



1. Personal Details						
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:.....
First Name	Middle Name		Family Name			
Preferred Name	Date of Birth DD/MM/YYYY		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified			
Country of Birth	Country of Citizenship		First Language			
If you were born outside of Australia, what year did you arrive in Australia? (YYYY) _____ <input type="checkbox"/> Not applicable						
If applicable, what date did you become an Australian Citizen? (DDMMYYYY) _____ <input type="checkbox"/> Not applicable						
Permanent Address				Suburb		
State/Province	Country		Postcode			
Phone	Email					
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> NO <input type="checkbox"/> YES, Aboriginal <input type="checkbox"/> YES, Torres Strait Islander						
NOTE: Please provide a certified copy of your current passport, drivers license or birth certificate						
2. Emergency Contact Details						
Contact Name 1	Relationship to you	Phone	Email			
Contact Name 2	Relationship to you	Phone	Email			
3. Course Progression Conditions						
Do you have a disability, impairment, long-term medical condition or other factor that may impact your study? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, would you like to meet with our staff to discuss support services, equipment and facilities which may assist you? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, please provide details of your condition and the potential impact on your study. Please also provide medical documentation from your relevant treating professional.						

4. Education

Which best describes your main reason for study?

- To get a job
- To try for a different career
- To get a better job or qualification
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- Personal interest
- Self development
- Other:

Are you currently enrolled in secondary school? YES NO

If yes, when do you expect to finish year 12?

If no, what is your highest COMPLETED secondary school level?

- Year 12
- Year 11
- Year 10
- Year 9 or lower

If you completed year 12 in the past 2 years, please provide a copy of your Secondary School Certificate (for example SACE certificate) and your ATAR confirmation.

In which year did you complete this?

What Secondary School are you attending or did you attend?

Are you currently studying or have you successfully completed any of the following qualifications:

YES NO

If YES, please indicate which ones:

- Postgraduate qualification
- Grad Cert/Grad Dip
- Bachelor Degree
- Other:
- Associate Degree/Advanced Diploma
- Advanced Diploma
- Diploma
- Certificate IV
- Certificate III
- Certificate II

Provide a certified copy of your academic transcript and/or completion certificate for the highest qualification commenced or completed.

Name of the course, tertiary institution and year completed or expected to be completed (provide details for all courses):

Name of Course	Institution	Year

If more lines are required, please attach details on a separate page.

5. Academic Credit and Recognition of Prior Learning (RPL)

Will you be seeking Academic Credit or RPL with your enrolment?

YES NO

Please note that the granting of academic credit or RPL may affect your study load, cost and/or the length of the program.

If yes, please provide relevant certified academic transcript/s for completed or partially completed qualifications and interim academic transcript/s for your current study.

We will review your academic transcripts and advise you if we need any more details.

6. Special Tertiary Admissions Test (STAT)

Have you completed a STAT?

YES NO

If yes, please provide your score for the written English section and the multiple choice section:

Written English _____ Multiple Choice _____

7. Work and Life Experience

Do you have relevant work and life experience?

YES NO

To enrol in the ACC Bachelor of Chiropractic via the Work and Life Experience pathway please provide the following:

- A resume which shows at least 3 years of professional experience related to Chiropractic;
- A 500 word personal statement;
- A supporting statement, on company letterhead from your employer (or a trader with your business if you are the CEO); and
- At least 2 written references.

8. Completion of Pre-requisite Units

Please indicate your pre-requisite study status

- I will study the prerequisite units at ACC
 I have completed all the pre-requisite units
 I have completed some pre-requisite units
 I am studying the pre-requisite units this year

If you have completed some or all of your ACC approved pre-requisite subjects, please submit original or certified copies* of your official academic transcript.

* Copies can be certified by a Justice of the Peace.

If ACC has not provided prior approval for your prerequisite subjects, please attach detailed unit descriptors for each of the courses you are completing or have completed so that we can assess them to ensure they meet the prerequisite criteria.

9. Work Integrated Learning (WIL) and Clinical Practice

ACC does not mandate COVID vaccination but you may be required to be vaccinated to undertake WIL or clinical practice.

