

Please select a campus:

BRISBANE

PERTH

ABN 24 101 363 688, CRICOS Provider No. 02398A, RTO Provider No. 90806

Level 3, Queen Adelaide Building 90-112 Queen Street, Brisbane QLD 4000

T. +61 7 3229 2999 E. info@academies.edu.au W. www.academies.edu.au

Level 1, 120 Roe Street, Northbridge WA 6003

T. +61 8 9326 1266 E. info@academies.edu.au W. www.academies.edu.au

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)

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COURSE YOU ARE APPLYING FOR

Course Name

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

Class preference Day class Evening class

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 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

ENGLISH LANGUAGE

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)

/ /

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 Organisation (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 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.

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