



# INTERNATIONAL STUDENT APPLICATION

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

#### The process of enrolment explained:

- 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.
- 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?						
Does the course align with the student's career plans?						
Name of ITHEA Officer	Signature of ITHEA Officer					

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### PART B - PERSONAL INFORMATION

Personal details Family name:	no un purto or	ano rorm, orgi	Given name(s):	pago, att		inou uoou	mome a	ina rotam	to milen
r arrilly riarrie.			Given name(s).						
Data of hirth:	Country of hirth		City of high					Covi	
Date of birth:	Country of birth:		City of birth:					Sex:	☐ Female
								- Iviale	- I emale
Passport No. C	ountry of passport:		Nationality:		E-	-mail:			
Home country address:						Home cour	ntry contact	t telephone:	
Are you currently in Aus	stralia? If yes, Austra	lian address:			Australian telephone:				
Emergency contact det	ails – Name <i>(next of</i>	kin): Relation	nship:			Telep	ohone num	ber:	
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 yourse	•	(tick applicable box	()? □Yes □No						
If yes, please indicate the areas of disability, impairment or long term condition by ticking the applicable box(s):  Hearing/Deaf  Physical  Acquired brain		☐ Intellectual ☐ Learning impairment ☐ Mental illness			☐ Vision☐ Other				
Previous studies Highest level of Institution: education attained:			Country:			Year completed:		ted:	
Have you successfully completed any of the following qualifications?									
□ Bachelor Degree of Higher Degree □ Advanced Diploma or Associate Degree □ Diploma or Associate Diploma □ Certificate IV or Advanced Cert □ Certificate III or Trade Certificate □ Certificate II				te/Technician  Certificate I  Certificate(s) other than the above  Other			above		
Language (tick applicable box or boxes)				Country:			Date comple	ted	
Have you completed an IELTS course, TOEFL course or equivalent? ☐ Yes ☐ No ☐ IELTS (score): ☐ TOEFL(score): ☐ Other:									
Do you speak a langua	ge other than Englisl	n? No Yes	If yes, please specify	<i>/</i> :					
Student certifica I certify that the informa commencing the proce	ation I have provided								

Education Australia so as to finalise my enrolment.

		1 1
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Name of applicant	Signature of applicant	Date



Date



## PART C - COURSE(S) SELECTION

Name of applicant

Course(s) seeking ei	nrolment (tick app	licable box or boxe	es)					
Faculty of English				Faculty of Community Health	Care			
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):			Disability: ☐ Certificate III in Individual Support CHC33021 - CRICOS: 116461G ☐ Certificate IV in Disability Support CHC43121 - CRICOS: 117368G  Early Childhood:					
Faculty of Community Health C	Care				☐ Certificate III in Early Childhood Education & Care CHC30121 - CRICOS: 108510C			
Ageing: ☐ Certificate III in Individual Support CHC33021 - CRICOS: 116461G ☐ Certificate IV in Ageing Support CHC43015- CRICOS: 093548E			Community Services:	☐ Diploma of Early Childhood Education and Care CHC50121 - CRICOS: 108666E  Community Services: ☐ Diploma of Community Services CHC52021 - CRICOS: 117369F				
Employment Of the foll	lowing categories, whi	ch best describes	your current	employment status (tick applicable	le box or b	poxes):		
☐ Full time employee ☐ Part time employee	Self-employed – no Employer	t employing others	business	ed – unpaid worker in family oyed – seeking full time work	d – unpaid worker in family  Unemployed – seeking pa  Not employed – not seeking			
Visa related information  Have you previously visited Australia?  No - Yes  Have you previously breached any Visa conditions?  No - Yes  Have you ever been refused a Visa for entry into Australia or any other country?  No - Yes (If yes, please attach relevant documents.)								
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Are you currently in Australi	ia? 🔲 No - 🖵 Ye:	s If yes, address	S: 					
Visa Type:	Subclass No:	Expiry d	late:/	./(Please attach copy	of current	visa if applicable)		
Study reason Of the following categories, w	hich best describes yo	our main reason fo	r undertaking	g this course/these courses (tick a	applicable	box or boxes):		
☐ To get a job ☐ To try for a different career ☐ To develop my existing business ☐ To start my own business ☐ It was a requirement of my job		n	☐ I want extra skills for my job☐ To get into another course of stu☐ Personal interest or self-developed.		Other (please indicate)			
Overseas Student Health Cover  Do you have Overseas Student Health Cover (tick applicable box)? □ Yes □ No								
If yes, name of the insurance				do you wish ITHEA to organise cover (tick applicable box)?				
			Yes - No					
Expiry date:			ngle - 🖵 Familymonths					
Checklist of docume Please indicate that you have		pies of the followin	ng documents	s (tick boxes of the documents yo	ou have att	tached):		
□ Proof of English proficiency       □ Passport         □ Tertiary/further education certificates       □ Appropriate st			sa	☐ Secondary school certificate ☐ Other:				
Student certification I certify that the information I commencing the procedures Education Australia so as to f	have provided and income for an enrolment into the	licated on this form he course/s indica	n is true and o	correct. I further certify that in cor tand that I will receive further info	mpleting the	nis Student Application Form, I am om the Institute of Tertiary and Higher		

Signature of applicant