

## APPLICATION FOR ENROLMENT

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: O Male O Fema	le O Other Nationality:	_
Country of Birth:	Passport No:	Visa Type:	
Email:		Mobile:	_
Address:			_
Suburb/Town /City:	Country:	Post Code:	_
Highest education level achieved: OPHD	O Master O Bachelor	O Vocational O High School O Non	е
Emergency contact name:			_
Email:		Mobile:	_
Are you applying for your visa from: O Onsho	ore Offshore	English Level:	_
	COURSE DETAILS		
General English (Beginner to Advance	d)		
From (dd/mm/yy):	To (dd/mm/yy):	Weeks:	_
English for IELTS & Academic Purposes			
From (dd/mm/yy):	To (dd/mm/yy):	Weeks:	_
Cambridge English Exam Preparation			
First B2 O January O March	O January O March	Year	
Advanced C2 O January O March	n O January O March	Year	
Dynamic English (Non-Cricos   Part-Tin	ne Only)		
From (dd/mm/yy):	To (dd/mm/yy):	Weeks:	_
Holiday request (No. of weeks)			_
Is this course part of a Study Pathway / Co			
Course:		English Requirement:	
Name of Institution:		Start date:	_
	STUDY TIMETABLE		
Full-Time Day - 5 days / Week CRICOS	9:00am - 1:45pm (Mon to Thu) + 9:00am - 12:20pm (Fri) 20 hours class/study time + weekly activity options.		
Full-Time Day - 3 days / Week** CRICOS (EIAP only)	9:00am - 4:30pm (Mon to Wed) 20 hours class/study time + weekly activity options.		
Full-Time Eve - 4 evenings / Week CRICOS	4:30pm - 9:45pm (Mon to Thu) 20 hours class/study time + weekly activity options.		
Part - Time Eve - 4 days / Week*	5:00pm - 7:30pm (Mon to Thu) 10 hours class/ hybrid and face-to-face options available		

## Do you require Language Links to purchase Overseas Student Health Cover (OSHC) on your behalf? Yes No Cover Type: Single Couple Family Months: Start Date: Note: OSHC is complusory for student visa holders for total visa duration ADDITIONAL INFORMATION Accommodation Required: Yes, (placement fee applies) O No From (dd/mm/yy): \_\_\_ \_ To (dd/mm/yy): \_\_ > <u>Homestay Details:</u> Full Board Half Board No Meal Room Details: Single Share/Double Yes No Do you feel comfortable in accommodation with pets? Any allergies / Medical Conditions / Dietary Requirements: Yes No Comments: Carer/ Guardian Required: Yes No Note: Students under the age of 18 must have a carer while they are in Australia Room Only Accommodation: Campus Perth Boulevard Hostel G Airport Pick Up? O Yes O No \_\_\_\_\_ Flight Number: \_\_ Pick Up Date(dd/mm/yy): -\_\_\_\_\_ Flight Number: \_\_\_\_\_ Time: \_ Date(dd/mm/yy): \_ Return If booking accomodation - Please supply your flight / arrival details in Perth even if pick up is not required. I understand that Language Links, its employees and representatives are not liable for any injury, accident or loss I may suffer or cause while I am living in the accommodation. Do you have a disability, impairment or long-term medical condition that may affect your studies: Yes O No If yes, please provide information \_\_\_\_\_ METHOD OF PAYMENT (Select your preferred payment option) **CHECKLIST for Submission** Paying to Agent: in Full Payment Plan\* Passport Copy ☐ GSA (if applicable) Paying to College: On Full\*\* Financial Evidence (if applicable) Payment Plan\*\* \* Set up fee applies (\$80). \*\* For all card payments, the student will incur in a 2% surcharge. Academic Documents (Pathway students) **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 college withdrawing the offer. I agree to release and indemnify 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. I also acknowledge that my 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. Name of Applicant Signature Date (dd/mm/yy) For applicants under the age of 18 Additionally I herby authorise my child (The Applicant) to study in an adult environment. Name of Applicant's parents Signature Date (dd/mm/yy) How did you hear about Language Links? Were you enrolled by an Education Agent? O Yes O No If Yes, Name/ Stamp:

**OVERSEAS STUDENT HEALTH COVER** 

Name of the counsellor and email