

Please select a campus:

ARMIDALE

BRISBANE

PERTH

## APPLICATION FOR ENROLMENT – VOCATIONAL

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) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### UNIQUE STUDENT IDENTIFIER (USI)

Do you have a Unique Student Identifier?

Yes, please provide details: \_\_\_\_\_

No, please apply for USI on the USI website (www.usi.gov.au) and provide details to the college.

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](http://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](http://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) / /