

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, on separate papers and kindly attach to the end of this application.

Each response should be as detailed as possible.

1. Why are you choosing to study in Australia?
2. Why are you choosing to study at ITHEA?
3. Why are you choosing to study the nominated course/s? Do you have any experience in the field you intend to study?
4. How is the course relevant to your career and academic background? How will it benefit your future career prospects?
5. What are the incentives to return to your home country?
6. Do you have friends or relatives in Australia?
7. What are your living arrangements in Australia?

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

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"/> Physical <input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness	<input type="checkbox"/> Vision <input type="checkbox"/> Other
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Previous studies

Highest level of education attained:	Institution:	Country:	Year completed:

Have you successfully completed any of the following qualifications?

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

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:	Country:	Date completed
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"/> 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):</p> <p>Faculty of Community Health Care</p> <p><i>Ageing:</i></p> <p><input type="checkbox"/> Certificate III in Individual Support CHC33021 - CRICOS: 116461G</p> <p><input type="checkbox"/> Certificate IV in Ageing Support CHC43015- CRICOS: 093548E</p>	<p>Faculty of Community Health Care</p> <p><i>Disability:</i></p> <p><input type="checkbox"/> Certificate III in Individual Support CHC33021 - CRICOS: 116461G</p> <p><i>Early Childhood:</i></p> <p><input type="checkbox"/> Certificate III in Early Childhood Education & Care CHC30121 - CRICOS: 108510C</p> <p><input type="checkbox"/> Diploma of Early Childhood Education and Care CHC50121 - CRICOS: 108666E</p>
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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, 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

<p><i>If yes, name of the insurance company:</i></p> <p>Policy number of the insurance company:</p> <p>Expiry date:</p>	<p><i>If no, do you wish ITHEA to organise cover (tick applicable box)?</i></p> <p><input type="checkbox"/> Yes - <input type="checkbox"/> No</p> <p><input type="checkbox"/> Single - <input type="checkbox"/> Family -months</p>
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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 <input type="checkbox"/> Tertiary/further education certificates <input type="checkbox"/> Secondary school certificate <input type="checkbox"/> Other:	<input type="checkbox"/> Passport <input type="checkbox"/> Appropriate study visa	
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