

APPLICATION FORM

Personal Details

Family Name		First Name		
Please confirm your residential status for this application.				
<input type="checkbox"/> Australian Citizen or Permanent Resident		<input type="checkbox"/> International Student already in Australia		
<input type="checkbox"/> Temporary Resident		<input type="checkbox"/> International Student outside Australia		
Date of Birth (DD / MM / YYYY)		Gender		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate		
Licence / ID Number		USI Number ¹ (if known)		
Street Address		Suburb / Town	State	Code Country
Postal Address (Same as above <input type="checkbox"/>)		Suburb / Town	State	Code Country
Email	Tel		Mob	
Country of Residence		Country of Birth		
<i>International Students should put their home country address and emergency contact details in this section.</i>				
Emergency Contact Family Name		Emergency Contact First Name		Relationship to you
Emergency Contact Email		Emergency Contact Tel		Emergency Contact Mob
Emergency Contact Street Address		State	Code	Country
Are you of Aboriginal or Torres Strait Island origin?		Main language used at home		Current English Level
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area.)				
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual		
<input type="checkbox"/> Learning	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Medical condition		
<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Other		

Education & Work Background

Are you currently enrolled in High School? <input type="checkbox"/> No <input type="checkbox"/> Yes	What is your highest completed school level? <input type="checkbox"/> 12 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> Never completed any primary or secondary school
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Have you completed any of the qualifications in this list >> <input type="checkbox"/> No <input type="checkbox"/> Yes, as detailed below.	Please check any qualifications you have successfully completed <input type="checkbox"/> Bachelor degree or higher degree <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)
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Completed Qualification	Name of Institution	Country	Language	End Date

Of the following categories, which BEST describes your current employment status?

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Self employed – employing others
<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Unemployed – seeking part-time work	<input type="checkbox"/> Not employed – not seeking employment

Name of most recent work place/s	Position	Start Date	End Date

Of the following categories, which BEST describes your main reason for undertaking this course?

<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To get skills for community/voluntary work
<input type="checkbox"/> Other reasons	

NOTE: Students MUST advise RTO NAME of any change to their phone, address, email or emergency contact within 7 days of the change.

International Student Information

This section is required for International Students only.

OVERSEAS STUDENT HEALTH COVER

Do you have Overseas Student Health Cover (OSHC)?	What is the expiry date of your policy? (DD/MM/YY)
<input type="checkbox"/> No <input type="checkbox"/> Yes	

Note: Please include a copy of your policy indicating the dates of cover.

PASSPORT / VISA

Passport Number	Passport expiry date (DD/MM/YY)	Passport Nationality
Do you hold an Australian visa?	If yes, country of issue	Have you had a visa rejected?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes, as detailed below
Visa type	Visa expiry date (DD/MM/YY)	

**A copy of your passport and visa / VEVO is required with this application (if you have one, otherwise this will be required before commencement).*

ENGLISH LANGUAGE LEVEL

IELTS Score	TOEFL Score	Other Score
Are you currently enrolled in an English language course?	If YES, please provide details	
<input type="checkbox"/> No <input type="checkbox"/> Yes		

ACCOMMODATION & AIRPORT TRANSFER

Do you require assistance arranging accommodation?	Do you require an airport pickup on arrival in Australia?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

SPECIAL NEEDS

Please specify if you consider yourself to have any of the following
<input type="checkbox"/> insufficient study skills to complete the course (e.g. language, literacy and numeracy, research, time management skills)
<input type="checkbox"/> Experienced any difficulties whilst studying in the past
<input type="checkbox"/> Have other issue or obligations that might impact your study
<input type="checkbox"/> a requirement for any other forms of support to facilitate your study

Select Study Plan Options

Preferred Start Date	Preferred Campus	Preferred Study Mode	Preferred Payment Plan
dd mm yyyy	<input type="checkbox"/> Brisbane <input type="checkbox"/> Hobart	<input type="checkbox"/> On-campus <input type="checkbox"/> Online	<input type="checkbox"/> I require a payment plan (admin fees may apply)
Are you applying for Credit Transfer or Recognition for Prior Learning (RPL)?			<input type="checkbox"/> Yes

Select Course

✓ Name of Course	Weeks
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Foundation and English Courses

<input type="checkbox"/> General English	(Please enter number of weeks)	
<input type="checkbox"/> IELTS	(Please enter number of weeks)	

Campus	Course	Start Date	End Date

Select Higher Education Pathway

Are you applying for a course packaged with a higher education programme? Please visit the website for pathway options. If yes, please enter details below.

