LANGUAGE LINKS
International

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: ○ Male ○ Female ○ Other Nationality: _____

Country of Birth: _____ Passport No: _____ Visa Type: _____

Email: _____ Mobile: _____

Address: _____

Suburb/Town /City: _____ Country: _____ Post Code: _____

Highest education level achieved: ○ PHD ○ Master ○ Bachelor ○ Vocational ○ High School ○ None

Emergency contact name: _____

Email: _____ Mobile: _____

Are you applying for your visa from: ○ Onshore ○ Offshore English Level: _____

COURSE DETAILS

General English (Beginner to Advanced)

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 ○ January ○ March ○ January ○ March Year _____

Advanced C2 ○ January ○ March ○ January ○ March Year _____

Dynamic English (Non-Cricos | Part-Time Only)

From (dd/mm/yy): _____ To (dd/mm/yy): _____ Weeks: _____

Holiday request (No. of weeks) _____

Is this course part of a Study Pathway / Course Package? ○ Yes ○ No

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* NON-CRICOS	5:00pm - 7:30pm (Mon to Thu) 10 hours class/ hybrid and face-to-face options available

*Student visa holders must choose the full-time option (CRICOS), as per your student visa requirements.
**Students not meeting the level requirement may be transferred to General English until level is reached).

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OVERSEAS STUDENT HEALTH COVER

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) ◯ No

From (dd/mm/yy): _____ To (dd/mm/yy): _____ Weeks: _____

> Homestay Details: ◯ Full Board ◯ Half Board ◯ No Meal Room Details: ◯ Single ◯ Share/Double

Do you feel comfortable in accommodation with pets? ◯ Yes ◯ No

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? ◯ Yes ◯ No

◯ Pick Up Date(dd/mm/yy): _____ Flight Number: _____ Time: _____

◯ Return Date(dd/mm/yy): _____ Flight Number: _____ Time: _____

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 ◯ No

If yes, please provide information _____

METHOD OF PAYMENT (Select your preferred payment option)

Paying to Agent: ◯ in Full ◯ Payment Plan*

Paying to College: ◯ In Full** ◯ Payment Plan**

* Set up fee applies ($80). ** For all card payments, the student will incur in a 2% surcharge.

CHECKLIST for Submission

- ☐ Passport Copy
- ☐ GSA (if applicable)
- ☐ Financial Evidence (if applicable)
- ☐ 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? ◯ Yes ◯ No If Yes, Name/ Stamp: _____

Name of the counsellor and email _____

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