

APPLICATION FOR ENROLMENT – ENGLISH

Please fill in BLOCK letters. To avoid delays in processing your application, all sections must be completed.

STUDENT DETAILS

First Name / Middle Name _____

Family Name(s) _____

Date of Birth (DD/MM/YY) ____ / ____ / ____ Gender Male Female

Nationality _____ Country of Residence _____

Passport No. _____ Country of Issue _____

Passport Date of Issue (DD/MM/YY) ____ / ____ / ____ Passport Date of Expiry (DD/MM/YY) ____ / ____ / ____

Visa type _____ Visa Date of Expiry (DD/MM/YY) ____ / ____ / ____

OVERSEAS RESIDENTIAL ADDRESS

Address _____

Suburb/Town/City _____ State _____

Country _____ Post Code _____

Telephone Number (+ Country Code) (+ ____) _____ Email _____

AUSTRALIAN RESIDENTIAL ADDRESS (If applicable)

Address _____

Suburb/Town/City _____ State _____ Post Code

Preferred Contact Number (Area Code) (____) _____ Email _____

SPECIAL NEEDS

Do you have a disability, impairment or long-term medical condition that may affect your studies? NO YES

If **YES**, please indicate the area/s of impairment. Hearing Mobility Vision Learning Medical

Other _____ Support Requirements (if known) _____

COURSE YOU ARE APPLYING FOR

Course Name _____

Course Duration _____ Preferred Start Date (DD/MM/YY) ____ / ____ / ____

Class preference Morning class Evening class

PLEASE GO TO REVERSE

DO YOU REQUIRE ACCOMMODATION?NO YES If **YES**, please specify

Type of accommodation Homestay Hostel Shared Room Single Room

Do you want to include meals? NO YES

› No. of weeks required (minimum 4 weeks) From (DD/MM/YY) / / To (DD/MM/YY) / /

› Do you smoke? NO YES

› Are you allergic to animals? NO YES

› Do you mind living with children? NO YES

› Do you have a special food requirements? NO YES If YES, please specify

DO YOU REQUIRE CARER ARRANGEMENTS?

NO YES

Students under the age of 18 must have a carer while they are in Australia. Please refer to the 'How to Enrol' section at www.academies.edu.au for further details.**DO YOU REQUIRE AIRPORT PICK-UP?**NO YES If **YES**, please provide flight details at least 2 weeks prior to arrival

Airline Company Flight Number Arrival Date (DD/MM/YY) / /

DO YOU REQUIRE OVERSEAS STUDENT HEALTH COVER (OSHC)

NO YES

If YES, Single Couples Family

YOUR PREVIOUS EDUCATION

Name of Last School/College/University Attended

Highest Qualification Achieved Date Achieved (DD/MM/YY) / /

(e.g. High School Certificate, Diploma, Bachelor, etc)

Are you transferring from another Registered Training Provider (RTO) in Australia? NO YES If **YES**, complete the following:

Name of RTO:

Name of Qualification: Start Date: / / End Date: / /

Do you have evidence of release from previous RTO? NO YES If **YES**, please provide release evidence and provide copy of transcript

Do you wish to apply for Recognition of Prior Learning (i.e. RPL)? NO YES

If YES, please refer to Recognition of Prior Learning on the 'How to Enrol' section of the website www.academies.edu.au for further details.

English Examination (Please tick the relevant option, indicate your score and date obtained):

IELTS Score: Date Obtained (DD/MM/YY) / /

OTHER. Please specify Score: Date Obtained (DD/MM/YY) / /

Certified copies of relevant academic achievements (including English results) must accompany your application.

USE OF PERSONAL INFORMATION

Student information may be shared between the College and relevant regulatory authorities. This information includes personal details, course enrolment details, and the circumstances of any suspected breach of student visa conditions.

DECLARATION

I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the withdrawal by the College of any place which may be offered. I agree to release and indemnify the College and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I acknowledge that I am bound by the statutes and regulations of the College and I agree to pay all fees charged directly to me arising from this enrolment.

NAME OF APPLICANT

SIGNATURE

DATE (DD/MM/YY) / /

FOR APPLICANTS UNDER THE AGE OF 18

NAME OF PARENT OR PERSON WITH CUSTODY

SIGNATURE

DATE (DD/MM/YY) / /

Were you referred to us by an education representative?

NO

YES

If YES, Name/Stamp of Representative

OFFICE USE ONLY – TICK IF CONFIRMED Copy of Passport English Certificate High School Certificate (if applicable) Other Certificates

Checked by Date (DD/MM/YY) / /