Name of preferred Bachelor degree programme:	Preferred Higher Education provider:
	<input type="checkbox"/> Griffith University <input type="checkbox"/> Torrens University Australia <input type="checkbox"/> University of Tasmania <input type="checkbox"/> Southern Cross University <input type="checkbox"/> University of Southern Queensland <input type="checkbox"/> Bond University <input type="checkbox"/> Macleay College

Student Agreement

Terms & Conditions

I have read, understood and accepted all the terms, policy and procedures including change of enrolment, cancellation and refund policy, and deferral, suspension of studies and code of conduct and any other information and policies and procedures that can be found on the Education Provider's website.

I hereby agree to be bound and adhere to all applicable standards of conduct, laws, regulations, policies and procedures, and acknowledge that failure to do so may result in the suspension or cancellation of my enrolment.

By submitting this application, I declare that all information and documentation provided in support of it is accurate and true. I acknowledge that submission of the false, incorrect, incomplete or misleading information may result in the refusal, delay or cancellation of my enrolment.

By enrolling to a courses, I understand and agree to give consent for the Education Provider to either make an application or retrieve a (USI) Unique Student Identifier on my behalf. I understand that the Education Provider will supply to the Registrar my personal information including my name, date of birth, Country of birth, gender and contact details.

Privacy Notice

Under the Data Provision Requirements 2012, the Education Provider is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER(National Centre for Vocational Education Research)).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by the Education Provider for statistical, regulatory and research purposes. The Education Provider may disclose your personal information for these purposes to third parties, including:

- School - if you a secondary student undertaking VET(Vocational Education and Training), Including a school-based apprenticeship or traineeship;
- Employer - if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Declaration

- I agree to the Terms and Conditions herein.
- I declare that the information I have provided, to the best of my knowledge, is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Signature	Date (mm/dd/yyyy)
Parent / Guardian Signature if under 18	Date (mm/dd/yyyy)

Agent Details

If this application is being lodged by an education agent, please provide details below.

Agency (Business) Name	Agent / Counsellor's Name	
Email	Tel	Mob

Agency Stamp if Relevant

Footnotes

¹ From 1 January 2015, we can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device, otherwise.

Parent / Legal Guardian Form (For Under 18 Applicants Only)

Parent or Legal Guardian to choose one accommodation/welfare option below.

- Student stays with parent (Complete Section A Below)
- Student stays with relative over the age of 21 (Complete Section A Below)
- Student stays at NIET approved accommodation (Complete Section B below)

Section A (To be completed by parent or legal guardian)

The nominated person is intending to, or has already been approved by, The Australian Department of Home Affairs to confirm this arrangement. For more information, please visit the website <https://www.homeaffairs.gov.au>.

Family Name	First Name		Relationship to you
Email		Tel	Mob
Street Address	State	Code	Country

Section B (To be completed by parent or legal guardian)

Please arrange accommodation online before sending in your application form.

The Education Provider will issue a Confirmation of Appropriate Accommodation and Welfare (CAAW).

By signing the CAAW, the Education Provider is taking on an important responsibility by confirming to the Department of Home Affairs that appropriate arrangements have been made for the student's accommodation, support and welfare.

The student will reside in the following accommodation during their studies in Australia while they are Under 18.

Provider Selected	Details
Homestay with Australian Homestay Network (https://au.homestaynetwork.org/guests/new)	AHN Receipt / Invoice Number: Arrival Date:
Student Accommodation with approved accommodation provider (http://studentone.com)	My booking number is: Accommodation Start Date: End date:

The student's parents will also apply for services from the Education Provider's appointed Guardianship and Welfare service at the following link: <http://www.studentguardians.com/> and supplied to the Education Provider or authorised consultant by email.

Declaration

I agree and understand that the information provided above is part of the student's Conditions of Enrolment. I confirm that the details are correct and true and will inform the Education Provider should changes occur with my guardianship or care arrangements.

Parent / Guardian Signature	Date (mm/dd/yyyy)
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