

INTERNATIONAL STUDENT APPLICATION

Part A: Pre-enrolment (eligibility) interview/evaluation – Part B: Personal information – Part C: Course(s) selection

The process of enrolment explained:

1. Pre-enrolment eligibility interview/evaluation – Personal Information – Courses – Application for enrolment:
2. Assessment of application by ITHEA – acceptance/rejection.
3. Letter of offer and enrolment acceptance agreement to the student candidate.
4. Acceptance of offer – terms, responsibilities, fees payment schedule.
5. Payment of tuition deposit as well as the upfront monies for the Overseas Student Health Cover for the duration of the cover.
6. Electronic Confirmation of Enrolment – eCoE – from ITHEA through the Department of Education and Training.
7. Student applies for Student Visa.

PART A – PRE-ENROLMENT ELIGIBILITY INTERVIEW/EVALUATION

The prospective student must answer the following questions in detail (if space is insufficient, kindly attach another paper with the completed response(s)).

Do you have any experience in the field you intend to study? Please expand.

Why do you want to undertake this Vocation Education and Training course?

How will the course benefit your future job prospects?

For prospective students choosing two different streams, please explain why.

Student certification

I certify that the information I have provided and indicated on this form is true and correct.

.....
Name of applicant

.....
Signature of applicant

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

For office use only – ITHEA officer's determination:

Is the English level of the prospective student appropriate for the qualification? Yes No - *If not, recommended enrolment?*

Does the course align with the student's career plans? Yes No - *If not, recommended action?*

.....
Name of ITHEA Officer

.....
Signature of ITHEA Officer

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

PART B – PERSONAL INFORMATION

Please complete all parts of this form, sign and date each page, attach certified documents and return to ITHEA

Personal details

Family name:	Given name(s):
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Date of birth:	Country of birth:	City of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Passport No.	Country of passport:	Nationality:	E-mail:
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Home country address:	Home country contact telephone:
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Are you currently in Australia? If yes, Australian address:	Australian telephone:
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Emergency contact details – Name (<i>next of kin</i>):	Relationship:	Telephone number:
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Medical

Pre-existing medical condition – please outline in detail (*if insufficient space, please attach another page, sign and date it after completion*):

Do you consider yourself to have a disability (*tick applicable box*)? Yes No

If yes, please indicate the areas of disability, impairment or long term condition by ticking the applicable box(s):	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision
	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Other
	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Mental illness	

Previous studies

Highest level of education attained:	Institution:	Country:	Year completed:
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Have you successfully completed any of the following qualifications?

<input type="checkbox"/> Bachelor Degree of Higher Degree	<input type="checkbox"/> Certificate IV or Advanced Certificate/Technician	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate III or Trade Certificate	<input type="checkbox"/> Certificate(s) other than the above
<input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Other

Language (*tick applicable box or boxes*)

Have you completed an IELTS course, TOEFL course or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country:	Date completed
<input type="checkbox"/> IELTS (score): <input type="checkbox"/> TOEFL(score): <input type="checkbox"/> Other:		
Do you speak a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify:		

Student certification

I certify that the information I have provided and indicated on this form is true and correct. I further certify that in completing this Student Application Form, I am commencing the procedures for an enrolment into the course/s indicated. I understand that I will receive further information from the Institute of Tertiary and Higher Education Australia so as to finalise my enrolment.

.....
Name of applicant

.....
Signature of applicant

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

PART C – COURSE(S) SELECTION

Course(s) seeking enrolment *(tick applicable box or boxes)*

<p>Faculty of English</p> <p><input type="checkbox"/> Course in English as an Additional Language (EAL) 22259VIC - CRICOS: 093551K</p> <p><input type="checkbox"/> Cert. I in EAL (Access) 22250VIC - CRICOS: 082321D</p> <p><input type="checkbox"/> Certificate II in EAL (Access) 22251VIC - CRICOS: 082322C</p> <p><input type="checkbox"/> Certificate III in EAL (Access) 22253VIC - CRICOS: 082323B</p> <p><input type="checkbox"/> Certificate III in EAL (Further Study) 22255VIC - CRICOS: 082324A</p> <p><input type="checkbox"/> Certificate IV in EAL (Further Study) 22258VIC - CRICOS: 082325M</p> <p><input type="checkbox"/> Certificate IV in EAL (Employment Professional) 22257VIC - CRICOS: 084513B</p>	<p>Faculty of Community Health Care continued</p> <p><input type="checkbox"/> Certificate III in Individual Support (Disability) CHC33015 - CRICOS: 093547F</p> <p><input type="checkbox"/> Certificate IV in Disability CHC43115 - CRICOS: 093549D</p> <p><input type="checkbox"/> Diploma of Community Services CHC52015 - CRICOS: 093550M</p>
<p>Faculty of Community Health Care</p> <p><input type="checkbox"/> Certificate III in Early Childhood Education and Care CHC30113 - CRICOS: 084224M</p> <p><input type="checkbox"/> Diploma of Early Childhood Education and Care CHC50113 - CRICOS: 084226J</p> <p><input type="checkbox"/> Diploma of Community Services CHC52015 - CRICOS: 093550M</p> <p><input type="checkbox"/> Certificate III in Individual Support (Ageing) CHC33015 - CRICOS: 093547F</p> <p><input type="checkbox"/> Certificate IV in Ageing Support CHC43015 - CRICOS: 093548E</p>	<p>Faculty of Business</p> <p><input type="checkbox"/> Certificate II in Business BSB20115 - CRICOS: 093540B</p> <p><input type="checkbox"/> Certificate III in Business BSB30115 - CRICOS: 093541A</p> <p><input type="checkbox"/> Certificate IV in Business BSB40212 - CRICOS: 086940M</p> <p><input type="checkbox"/> Diploma of Business BSB50215 - CRICOS: 087207K</p> <p><input type="checkbox"/> Advanced Diploma of Business BSB60215 - CRICOS: 093545G</p> <p><input type="checkbox"/> Certificate IV in Leadership & Management BSB42015 - CRICOS: 093543K</p> <p><input type="checkbox"/> Diploma of Leadership & Management BSB51915 - CRICOS: 093544J</p> <p><input type="checkbox"/> Advanced Diploma of Leadership & Management BSB61015 - CRICOS: 093546G</p>

Employment

Of the following categories, which best describes your current employment status *(tick applicable box or boxes)*:

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Employed – unpaid worker in family business	<input type="checkbox"/> Unemployed – seeking part time work
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking full time 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/these courses *(tick applicable box or boxes)*:

<input type="checkbox"/> To get a job	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> Other (please indicate)
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To get into another course of study	
<input type="checkbox"/> To start my own business	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> Personal interest or self-development	

Overseas Student Health Cover

Do you have Overseas Student Health Cover *(tick applicable box)*? Yes No

If yes, name of the insurance company:

Policy number of the insurance company:

Expiry date:

If no, do you wish ITHEA to organise cover *(tick applicable box)*?

Yes - No

Single - Family -months

Checklist of documents

Please indicate that you have attached **certified** copies of the following documents *(tick boxes of the documents you have attached)*:

<input type="checkbox"/> Proof of English proficiency (IELTS, TOEFL, other acceptable English course)	<input type="checkbox"/> Tertiary/further education certificates
<input type="checkbox"/> Passport	<input type="checkbox"/> Secondary school certificate
<input type="checkbox"/> Appropriate study visa	<input type="checkbox"/> Other:

Student certification

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