The Imperial College of Australia A.B.N. 85 123 406 039

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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://					
Fac	culty of Inform	ation Technology			
	ICT30120 Ce Technology	rtificate III in Information		ICT40120 Certificate IV in Information Tech	nology
	ICT50220 Dip	oloma of Information Technology		ICT60220 Advanced Diploma of Information Technology	1
Faculty of Business and Management					
	BSB40120 C	ertificate IV in Business		BSB50420 Diploma of Leadership and Management	
	BSB60420 Advanced Diploma of Leadership and Management			BSB80120 Graduate Diploma of Management (Learning)	
Fac	culty of Hospit	tality Management			
	SIT30821 Ce	rtificate III in Commercial Cookery		SIT40521 Certificate IV in Kitchen Manager	ment
	SIT50422 Dip	oloma of Hospitality Management		SIT60322 Advanced Diploma of Hospitality Management	
Up	front fee (you	must tick one box)			
 □ I would like to pay half of the fee of above course(s) before the start of the course(s) □ I would like to pay more than half of the fee of above course(s) before the start of the course(s) a student can pay full fees if they wish to, but they are not required to pay more than 50 percent up from 				up front	
Per	rsonal Details				
Given Name: (Legal Given name)			Surname: (Legal Family name)		
Dat	Date of Birth: / /			Gender: ☐ Male ☐ Female ☐ Other	
Tov	Town of Birth:			Country of Birth:	
Nat	tionality			As per	passport
Pas	Passport No:			Visa Number (if known)	
Pho	Phone (home):			Mobile:	
Em	ail Address:				
Res	sidential Addr	ess		Postal Address, (if different to usual resid	ence)

BJSB Pty Ltd trading as The Imperial College of Australia CRICOS ID: 02858M RTO ID: 121966 Application for Enrolment International Version: July 2023 Page 1 of 5

Emergency Contact Details									
Name:		PI	none Number:						
Address:									
Relationshi	p to Applicant:								
Details of a	any accompanying Dep	endents(s)							
First Name		Surname:		R	elationship:				
Date of Birth:/Passport No.:Gender: □ Male □ Fen				I Male □ Female					
First Name:Relationship:				elationship:					
Date of Birt	h:/Pa	assport No.:		_Gender: 🗆	I Male □ Female				
	parate sheet with above	information, if more th	an two accompa	anying depen	ndents.				
	and cultural diversity								
Do you spe	ak a language other than	n English at home?							
No, English	Only	Yes, other – plea	se specify:						
How well de	o you speak English?∐	Very well W	ell 🗌 l	Not well	☐ Not at all				
In which co	untry 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)									
\sqcup_{Nc}	Yes, Aborigina	al LYes, Torres	Strait Islander						
Disability					Disability				
Do you consider yourself to have a disability, impairment or long-term condition? No Yes									
l	$\dot{\Box}$	disability, impairment o	or long-term cond	dition?					
No (If Yes, plea one area. P	$\dot{\Box}$	disability, impairment c	r long-term cond	lition. You m					
No (If Yes, plea one area. P detail.)	Yes se specify the areas of d	disability, impairment cition describing your di	r long-term cond sability, impairm	lition. You m	erm condition in more				
No (If Yes, plea one area. P detail.)	Yes Ise specify the areas of dilease attach documentations Intellections Yes Intellections	disability, impairment of tion describing your distual Mental I	r long-term condsability, impairm	dition. You ment or long-te	erm condition in more				
No (If Yes, plea one area. P detail.) Hear	Yes Ise specify the areas of dilease attach documentations Intellections Yes Intellections	disability, impairment of tion describing your distual Mental I	r long-term condsability, impairm	dition. You ment or long-te	erm condition in more				
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No (If Yes, plea one area. P detail.) Hear Phys Ott Education Highest CO Are your stil	Yes Ise specify the areas of delease attach documentate ing/Deaf Intellection Inte	disability, impairment of tion describing your distual Mental Ing Vision	r long-term condicability, impairment of Action?	dition. You ment or long-tededical condited brain bletion	erm condition in more tion impairment				

Do you require any language, literacy or numeracy assist	tance′	?	YES 🗆	NO 🗆
Are you seeking Credit Transfer /Recognition of Prior Lea	?	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?	(Ticl	ONE box only)	
☐ Full-time employee		Self-employed	I – employing ot	hers
☐ Part-time employee		Self-employed	l – not employin	g others
☐ Not employed – not seeking employment		Unemployed -	- seeking part tir	ne employment
☐ Employed- unpaid worker in a family business		Unemployed -	-seeking full time	employment
Reason for undertaking this course?				
(Tick ONE box only)				
☐ To get a job		To develop my	existing busine	ess
☐ To start my own business		To try for a dif	ferent career	
☐ It was a requirement of my job		I wanted extra	skills for my job)
☐ To get into another course of study		For personal in	nterest or self-de	evelopment
☐ To get a better job or promotion		Other reasons		
Accommodation / Airport Pick up				
Do you require accommodation?	you r	equire airport p	ick-up?	
YES NO NO	ΥE	S □ NO		
Unique Identifier Number (USI)				
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. USI No:				
Visa Entitlement Verification Online (VEVO)				
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				
I permit The Imperial College of Australia to conduct a VEVO check				
Signature Date				
Education Agents Details				
Education Agents Details If you were referred by an Education Agent, please provide details below				
in you were reletted by an ⊏ducation Agent, please pro\	nue d	talis DelOW		

Agent Name / Business Name:	As an approved agent of Imperial, I am also certifying that I have verified all the original documents of the student.
	Signature:

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	^r 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 Austral 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 App (Documents not in English must be transled pages) Passport bio-data pages IELTS (or other English Land pages) Birth Certificate Evidence of highest acaded pages Related work experiences Agent's initial interview chapter of the copy of current Australians Copy of USI Number	ated) anguage test) Results (if applicable) lemic qualifications , if any necklist if applicable.
	Office Use Only
Date Application Received:	Received By:
Decision on Application (please tick on	e)
☐ Accepted ☐ Rejected	
Signature:	
Name:	