referees who can attest to your academic/professional suitability to undertake the course.

Name of Referee	Position & Company	Telephone

## RESULTS OF APPLICATION

You will be notified of the results of your preliminary application in due course. The Boards's decision will be final and will not be discussed with applicants.

## DECLARATION

I declare that the information provided by me is, to the best of my knowledge, true and correct in every particular. I authorise the Australia Logistics Academy Pty Ltd to obtain official records with respect to me from the appropriate educational institution(s) and to seek other relevant information about me. I acknowledge that the Australia Logistics Academy Pty Ltd reserves the right to reverse or vary any decision regarding admission made on the basis of incomplete information. I agree whilst I am enrolled as a student to be bound by the statutes and standing resolutions of the Australia Logistics Academy Pty Ltd in force from time to time (including those relating to the ownership and control of any intellectual property in any work, invention or other information or thing made, discovered or created by me in the course of my studies), and to be subject to the lawful instructions of officers of the Australia Logistics Academy Pty Ltd.

Signature:

Date:

## FORM CODES

### COURSE CODE

Diploma in Logistics Management	DLOM	Certificate in Transportation Management	CTCM
Advanced Diploma in Operations and Logistics Management	AOLM	Certificate in Purchasing & Inventory Management	CPIM
Certificate in Warehouse and Distribution Management	CWDM		

## CHECKLIST

### HAVE YOU...

- |   |                          |   |
|---|--------------------------|---|
| Completely filled out the form?         | <input type="checkbox"/> | Note: The application may be rejected if forms are incomplete |
| Included copies of your qualifications? | <input type="checkbox"/> |   |
| Signed the Declaration?                 | <input type="checkbox"/> |   |