



AMERICAN COLLEGE

INTERNATIONAL STUDENT ENROLMENT FORM

Applicant's Personal Details (Please read and complete all of the information in clear, block writing).

Family Name _____ Given Names _____

Gender Male Female

Date of Birth

| | | |
|----------------------|----------------------|----------------------|
| DAY | MONTH | YEAR |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 _____

| | |
|--|---|
| <p>Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)</p> <p>No, English only <input type="checkbox"/></p> <p>Yes, other - Please specify <input type="checkbox"/></p> | <p>How well do you speak English?.</p> <p>Very well <input type="checkbox"/></p> <p>Well <input type="checkbox"/></p> <p>Not well <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> |
|--|---|

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 DAY MONTH YEAR

(Please attach a copy of your membership details)

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

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:

(You may indicate more than one area.)

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

Emergency Contact Information

LOCAL

Name _____ Contact No. _____
Address: _____ Relationship _____
E-Mail ID _____

INTERNATIONAL

Name _____ Contact No. _____
Address: _____ Relationship _____
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 <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"/> | Certificates other than the above <input type="checkbox"/> |

Please provide details and copies of completed certificates.

Qualification: _____ Year: _____ Location: _____

Qualification: _____ Year: _____ Location: _____

Qualification: _____ Year: _____ Location: _____

Qualification: _____ Year: _____ Location: _____

Employment // Of the following categories, which BEST describes your current employment status?.
Tick ONE box only.

| | |
|--|--|
| Full-time employee <input type="checkbox"/> | Part-time employee <input type="checkbox"/> |
| Self-employed - not employing others <input type="checkbox"/> | Employer <input type="checkbox"/> |
| Employed - unpaid worker in a family business <input type="checkbox"/> | Unemployed - seeking full-time work <input type="checkbox"/> |
| Unemployed - seeking part-time work <input type="checkbox"/> | Not employed - not seeking employment <input type="checkbox"/> |

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 <input type="checkbox"/> | To develop my existing business <input type="checkbox"/> |
| To start my own business <input type="checkbox"/> | To try for a different career <input type="checkbox"/> |
| To get a better job or promotion <input type="checkbox"/> | It was a requirement of my job <input type="checkbox"/> |
| I wanted extra skills for my job <input type="checkbox"/> | To get into another course of study <input type="checkbox"/> |
| For personal interest or self-development <input type="checkbox"/> | Other reasons <input type="checkbox"/> |

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 original academic transcript or certified copy.
Do you wish to apply for RPL (Recognition of Prior Learning)?.Yes No

Please refer to separate RPL form and provide relevant original or 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:****Bank Cheque:** Payable to International Institute of Management Pty Ltd**Bank Transfer Account Name:** International Institute of Management Pty Ltd**Bank:** ANZ BANK**BSB Number:** 014305**Account Number:** 186330867**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 **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 provide details for one of the forms of identity below.

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 DD/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

Privacy Notice

Under the Data Provision Requirements 2012, American College is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by American College for statistical, regulatory and research purposes. American College may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement]..... [DATE]

OFFICIAL USE ONLY

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 _____

ABN 91 130 637 320

International Institute of Management Pty Ltd trading as American College / International Institute of Management

180 Logan Road, Woolloongabba, Brisbane,
Queensland – 4102, Australia

Phone No. +61(07) 3391 7599
info@americancollege.edu.au

www.americancollege.edu.au