

Application Form – International Students

Personal Details				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> other _____			
Given name: (Legal given name)				
Surname: (Legal family name)				
Date of birth:	DD/MM/YYYY	Nationality	As per the passport	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate / Intersex / unspecified)			
Passport number			Country of issue	
Do you hold any Australian visa	<input type="checkbox"/> If Yes, Visa Sub class _____			<input type="checkbox"/> No
Marital status			No of dependents	
Contact Details				
Home phone			Work Phone	
Mobile			email	
Permanent Address in your home country	Address Line 1			
	Address Line 2			
	City		State	
	Post Code		Country	
Australian Address (If known)	Address Line 1			
	Address Line 2			
	City		State	
	Post Code		Country	
Postal Address	Use my <input type="checkbox"/> Home country address <input type="checkbox"/> Australian address, If different from above			
	Address Line 1			
	Address Line 2			
	City		State	
	Post Code		Country	
Next of Kin Details (Emergency contact Details)				
Name			Relationship	
Contact No			email	
Address				

Please tick the course(s) you wish to enrol

Preferred 1st Course Start Date: ____/____/____

Faculty of Hospitality	
<input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery	<input type="checkbox"/> SIT31016 Certificate III in Patisserie
<input type="checkbox"/> SIT40516 Certificate IV in Commercial Cookery	<input type="checkbox"/> SIT40716 Certificate IV in Patisserie
<input type="checkbox"/> SIT50416 Diploma of Hospitality Management	<input type="checkbox"/> SIT60316 Advanced Diploma of Hospitality Management
Faculty of Engineering	
<input type="checkbox"/> MEM30305 Certificate III in Engineering – Fabrication Trade	<input type="checkbox"/> AUR40216 Certificate IV in Automotive Mechanical Diagnosis
<input type="checkbox"/> AUR30616 Certificate III in Light Vehicle Mechanical Technology	<input type="checkbox"/> AUR50216 Diploma of Automotive Technology
<input type="checkbox"/> AUR30316 Certificate III in Automotive Electrical Technology	
Faculty of Business & Commerce	
<input type="checkbox"/> BSB40215 Certificate IV in Business	<input type="checkbox"/> BSB60215 Advanced Diploma of Business
<input type="checkbox"/> BSB50215 Diploma of Business	<input type="checkbox"/> BSB61015 Advanced Diploma of Leadership and Management
<input type="checkbox"/> BSB51915 Diploma of Leadership and Management	
Faculty of English	
<input type="checkbox"/> 22250VIC Certificate I in EAL (Access)	<input type="checkbox"/> 22251VIC Certificate II in EAL (Access)
<input type="checkbox"/> 22253VIC Certificate III in EAL (Access)	<input type="checkbox"/> 22256VIC Certificate IV in EAL (Access)
Language and Cultural Diversity	
Do you speak a language other than English at home?	
<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other – please specify: _____	
If Yes, how well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Have you undertaken any English Exam in the last twelve months or completed any English Course?	
<input type="checkbox"/> No <input type="checkbox"/> Completed English Exam; Examination Name: _____ Score: _____	
<input type="checkbox"/> Completed an English Course; Course Name: _____	
Are you of Aboriginal or Torres Strait Islander origin?	
(For persons of both Aboriginal and Torres Strait Islander origin, mark both “Yes” boxes)	
<input type="checkbox"/>	<input type="checkbox"/>
No	Yes, Aboriginal Yes, Torres Strait Island
Disability	
Do you consider yourself to have a disability, impairment or long-term condition?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, please specify the areas of disability, impairment or long-term condition. You may indicate more than one area. Please attach documentation describing your disability, impairment or long-term condition in more detail.	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Intellectual
<input type="checkbox"/> Physical	<input type="checkbox"/> Learning
<input type="checkbox"/> Others	<input type="checkbox"/> Mental Illness
	<input type="checkbox"/> Medical condition
	<input type="checkbox"/> Vision
	<input type="checkbox"/> Acquired brain impairment

Schooling

Are you still attending secondary school? Yes No

What is your highest COMPLETED school level?

- Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent
 Year 9 or equivalent Year 8 or below Never attended school

In which YEAR did you complete that school level? _____

Previous Qualification achieved

Have you SUCCESSFULLY completed any of the following qualification below?

- No Yes

If Yes, please enter one of these Prior Education Achievement Identifiers.

(If you have multiple Prior Education Achievement Recognition for any one qualification, use the following priority order to determine which identifier to use; **A** – Australian, **E** – Australian Equivalent, **I** – International)

A	E	I	Qualification	A	E	I	Qualification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or Higher degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or Advanced Certificate / Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than above

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this program? (Tick one box only)

- | | | |
|---|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To try for a different carer | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> Other reasons | | |

Employment

Of the following categories, which BEST describes your current employment status?

