

The Imperial College of Australia

A.B.N. 85 123 406 039

212 Hoddle St, Abbotsford, Victoria 3067, Australia

Postal Address: PO Box 375, Abbotsford, Victoria 3067, Australia

Tel + 61 3 9417 4777

Web: www.imperial.edu.au Email: info@imperial.edu.au



Application for Enrolment International

Please tick the course(s) you wish to enrol Preferred Course Start Date: ____/____/____

Faculty of Information Technology & Telecommunications			
<input type="checkbox"/>	ICT30118 Certificate III in Information, Digital Media and Technology	<input type="checkbox"/>	ICT40418 Certificate IV in Information Technology Networking
<input type="checkbox"/>	ICT50418 Diploma of Information Technology Networking	<input type="checkbox"/>	ICT51015 Diploma of Telecommunications Network Engineering
Faculty of Business and Management			
<input type="checkbox"/>	BSB40120 Certificate IV in Business	<input type="checkbox"/>	BSB50215 Diploma of Business
<input type="checkbox"/>	BSB50420 Diploma of Leadership and Management	<input type="checkbox"/>	BSB60420 Advanced Diploma of Leadership and Management
Faculty of Hospitality Management			
<input type="checkbox"/>	SIT30816 Certificate III in Commercial Cookery	<input type="checkbox"/>	SIT40516 Certificate IV in Commercial Cookery
<input type="checkbox"/>	SIT50416 Diploma of Hospitality Management	<input type="checkbox"/>	SIT60316 Advanced Diploma of Hospitality Management
Upfront fee (you must tick one box)			
<input type="checkbox"/> I would like to pay half of the fee of above course(s) before the start of the course(s)			
<input type="checkbox"/> I would like to pay more than half of the fee of above course(s) before the start of the course(s)			
<i>a student can pay full fees if they wish to, but they are not required to pay more than 50 percent up front</i>			
Personal Details			
Given Name: (Legal Given name)		Surname: (Legal Family name)	
Date of Birth: / /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Town of Birth:		Country of Birth:	
Nationality		<i>As per passport</i>	
Passport No:		Visa Number (if known)	
Phone (home):		Mobile:	
Email Address:			
Residential Address		Postal Address, (if different to usual residence)	

Emergency Contact Details			
Name:		Phone Number:	
Address:			
Relationship to Applicant:			
Details of any accompanying Dependents(s)			
First Name: _____	Surname: _____	Relationship: _____	
Date of Birth: ____/____/____	Passport No.: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name: _____	Surname: _____	Relationship: _____	
Date of Birth: ____/____/____	Passport No.: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>Attach a separate sheet with above information, if more than two accompanying dependents.</i>			
Language and cultural diversity			
Do you speak a language other than English at home?			
No, English Only <input type="checkbox"/>		Yes, other – please specify: _____	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all			
In which country were you born? _____			
Are you of Aboriginal or Torres Strait Islander origin?			
(For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes)			
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal	
		<input type="checkbox"/> Yes, Torres Strait Islander	
Disability			
Do you consider yourself to have a disability, impairment or long-term condition?			
<input type="checkbox"/> No		<input type="checkbox"/> Yes	
(If Yes, please specify the areas of disability, impairment or long-term condition. You may indicate more than one area. Please attach documentation describing your disability, impairment or long-term condition in more detail.)			
<input type="checkbox"/> Hearing/Deaf		<input type="checkbox"/> Intellectual	
<input type="checkbox"/> Physical		<input type="checkbox"/> Learning	
<input type="checkbox"/> Others		<input type="checkbox"/> Mental Illness	
		<input type="checkbox"/> Medical condition	
		<input type="checkbox"/> Vision	
		<input type="checkbox"/> Acquired brain impairment	
Education & English Level			
Highest COMPLETED school level		Year of Completion	
Are you still attending secondary or senior secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Highest Qualification achieved:		Year of Completion:	
Country Qualification issued			
List score and date of English tests	IELTS (Academic / General)	TOEFL	PEARSON

Do you require any language, literacy or numeracy assistance?

YES

NO

Are you seeking Credit Transfer /Recognition of Prior Learning?

YES

NO

If **YES**, Application for Credit Transfer/Recognition of Prior Learning along with relevant supporting documents must accompany this application form.

If you believe you have any relevant employment experience, **attach details** on a separate sheet.

Current Employment Details	
Which best describes your current employment status? (Tick ONE box only)	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Self-employed – employing others
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Self-employed – not employing others
<input type="checkbox"/> Not employed – not seeking employment	<input type="checkbox"/> Unemployed – seeking part time employment
<input type="checkbox"/> Employed- unpaid worker in a family business	<input type="checkbox"/> Unemployed –seeking full time employment
Reason for undertaking this course?	
(Tick ONE box only)	
<input type="checkbox"/> 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"/> 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"/> To get a better job or promotion	<input type="checkbox"/> Other reasons
Accommodation / Airport Pick up	
Do you require accommodation?	Do you require airport pick-up?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Unique Identifier Number (USI)	
<p>Imperial 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). In addition, we are required to include your USI in the data we submit to NCVER. 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. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.</p>	
<input type="checkbox"/> USI No: _____	

Visa Entitlement Verification Online (VEVO)	
<p>Education provider's use VEVO to check on your entitlement to live, work and study in Australia For The Imperial College of Australia to obtain this information we require your permission for us to conduct a VEVO check on yourself</p> <p>I permit The Imperial College of Australia to conduct a VEVO check</p> <p>Signature _____ Date _____</p>	
Education Agents Details	
If you were referred by an Education Agent, please provide details below	
Agent Name / Business Name:	<p><i>As an approved agent of Imperial, I am also certifying that I have verified all the original documents of the student.</i></p> <p>Signature: _____</p>

Privacy Notice

Under the Data Provision Requirements 2012, BJSB Pty Ltd T/A The Imperial College of Australia 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 The Imperial College of Australia for statistical, regulatory and research purposes. The Imperial College of Australia 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 a VET Statement of Attainment or VET 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 program 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.

I acknowledge that I have read and understood the information provided in this form. I also acknowledge that I have read Imperial College student prospectus, marketing material, and received full information from The Imperial College of Australia's and/or its Education agent (in case of enrolment through education agent) before making the decision to enrol in the course(s). I agree to abide by the above terms & conditions. The information and documents provided by me are true, genuine and correct in all respects.

Student's Signature: _____

Parent/Guardian's Signature: _____

Date: _____

**Parental/guardian consent is required for all students under the age of 18.*

Completed Application along with **Copies** of the following essential documents can be mailed, or hand delivered to:

Admissions Officer
The Imperial College of Australia
212 Hoddle St
Abbotsford
Victoria 3067
Australia

Postal Address
PO Box 375
Abbotsford
Victoria 3067
Australia

Email: admissions@imperial.edu.au

Documents to be attached with the Application for Enrolment

(Documents not in English must be translated)

- Passport bio-data pages
- IELTS (or other English Language test) Results (if applicable)
- Birth Certificate
- Evidence of highest academic qualifications
- Related work experience, if any
- Agent's initial interview checklist if applicable.
- Copy of current Australian Visa, if applicable
- Copy of USI Number

Office Use Only

Date Application Received:		Received By:	
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Decision on Application (please *tick* one)

- Accepted
- Rejected

Signature:	
Name:	