INTERNATIONAL STUDENT ENROLMENT FORM

Applicant’s Personal Details

Family Name ___________________________ Given Names _______________________________________

Gender

Male ☐ Female ☐

Date of Birth _______ _______ _______

Overseas Address

City ___________________________ Country ___________________________ Postcode ____________

Home phone _______ Mobile No _______ Email Address _______________________________________

Name of Education Agent (if applicable) ___________________________________________________

Australian Address

Building/Property Name _____________________________________________________________

Flat/Unit Details _________________________________________________________________

Street or lot Number ______________________________________________________________

Street Name _________________________________________________________________

Suburb ___________________________ State/Territory ___________ Postcode _______________

Home phone _______ Mobile No _______ Email Address _______________________________________

Passport Details

Passport No __________________ Nationality ___________________________

Date of Expiry _______ Visa No. & Expiration Date ___________________________

English Language Proficiency

Please provide evidence of your English language qualification ____________________________

IELTS / PTE / TOFEL / (Score) ___________________________ Expiry Date ________________

Other English ___________________________

Language/Cultural Diversity

Your first language ___________________________

How well do you speak English?

Very well ☐

Well ☐

Not well ☐

Not at all ☐

Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

No, English only ☐

Yes, other - Please specify ☐

AC01-International Student Enrolment Form_V1/01/16
Are you of Aboriginal or Torres Strait Island descent?

No ☐ Yes, Aboriginal ☐ Yes, Torres Strait ☐

Overseas Student Health Cover (OSHC)  Do you have OSHC?  Yes ☐ No ☐

If Yes, who is your provider? ____________________________________________

Membership No _________________________________ Expiry ☐ ☐ ☐

(Please attach a copy of your membership details)

If no, do you want American College to arrange OSHC on your behalf?  Yes ☐ No ☐

Please note: It is a requirement of your student visa approval that you show evidence of current OSHC for the duration of student visa. It is student’s responsibility to get health coverage.

Disability  Do you consider yourself to have a disability, ailment or long-term condition?

Yes ☐ No ☐  No - Go to Next Question

If YES, then please indicate the areas of disability, impairment or long-term condition:

(Hearing/Deaf ☐ Physical ☐ Intellectual ☐ Learning ☐
Mental Illness ☐ Acquired Brain Impairment ☐ Vision ☐ Medical Condition ☐
Other ☐)

Emergency Contact Information

LOCAL

Name___________________________________Contact No. ____________________________

Address: __________________________________________ Relationship________________

D.O.B ________________________________ E-Mail ID ____________________________

INTERNATIONAL

Name___________________________________Contact No. ____________________________

Address: __________________________________________ Relationship________________

D.O.B ________________________________ E-Mail ID ____________________________

MEDICAL CONTACT DETAILS

Doctor___________________________________Contact No. ____________________________

Address: ______________________________________________________________________

Schooling  What is your highest COMPLETED school level?  (Tick ONE box only.)

Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐

Year 9 or equivalent ☐ Year 8 or below ☐ Never attended school ☐

In which YEAR did you complete that school level?  Year ____________________________

Are you still attending secondary school?  Yes ☐ No ☐

PREVIOUS Qualifications Achieved  Have you successfully completed any of the following qualifications?  Yes ☐ No ☐
If YES, then tick ANY applicable boxes.

Bachelor Degree or Higher Degree ☐ Advanced Diploma or Associate Degree ☐
Diploma (or Associate Diploma) ☐ Certificate IV (or Advanced Certificate/Technician) ☐
Certificate III (or Trade Certificate) ☐ Certificate II ☐
Certificate I ☐ Certificates other than the above ☐

Please provide details and copies of completed certificates.

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Employment

Of the following categories, which BEST describes your current employment status?

Tick ONE box only.

- Full-time employee ☐
- Part-time employee ☐
- Self-employed - not employing others ☐
- Employer ☐
- Employed - unpaid worker in a family business ☐
- Unemployed - seeking full-time work ☐
- Unemployed - seeking part-time work ☐
- Not employed - not seeking employment ☐

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

Tick ONE box only.

