

Overseas Student Application Form

Read your Student Handbook BEFORE submitting this form. This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at States College Australia are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form.

PART A – YOUR PERSONAL DETAILS

Title:	
First Name/Given Name:	
LastName/Surname:	
Date of Birth:	
Gender:	
Telephone:	
Mobile:	
Email:	
Alternative Email:	
Identification Verified:	Type of ID:
	ID Number:
Overseas Address:	Unit NUMBER:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:
Health Insurance Details:	Insurance provider: Insurance Type: Insurance Number: Insurance Expiry Date:
Australian Address:	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:

How did you hear about us?

Website
 Agents
 Advertisements
 Friends
 Other

If Agent, please specify name: _____

Passport Details

Passport Number:	
Expiry Date:	
Passport Country	

Are you currently in Australia? YES NO

Have you ever had Australian visa refused in the past? YES NO

Visa Details (If already held Australian visa)

Visa Type:	
Visa Grant Number	
Visa Expiry Date	
Nationality	

Disability

Do you consider yourself to have a disability, impairment, or long-term condition? YES NO

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list (You may indicate more than one area):

<input type="checkbox"/>	Hearing/deaf
<input type="checkbox"/>	Physical
<input type="checkbox"/>	Intellectual
<input type="checkbox"/>	Learning
<input type="checkbox"/>	Mental illness
<input type="checkbox"/>	Acquired brain impairment
<input type="checkbox"/>	Vision
<input type="checkbox"/>	Medical condition
<input type="checkbox"/>	Other

Do you have a Unique Student Identifier Number?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes; Please specify _____		
If NO: <input type="checkbox"/> I authorise States College Australia to create on my behalf <input type="checkbox"/> I will create myself		
<i>(If you wish to apply for USI (Unique Student Identifier), please follow this link to register: https://www.usi.gov.au/)</i>		

PART B – COURSES

Please tick the course/s you are applying for, to study at States College Australia.

- SIT30821 Certificate III in Commercial Cookery
- SIT40521 Certificate IV in Kitchen Management
- SIT50422 Diploma of Hospitality Management
- BSB50120 Diploma of Business
- BSB60120 Advanced Diploma of Business

Please tick the intake date below: January February March April May
 June July August September October November

Do you wish to apply for Credit Transfer?

If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Transfer Application Form. Yes No

Do you wish to apply for Recognition of Prior Learning?

If you indicate YES, you will be contacted to discuss this further. Yes No

Reason to choose the above course(s):

<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"/> 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 Please Specify:

Have you enrolled with States College Australia before? YES NO

Are you an Aboriginal or Torres Strait Islander? YES NO DO NOT WISH TO STATE

Language Spoken at home: _____

PART C – EDUCATION HISTORY

Please provide details and documentation of your past education including the highest qualification completed (attach with the form).

Year Completed	Name of Institution	State / Country	Name of Qualification	Course Duration

PART D – ENGLISH LANGUAGE PROFICIENCY

Please tick (☑) which of the following applies to you. Attach relevant evidence / documentation to support your selections.

- English is my first language
- I have completed a recognised English language test.

Test taken

- IELTS PTE TOEFL Other (Please Specify) _____

Score (Overall): _____

If you have not taken any of the above, please specify how you would satisfy the English proficiency requirements for the application:

- I intend to complete an ELICOS course in Australia.
- Other:

Please make sure you refer to the specific entry requirements that apply to the course you are applying for. These requirements are detailed in the student prospectus.

PART E – NEXT OF KIN/EMERGENCY CONTACT

Next of kin are people that States College Australia may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to States College Australia.

In Australia (if any):

Name:		Relationship to you:	
	Unit Name:		
	Street:		
	Suburb/Town:		
	State:		
	Postcode:		
	Country:		
Email:		Phone:	

Overseas:

Name:		Relationship to you:	
	Unit Name:		
	Street:		
	Suburb/Town:		
	State:		
	Postcode:		
	Country:		
Email:		Phone:	

PART F – ACCOMMODATION AND TRANSPORT

Do you require assistance with accommodation?

Yes No

If you indicate YES, you will be contacted to discuss this further.

