

Please select a campus:

BRISBANE

PERTH

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 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
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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) / /
 Class preference Day class Evening class

UNIQUE STUDENT IDENTIFIER (USI)

Do you have a USI?
 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:

IELTS

Score:

OTHER. Please specify

Score:

Certified copies of English test result must accompany your application.

YOUR PREVIOUS EDUCATION

Certified copies of relevant academic qualifications must accompany your application. If you are currently studying in Australia, please attach your current electronic Confirmation of Enrolment (eCoE).

TRANSFERRING FROM ANOTHER REGISTERED TRAINING ORGANISATION (RTO) (IF APPLICABLE)

Are you transferring from another RTO in Australia?

NO

YES

If YES, please submit a copy of your eCoE and certification documentation.

Do you have evidence of release from previous RTO?

NO

YES

If YES, please provide evidence of release.

Do you wish to apply for Credit Transfer (CT) or Recognition of Prior Learning (RPL)?

NO

YES

If YES, please refer to the CT and RPL section of the Student Handbook at www.academies.edu.au for further details.

Certified copies of relevant academic achievements must accompany your application.

USE OF PERSONAL INFORMATION

Student information may be shared between the College and the Australian Government and relevant regulatory authorities. This information includes personal details, contact information, course enrolment details and changes, 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