- To get a job ☐
- To develop my existing business ☐
- To start my own business ☐
- To try for a different career ☐
- To get a better job or promotion ☐
- It was a requirement of my job ☐
- I wanted extra skills for my job ☐
- To get into another course of study ☐
- For personal interest or self-development ☐
- Other reasons ☐

Course(s) you wish to enrol in, and the preferred start date

1st Course Code _________ Course Name________________________________Proposed Start Date__________

2nd Course Code _________ Course Name________________________________Proposed Start Date__________

3rd Course Code _________ Course Name________________________________Proposed Start Date__________
Credit transfer/RPL (if applicable) // Do you wish to apply for credit transfer?.
Yes □ No □
Please refer to separate Credit Transfer form and provide certified copy of statement of attachment results
Do you wish to apply for RPL (Recognition of Prior Learning)?.
Yes □ No □
Please refer to separate RPL form and provide relevant certified documents

Flexibility in Paying Tuition Fees. // Do you wish to pay only half or more fees before courses start? Yes | No |
If Yes, Please provide amount __________________

Payment Details:
American College Bank Details: Woolloongabba Campus
Bank Cheque: Payable to American College Pty Ltd
Bank Transfer Account Name: American College Pty Ltd
Bank: ANZ BANK
BSB Number: 014305
Account Number: 186330867
Swift Code: ANZBAU3M

American College Bank Details: Gold Coast Campus
Bank Cheque: Payable to American College Pty Ltd
Bank Transfer Account Name: American College Pty Ltd
Bank: ANZ BANK
BSB Number: 014247
Account Number: 292984514
Swift Code: ANZBAU3M

Please note that there is a 2% surcharge on a Credit Card Transactions.
Please email a copy of your receipt to American College.

Unique Student Identifier

From 1 January 2015, American College can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at http://www.usi.gov.au/create-your-USI/ on computer or mobile device.

Enter your Unique Student identifier (if you already have one)

Unique student identifier □□□□□□□□□□

Advice to RTOs: if you want to apply for USIs on behalf of your students (clients), please use the questions in the following section. Alternatively, a copy of the ID document can be obtained instead of recording this information.

Australian birth certificate: note that different details are required depending on the jurisdiction of issue. RTOs that wish to include the birth certificate option in their enrolment form should note the information items required set out at http://usi.gov.au/help-centre/proof-of-ID/Pages/birth_certificate_(australian).aspx# Alternatively, they may wish not to include 'birth certificate' in their form.

Additional Information for USI Application – only required if you do not already have a USI

Town/City of Birth _______________________________________________________________
(please write the name of the Australian or overseas town or city where you were born)
We will also need to verify your identity to create your USI.
Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

Australian Driver Licence
State: ____________ Licence Number: ________________

Medicare Card
Individual reference number (next to your name on Medicare card): __
Card colour: (select which applies)
Green □ Expiry date __/___/____ (format MM/YYYY)
Yellow □ Blue □ Expiry date __/___/____ (format DD/MM/YYYY)

Australian Birth Certificate
State/Territory_____________________
Details vary according to State/Territory (see note above)

Australian Passport
Passport number ________________
Non-Australian Passport (with Australian Visa)
Passport number ________________ Country of issue ________________

Immicard
Immicard Number ________________________________________

Citizenship Certificate
Stock number ________________ Acquisition date __/___/_____ (format DD/MM/YYYY)

Certificate of Registration by Descent
Acquisition date ____________/______/____ (format MM/YYYY)

In accordance with section 11 of the Student Identifiers Act 2014, American College will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.
Privacy Statement & Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by American College.

I understand that American College is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a school based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

If you would like American College to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] __________________________________________________________ authorise American College to apply pursuant to Sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

☐ I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx

☐ I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Signature: ____________________________ Name:__________________________ Date:_____/_____/______

Faculty Assessment

☐ Completed enrolment/ application form
☐ Copy of current passport (certified/original signed)
☐ Evidence of current English proficiency or equivalent; IELTS, PTE, TOEFL with ‘minimum 5.5 overall band’ (certified/original signed)
☐ Course entry documents (Year12) including academic history (certified/original signed)
☐ Evidence of overseas Student health Cover (original signed)
☐ RPL/Course credit details - if applicable
☐ Copy of visa - if applicable
☐ Letter of release - if applicable
☐ Application assessment outcome
☐ Offer letter to be issued ☐Yes ☐No
☐ Unconditional ☐Conditional
☐ If application is rejected or refused, form of correspondence ☐Email ☐Phone ☐others, please mention__________________________

Assessing Officer Name : ______________________ Date : _________ Signature _____________________