A Department of Communities and Social Inclusion and/or national criminal history check may be required for you to undertake your work placement and successfully complete the course.

Do you expect to have any disclosable court outcomes recorded on either of the above? YES NO

Please note that a criminal history may affect your registration as a chiropractor in Australia. See [Registration Standards](#).

10. Chiropractic Experience

Please provide details and dates you have been under care or observed a chiropractor:

Date	Name of Chiropractor	Clinic	<input type="checkbox"/> Observed <input type="checkbox"/> Under Care
Date	Name of Chiropractor	Clinic	<input type="checkbox"/> Observed <input type="checkbox"/> Under Care

11. How did you hear about ACC?

How did you FIRST hear about the Australian Chiropractic College?

- High School career fair Chiropractic career talk Advertisement
 Tertiary career fair Another institution ACC Open Day
 Career expo Internet search/Website ACC staff member/faculty
 Career adviser/teacher Social media Friend/family member
 Other:

Chiropractor

Please provide the name of the chiropractor who referred you:

ACC Student referral

Please provide the name of the student who referred you:

12. Your Parents' Education	
What is the highest level of education COMPLETED by your parents/guardians? (please tick one)	
Parent/Guardian 1: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No parent/guardian	Parent/Guardian 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No parent/guardian
<input type="checkbox"/> Postgraduate qualification (eg. Grad Dip, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post -school qualification (eg. Apprenticeship or Diploma) <input type="checkbox"/> Completed Year 12 schooling <input type="checkbox"/> Completed Year 10 but not Year 12 <input type="checkbox"/> Didn't complete Year 10 <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<input type="checkbox"/> Postgraduate qualification (eg. Grad Dip, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post -school qualification (eg. Apprenticeship or Diploma) <input type="checkbox"/> Completed Year 12 schooling <input type="checkbox"/> Completed Year 10 but not Year 12 <input type="checkbox"/> Didn't complete Year 10 <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable

Application Checklist

- Completed all sections of the Admission Application form
- Signed and dated this form below
- If you completed year 12 in the last 2 years, enclosed certified copies* of your high school certificate and ATAR confirmation
- If you are seeking academic credit or RPL, enclosed certified copies* of your original documents and official academic transcripts
- If you are seeking enrolment via work and life experience, enclosed the required supporting documents
- A certified copy* of your current passport, drivers license or birth certificate
- If you have indicated that you may need special consideration, enclose medical documentation from your relevant treating professional outlining the nature of your condition, the potential impact on your study confirming any action required by ACC (eg. special consideration for examinations)

* Copies can be certified by a Justice of the Peace.

IMPORTANT NOTE: Failure to include all relevant documents will delay processing your application.

**EMAIL your application form and all supporting documents to: admissions@acc.sa.edu.au
 Or MAIL or DELIVER to Admissions, Australian Chiropractic College, 83 Currie Street, Adelaide SA 5000**

Declaration and Signature

I declare the information I have supplied on this form and any attached documentation to be true and complete.

I acknowledge that the Australian Chiropractic College may suspend my enrolment if false information has been submitted or required information is not provided by the due date.

I acknowledge that I have been advised of the policies and procedures on the ACC website and advised to review these, especially the Fees and Refunds Policy, prior to submitting my applications so that I understand my rights and obligations.

I acknowledge that the information collected by the Australian Chiropractic College during the admissions and enrolment process and during the period in which the student is enrolled at the College is intended for use in connection with assessing the suitability of the applicant and the subsequent education while at the College. The College has, as its primary purpose, the provision of academic education of students and shall obtain such information as necessary to achieve this purpose. The information collected may be used by any of the staff at the College. Applicants have the right to access and request correction of any personal information collected by the College.

I acknowledge that my private information will be provided to government departments as required to comply with higher education and tuition protection reporting requirements.

I consent to ACC using my image for marketing and promotional purposes. Should I not wish for this, I will notify ACC in writing.

I understand that there is no obligation for the College to offer me enrolment.

Signature:	Date (DD/MM/YYYY):
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