

## International Student Application Form

### Business Course (BSB Package)

- BSB40120 Certificate IV in Business
- BSB50120 Diploma of Business
- BSB50420 Diploma of Leadership and Management
- BSB60120 Advanced Diploma of Business

### Construction Course (CPC Package)

- CPC30220 Certificate III in Carpentry
- CPC30620 Certificate III in Painting and Decorating
- MSF30322 Certificate III in Cabinet Making and Timber Technology
- CPC50220 Diploma of Building and Construction
- RII60520 Advanced Diploma of Civil Construction Design (Building)

### ELICOS COURSES

- English for Academic Purposes
- General English

Proposed Start Date End Date 

### Personal Details

Title:  Mr.  Mrs.  Ms.  Dr.  OtherGender:  Male  FemaleFamily name (as in passport): Given name(s): Date of Birth (dd/mm/yy): Nationality (as per passport): 

### Contact Details in Home country

Address:  Country:  Post Code: Telephone/ Mobile:  Email: 

### Contact Details in Australia

Address:  State:  Post Code: Telephone/ Mobile:  Email: 

### Emergency Contact Details

Name:  Phone Number: Address:  Relationship to Applicant: 

### Visa Information

Passport Number:  Expiry Date: Visa Type:  Subclass:  Expiry Date: 

What type of visa will you be holding when you commence your studies?

 Student  Working Holiday  Tourist  OtherHave you applied to become a permanent residence of Australia?  Yes  NoIf yes, date of application (dd/mm/yy):

**USI Information (Unique Student Identifier)**USI Number: 

If you do not have USI yet, please go to [www.usi.gov.au](http://www.usi.gov.au) to apply for it. If you are a new or continuing student undertaking nationally recognised training, you need a USI in order to receive your qualification or statement of attainment.

**Language and Cultural Diversity**In which country were you born?  Australia  Other – Please specify: Do you speak a language other than English at home?  No  Yes – Please specify: How well do you speak English?  Very well  Well  Not well  Not at allAre you of Aboriginal or Torres Strait Islander origin?  No  Yes – Please specify: **Previous Education**Have you done your schooling?  Yes  NoHighest Qualification: Name of Institute:  Completed Year: **Disability**Do you have any of the following disabilities, impairments or long-term conditions?  Yes  No

If 'Yes', then please indicate the areas of disability, impairment or long-term condition:

- |   |                                   |  |  |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf   | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual      | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Vision   | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other                     |

**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                         | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Employed in a family business | <input type="checkbox"/> Unemployed - seeking work | <input type="checkbox"/> Not employed - not seeking employment |                                   |

**Study Reason**

Of the following categories, which BEST describes your main reason for undertaking this course?

- |  |  |
|--|--|
| <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 career             |
| <input type="checkbox"/> To get a better job or promotion    | <input type="checkbox"/> It was a requirement of 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                       |  |

**RPL/Credit**Are you seeking recognition of prior learning (RPL) or course credit transfer?  Yes  No

If 'Yes', then please contact training manager for further details about the RPL/CT process

**Transferring student information: (if applicable)**Are you transferring from another education provider in Australia?  Yes  NoIf 'Yes', then have you completed the first 6 months of your principal course?  Yes  No

Name of Institute:

If you currently enrolled in another institute in Australia please provide release letter.

**Education Agent Details**

If you were referred by an Education Agent, please provide details below.

**Agent Name/Business Name:**

As an approved agent of Edinburgh Institute, I am also certifying that I have verified all the original documents of the student.

**Signature** \_\_\_\_\_

## Privacy Notice

Under the Data Provision Requirements 2012, Edinburgh Institute Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrollment form and your training activity data) may be used or disclosed by Edinburgh Institute for statistical, regulatory and research purposes. Edinburgh Institute may disclose your personal information for these purposes to third parties. This practice is also required by the ESOS Act and the ESOS National Code 2018. including:

- School: if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship
- Employer: if you are enrolled in training paid by your employer
- Commonwealth and State or Territory government departments and authorized agencies
- NCVER
- Researchers

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts
- Facilitating statistics and research relating to education, including surveys
- Understanding how the VET market operates, for policy, workforce planning and consumer information, and
- Administering VET, including program administration, regulation, monitoring and evaluation

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET data policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

**Student Declaration and Consent**

I \_\_\_\_\_, Declare that the information I have provided to the to the best of my knowledge is true and correct. I further declare that I have gone through the following policies and procedures available on [www.edinburgh.edu.au](http://www.edinburgh.edu.au):

- Admissions Policy and Procedure
- Complaints and Appeals Policy and Procedure
- Course Progress Policy and Procedure
- Deferring, Suspending and Cancelling Overseas Student Enrolment Policy and Procedure
- Refund Policy and Procedure *(All refunds will be in accordance with the policy and refund arrangements defined in Agreement)*
- RPL and Credit Transfer Policy and Procedure
- Student Support Policy and Procedure
- Transfer Between Registered Providers Policy and Procedure

I Consent to the collection use and discloser of my personal information in accordance with the Privacy Notice Above.

Applicant Name

Applicant Signature

Date..... / ..... / .....

**Document Checklist**

- Passport bio-data pages
- IELTS (or other English Language test) Results (if applicable)
- Evidence of highest academic qualifications
- Copy of current Australian Visa (if applicable)
- OSHC Certificate (if applicable)

**FOR OFFICE USE ONLY**

DATE

	D		D		M		M		Y		Y		Y		Y	
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Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_