

INTERNATIONAL STUDENT ENROLMENT APPLICATION

1. STUDENT DETAILS					
Title: Mr / Mrs / Ms / Miss <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				Date of Birth	/ /
Surname:	Given Names:				
Home Phone:	Mobile:				
Residential Address:	Suburb	Postcode:			
Postal Address:	Suburb	Postcode:			
Email Address:					
Skype:					
Preferred contact:	<input type="checkbox"/> Email		<input type="checkbox"/> Phone		<input type="checkbox"/> Skype
Passport No:	Expiry date:	/ /			
Country of issue:					
Have you ever had a visa application refused or visa cancelled for Australia or any other country?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reported to Australia's Department of Home Affairs for failing to meet visa conditions?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. TRAINING PROGRAM DETAILS					
Program Code:	Program Cost:				
Program Name:					
Preferred Start Date:	/ /	Preferred End Date:	/ /		
3. UNIQUE STUDENT IDENTIFIER (USI)					
USI No:	_____ (10 digits in total)				
If you do not have a USI do you give Alpha Beta College Australia permission to apply for one on your behalf?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

To raise a USI we will need one of the following proof of Identity evidence documents.					
Visa No:		Expiry Date:	/ /	Type:	
4. WELFARE					
Do you require homestay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many weeks? _____		
Do you require airport pickup?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Flight No: _____ Date: / /		
Do you require Overseas Student Health Cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Single or Family: _____		
5. LANGUAGE					
Proof of English Language	<input type="checkbox"/> IELTS	<input type="checkbox"/> TOEFL	Proficiency: _____		
Have you studied in Australia before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details: _____		
6. DISABILITY					
Do you have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Please state your disability, impairment or injury.	<input type="checkbox"/> Hearing	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Physical		
	<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired		
7. PRIOR EDUCATION					
What is your highest level of school completed?	<input type="checkbox"/> Primary School	<input type="checkbox"/> Senior High School			
	<input type="checkbox"/> High School	<input type="checkbox"/> Other			
In which year did you complete school?	_____				
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Bachelor's degree or Higher Degree	<input type="checkbox"/> Certificate III or Trade Certificate				
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II				
<input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Certificate I				
<input type="checkbox"/> Certificate IV or Advance Certificate	<input type="checkbox"/> Certificates - other				
Do you wish to apply for Recognition of Prior Learning or Credit Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any special needs that we should plan support for?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide some details:					

8. REASON FOR STUDY			
<input type="checkbox"/> To get a job or better job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business	<input type="checkbox"/> I want extra skills for my job
<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> Other
9. EMERGENCY CONTACT			
Name:		Relationship:	
Home Phone:		Mobile:	
10. MARKETING AND IMAGES			
How did you hear about us?	<input type="checkbox"/> Existing Student	<input type="checkbox"/> Agent	<input type="checkbox"/> Other
	<input type="checkbox"/> Website	<input type="checkbox"/> Social Media	
ABCA may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below.			
<input type="checkbox"/> I do not wish to be contacted regarding future training opportunities.			
During training, photos or footage may be taken of you. Do you give ABCA permission to use these photos or footage for such things as improving training resources, promotional documents and reports?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. PAYMENT METHODS			
Credit Card Details (required to reserve a place in the course)			
<input type="checkbox"/> Mastercard		<input type="checkbox"/> Visa	
Card Holder Name:			
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:	/ /	Card (CVC Code)	<input type="text"/>
Credit cards will not be charged without prior notification but <i>will</i> be charged upon the students' cancellation of their place in the course. (See cancellation policy)			
Tax invoice for Existing Account Holders			
Company Name:		Purchase Order No:	

12. STUDENT DECLARATION

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Learner Handbook supplied to me and have been informed about and accept my rights and obligations.
- I have reviewed and accept the Schedule of Fees and Payments and have been informed of the refund policy.
- I have reviewed the Course Brochure and have been informed of and accept the training and assessment services to be provided and the units of competency to be completed.
- I have reviewed the National VET Data Privacy Policy Notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance with this notice.
- I understand that ABCA may refuse my application or cancel my enrolment if any information is found to be incorrect or misleading.
- By submitting this form I agree that ABCA will independently verify the information supplied by me in this form and request further information or documentation as required.
- I authorise my booking agent to act on my behalf in all matters relating to this application and associated visa application.

Documents to attach with your application:

- Passport including photo page and signature page
- Evidence of English language proficiency
- Academic certificates/transcripts (translation needed if not in English)

Please submit your application to admissions@alphabetacollege.edu.au. You will receive a response within two business days. Please note that ABCA may request additional information from you in support of your application.

Signature:

Date:

/ /

RTO use only:

Is learner support indicated? **No / Yes** Referred to: _____

Details entered into system? **No / Yes**

Enrolment confirmation sent? **No / Yes**

English language proficiency confirmed? **No / Yes**

Has payment being received? **No / Yes** Amount paid : _____

Receipt No : _____

USI verified? **No / Yes**

Training scheduled to commence on the following date: _____

Note: _____

Full Name:			
Signature:		Date:	/ /