

# APPLICATION For change of registration to enrol full fee paying overseas students

#### **About this form**

This form is to be used by school providers currently registered on the Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS). Before submitting an application it is advisable to access the following documents relating to CRICOS registration

- The Education and Services for Overseas Students Act 2000 (ESOS Act)
- Education Services for Overseas Students Regulations 2001 (ESOS Regulations)
- The National Code of Practice for Registration Authorities and Providers of Education to Overseas Students 2018 (National Code)

### **Changes to CRICOS registration**

This form is to apply for the following changes to CRICOS registration

- Change to PEO details (All other PRISMS contact details must be amended by the school provider)
- Add or cancel a course code
- Change a course name
- Update course cost
- Change overseas student capacity

The Education Standards Board as the Designated State Authority (DSA) for the ESOS Act will update the school's PRISMS record immediately on receipt of a completed application form.

#### **Assistance**

For assistance in completing this form, please contact the ESB by email at <a href="mailto:ESB.Schools@sa.gov.au">ESB.Schools@sa.gov.au</a> or telephone 08 8226 1215. Further information about registration is available from the ESB website <a href="http://www.esb.sa.gov.au/">http://www.esb.sa.gov.au/</a>

# Submitting this form

Email your application form to: <u>ESB.Schools@sa.gov.au</u> The ESB will contact you if any supplementary evidence is required.

# **Application fee**

There is no fee associated with this form.



Section 1 – School Details				
1.1	Name of school provider			
1.2	CRICOS registration number			

Section 2 – Change to PEO Details					
2.1	The Principal Executive Officer (PEO) has executive responsibility for the operation of the school. In a school, this is usually the principal.				
	Title	Given names			
	Position	Surname			
	Residency status	Phone			
	Email				
2.2	Nominate a person responsible for this application who is authorised to act on behalf of the PEO as contact for registration matters.				
	Title	Given Names			
	Position	Surname			
	Phone	Email			

Section 3 – Add course code/s							
3.1	Please indicate the course name/s for which approval is sought						
		Primary S	chool Studies			Seni	or Secondary Studies (11-12)
		Junior Secondary Studies (6/7-10)		6			
3.2	If the course to be offered is a Senior Secondary Studies school qualification, please indicate which accreditation/s apply						
		SACE		IB			Other (specify)



3.3	Provide the course costs for each course to be offered					
	Course name	Non-tuition fee	Tuitio	n fee	Total	
#1						
#2						
#3						
#4						
3.4	Arrangements with of	ther providers. Will other	provid	ers be deliverir	ng the course/s?	
	☐ - Yes If yes, please pro	ovide the following information	□ - N	0		
	Name of other provider	· #1				
	Provider #1 CRICOS re	egistration number				
	Name of course to be p	provided				
	Name of other provider	#2				
	Provider #2 CRICOS re	der #2 CRICOS registration number				
	Name of course to be p	provided				
3.5	Location of all sites where overseas students will be scheduled to attend classes for teaching purposes					
	Courses/location site #1					
	Street address					
	Suburb			Postcode		
	Phone			Website		
	Contact person on site					
	Name			Position		
	Email			Phone		
	Courses/location site	#2				
	Street address					
	Suburb			Postcode		



	Phone			Website		
	Contact person on site					
	Name			Position		
	Email			Phone		
3.6	Will any part of the pro	oposed course/s	be delivered	online or by	distance education?	
	□ - Yes		□ - No			
	If yes, provide evidence inclu percentage number of hours online or by distance educati	to be delivered				
Section 4	– Cancel course co	de/s				
4.1	Provide the course co	de/s to be cance	lled			
	Course Code		Cour	se Name		
#1						
#2						
#3						
#4						
Section 5 – Change a course name						
5.1	Provide the course co	de/s to be updat	ed			
	Course Code	Course N	Name	Ne	w Course Name	
#1						
#2						
#3						
#4						

# Section 6 – Update course cost

6.1	Provide the course costs to be updated					
	Course name	Non-tuition fee	Tuition fee	Total		
#1						
#2						
#3						
#4						

Section	n 7 – Change to overseas student cap	acity
7.1	Overseas student capacity	
	Current overseas student capacity	Proposed overseas student capacity The ESB may request further documentation to confirm the appropriateness of the resources and facilities for the delivery of the courses.
	Total:	Total:
7.2	Domestic student enrolments	
	This is a requirement for the PRISMS database. Do centre capacity in this total.	not include full fee paying overseas students or early learning
	Current domestic school enrolments	
		Total:



8.1	To be completed by	the Principal Executiv	e Officer (P	EO)/ School Principal		
ı	-	<u> </u>				
	(Full name and occupation	n of Principal Executive Office	er)			
of			•			
	(Name and address of leg	al entity making the application	on)			
	do solemnly and sincerely declare that I have never:  • been convicted of a criminal offence  • been issued with an Immigration Minister's suspension certificate  • had conditions imposed on its registration under the ESOS Act 2000  • been bankrupt  • been disqualified from managing a corporation under the Corporations Act 2001  • been involved in the business of provision of courses by another provider covered by any of the points above; and to the best of my knowledge and belief, all of the information provided in and with this application is true and correct.					
			Dete			
	Signature of Principal Exe	ecutive Officer	Date			
	Before me,					
	Signature of Authorised W	Vitness	Date			
	Who can certify or witness statutory declarations?					
	<ul> <li>Justice of the Peace</li> <li>Members of the Police Force</li> <li>Judges and Masters of the Supreme Court</li> <li>Judges and Masters of the District Court</li> <li>Magistrates</li> <li>Practitioners of the Supreme Court</li> </ul>					
		OFFICE USE OF	NLY			
Reviewer:		Date:		Signed:		



Approved:

□ Yes

Section 8 - Statutory Declaration

No