



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

### Medical

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

<input type="text"/>
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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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you successfully completed any of the following qualifications?

<input type="checkbox"/> Bachelor Degree or 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*)

Country:	Date completed
<input type="text"/>	<input type="text"/>
Have you completed an IELTS course, TOEFL course or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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:	
<input type="text"/>	

### 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)*

<b>Faculty of English</b> <input type="checkbox"/> General English - ELICOS (English Language Intensive Courses for Overseas Students) CRICOS: 097564F - Candidates will be tested to ascertain which of the following levels they are best suited to be paced in: Beginner, Elementary, Pre-Intermediate, Intermediate, Upper Intermediate, Advanced): <b>Faculty of Community Health Care</b> Ageing: <input type="checkbox"/> Certificate III in Individual Support (Ageing) CHC33015 - CRICOS: 093547F <input type="checkbox"/> Certificate IV in Ageing Support CHC43015- CRICOS: 093548E	<b>Faculty of Community Health Care</b> Disability: <input type="checkbox"/> Certificate III in Individual Support (Disability) CHC33015 - CRICOS: 093547F <input type="checkbox"/> Certificate IV in Disability CHC43115 - CRICOS: 093549D Early Childhood: <input type="checkbox"/> Cert. III in Early Childhood Education & Care CHC30113 - CRICOS: 084224M <input type="checkbox"/> Diploma of Early Childhood Education & Care CHC50113 - CRICOS: 084226J Community Services: <input type="checkbox"/> Diploma of Community Services CHC52015 - CRICOS: 093550M
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### 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

### Visa related information

Have you previously visited Australia? <input type="checkbox"/> No - <input type="checkbox"/> Yes	Have you previously breached any Visa conditions? <input type="checkbox"/> No - <input type="checkbox"/> Yes
Have you ever been refused a Visa for entry into Australia or any other country? <input type="checkbox"/> No - <input type="checkbox"/> Yes <i>(If yes, please attach relevant documents.)</i>	
Are you currently in Australia? <input type="checkbox"/> No - <input type="checkbox"/> Yes If yes, what is your Australian address:	
Visa Type: _____ Subclass No: _____ Expiry date: ...../...../..... <i>(Please attach copy of current visa if applicable)</i>	

### 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:	If no, do you wish ITHEA to organise cover <i>(tick applicable box)</i> ?
Policy number of the insurance company:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Expiry date:	<input type="checkbox"/> Single - <input type="checkbox"/> 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/test)	<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:

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...../...../.....  
 Name of applicant Signature of applicant Date