Do you require assistance with transport and/ or airport pick up?

Yes No

If you indicate YES, you will be contacted to discuss this further.

PART G – DECLARATION OF RECEIPT OF STUDENT INFORMATION

This is to certify that I have received and read the States College Australia Student Handbook outlining the policies, practices, and regulations which I agree to observe and follow during my period of study with States College Australia:

Student Declaration

- I understand that it is my responsibility to be familiar with the contents of the States College Australia Student Handbook, and to ask questions on any matters I do not understand.
- I understand that this declaration will be recorded in my student file.
- I confirm that I have read and understood States College Australia's current Student Prospectus or information provided on States College Australia website (www.statescollegeaustralia.com.au) which details information about the ESOS Act 2000, course entry requirements, English entry requirements, LLN requirements. I also understand fees payments and refund policy, including an explanation of what occurs, if for some unforeseen reason, the course is not delivered.
- I understand that I am not required to pay more than the initial tuition fee amount as stated on this offer letter (or 50% of the tuition fee) before the start of the course. However, I am also aware that I have a choice to pay more than 50% of the tuition fees or the full course fees upfront if I choose to do so. Any amount of fees paid before the start of the course will be reflected in my Confirmation of Enrolment (CoE).
- I confirm that I am fully aware of the fees and refund policy, conditions of enrolment and privacy statement as set out in Privacy Act 1988, which I agree to abide by as a student at States College Australia.
- I declare that all information provided in this application form is complete and correct. I understand that failure to provide correct information or documentation in relation to this application form may result in cancellation of my enrolment.
- I confirm that the following has been discussed with me during my enrolment process:

<input type="checkbox"/>	My enrolment and the Qualification details
<input type="checkbox"/>	My training plan (If applicable)
<input type="checkbox"/>	My assessment process
<input type="checkbox"/>	Evidence requirements
<input type="checkbox"/>	Who to contact for support and advice
<input type="checkbox"/>	How Recognition of Prior Learning (RPL) can be integrated into my training plan
<input type="checkbox"/>	Resources required for my enrolment
<input type="checkbox"/>	Any special needs I have which need to be taken into consideration
<input type="checkbox"/>	States College Australia appeals and complaints procedure
<input type="checkbox"/>	Fees, charges, and method of payment available
<input type="checkbox"/>	Confidentiality of records and access to my records
<input type="checkbox"/>	Information contained in the Student Handbook
<input type="checkbox"/>	States College Australia has permission to use of my image and or testimonial in the Marketing and Advertising materials of States College Australia

Student Signature:		Date:	
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PART H – MEDIA CONSENT & SURVEY

From time to time, States College Australia staff may request to take photographs/videos or verbal/written interviews/testimonials of students at States College Australia campus or at places where the student is involved in an activity. These creations may be used in a classroom or on-the-job work activities or could be published by States College Australia in print, digital or broadcast media such as documents, student magazine, website, TV, newsletters, displays, journals, professional development materials for trainers and marketing collateral. Staff may also at times request students provide any of the above of the students' own creation for the same purposes.

- I do give consent to States College Australia using any of the above materials involving me for the purposes outlined above.
- I do not give consent to States College Australia using any of the above materials involving me for the purposes outlined above.

Student Name			
Student Signature		Date:	

PART I – AGENT AGREEMENT (For Agents only, not for Students)

As an authorised States College Australia agent, I/we take full responsibility for verifying any of the information provided in this application on behalf of States College Australia and that States College Australia may take action under that agreement, including the cancellation of the agreement for any false or misleading information or breach of the Code of Conduct.

Agency Name:
Agent Representative/ Staff Name:
Signature:
Date:

OFFICE USE ONLY (FOR SCA STAFF ONLY)

Student Offer Number:
Application Assessed by:
Date:

Admissions Officer Name:			
Admissions Officer Signature:		Date:	

ENQUIRIES

Email: info

Address:

Phone:

Website: www.statescollegeaustralia.com.au

LODGEMENT

Submit the completed application form via email, mail or through our website.

Email: info@statescollegeaustralia.com.au

Address:

Phone:

Website: www.statescollegeaustralia.com.au