- | | | |
|--|---|---|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self-employed – not employing others |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Employed- unpaid worker in a family business | <input type="checkbox"/> Unemployed –seeking full time employment |
| <input type="checkbox"/> Unemployed – seeking part time employment | <input type="checkbox"/> Not employed – not seeking employment | |

Which of the following classifications BEST describes your current or recent occupation? (Tick one box only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Professionals | <input type="checkbox"/> Technicians and Trade Works |
| <input type="checkbox"/> Community and Personal Service workers | <input type="checkbox"/> Clerical and administrative workers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Machinery operators and Drivers | <input type="checkbox"/> Labourers | <input type="checkbox"/> Others |

If employed, which of the following classifications BEST describes your industry of your current or previous Employment?

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Accommodation and Food Services | <input type="checkbox"/> Transport, Postal and Warehousing |
| <input type="checkbox"/> Information Media and telecommunications | <input type="checkbox"/> Financial and Insurance Services | <input type="checkbox"/> Rental, Hiring and real Estate Services |
| <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Public Administration and Safety |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Health Care and Social Assistance | <input type="checkbox"/> Arts and recreation Services |
| <input type="checkbox"/> Other Services | | |

RPL / Credit Transfer

Are you seeking for recognition of prior learning (RPL) or credit transfer (CT)? No Yes

If you have ticked the box above indicating you are applying for CT or RPL, please fill Credit Transfer or RPL Application form available on our website and send to us together with this form. One of our Academic staff will contact you if we need further information or documents.

Extra Services

Do you require accommodation?
 YES NO

Do you require airport pick-up?
 YES NO

Applicant's Declaration

I [NAME]

1. Read and understood EAA's student prospectus, website, marketing material, and received full information from EAA's Education Agent (in case of enrolment through education agent) before making the decision to enrol in the course.
2. Understand that the institute also reserves the right to vary courses, subjects, the mode of delivery, assessment and admission requirements at any time at its discretion
3. Read and understood the RTO's policies on "Student Fee and Refund Policy", "Complaints and Appeals Policy", "Assessment Policy", "Transfer Between Registered Provider Policy" and other policies that are published on the institute website, prospectus and student's handbook.
4. Understand that the institute is required to submit data sourced from this enrolment form and the training data to the national VET administrative collection as a regulatory reporting requirement.
5. I further understand that the institute, as an education provider, is required to provide information about my enrolment to the Department of Immigration and Border Protection (DIBP) upon request
6. Understand that the information contained on my application form may be used by the institute or Government departments and agencies, VET regulators and authorised VET related bodies and their contractors for administrative, regulatory and/or research purposes.
7. Understand that the RTO and the regulatory departments may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. This includes disclosure of student enrolment and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER) as necessary and where lawful,
8. Authorise the institute to check my visa status on VEVO and IELTS Test Report Form verification service (If IELTS score is provided)
9. Declare that the information I have provided in this application form and all supporting documentation submitted together is correct and complete. I am aware that, providing false, misleading or incomplete information may lead to cancellation of my enrolment or the withdrawal of any offer made by the institute at any stage.

10. I further understand that the institute reserves the right to inform other RTOs or tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false or fraudulent.

Applicant's Signature _____ Date _____

(Must be signed by a Parent or Legal Guardian if the applicant is under 18 years of age at time of application)

Parent / Legal guardian Signature _____ Date _____

Agent Use only	
<p><i>As an approved agent of EAA, I am certifying that I have verified all the original documents of the student.</i></p> <p>Agent Representative Signature:</p> <p>_____</p>	<p>Agent Stamp:</p>

Completed Application along with Copies of the following essential documents can be mailed, emailed, faxed or hand delivered to:

International Admissions Officer
Education Access Australia
 480 Elizabeth Street
 Melbourne,
 Victoria 3000, Australia
Email: admissions@eaa.edu.au

Documents to be attached with the Application for Enrolment (Certified and/or verified)

(Documents not in English must be translated)

- | | |
|---|---|
| <input type="checkbox"/> Passport bio-data pages | <input type="checkbox"/> Related work experience, if any |
| <input type="checkbox"/> IELTS (or other English Language test) Results (if applicable) | <input type="checkbox"/> Agent's initial interview checklist if applicable. |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Copy of current Australian Visa, if applicable |
| <input type="checkbox"/> Evidence of highest academic qualifications | <input type="checkbox"/> Copy of USI Number |

Office Use Only

Date Application Received:		Received By:	
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Decision on Application (please *tick* one)

- Accepted Rejected

Signature:	
Name:	