INTERNATIONAL STUDENT APPLICATION FORM

Complete all sections using BLOCK LETTERS. All supporting documentation MUST be attached at the time of the application including 'Certified Copies' as relevant.

Select Course	Course Title &Code	CRICOS Code	Course Duration	Intake
☐	General English	110264E		
☐	BSB40120 Certificate IV in Business	105396B	28 Weeks	
☐	BSB50420 Diploma of Leadership & Management	105397A	52 Weeks	
☐	BSB60420 Advanced Diploma of Leadership & Management	107496D	52 Weeks	
☐	2 Years Commercial Cookery & Hospitality Package SIT30821 Certificate III in Commercial Cookery SIT40521 Certificate IV in Kitchen Management SIT50416 Diploma of Hospitality Management	 110644D 110637C 110263F	104 Weeks	

PERSONAL DETAILS

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other

Given Name:.....

Last Name:.....

Date of Birth: DD. /. MM. / YYYY **Gender:** ☐ M ■ F ☐ X

Nationality:.....

Country of Birth:.....

Are you of Aboriginal or Torres Islander origin? ☐ Y ☐ N

☐ Aboriginal ☐ Torres Islander☐ Both

Unique Student Identifier (USI) (if known)

.....

(From 1 January 2015, a nationally recognised VET qualification or statement of attainment cannot be issued 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.)

Contact Details

Telephone:.....

Email:.....

Mobile:.....

Address (Australia)

Street:.....

Suburb:.....

State: ..... **Post Code**: .....

Address (*Postal – If different from above*)

Street:.....

Suburb:.....

State: ..... **Post Code**: .....

Address (Home Country)

Street:.....

Suburb:.....

State: ..... **Post Code**: .....

Country:.....

Emergency Contact Details

Name:.....

Relationship to you :.....

Telephone:.....

Email:.....

AGENT DETAILS

Name of the Agency:.....

Agent Name:.....

Telephone:.....

Email:.....

Office: ☐ Australia ☐ Offshore

VISA / PASSPORT DETAILS

Passport Number: ……

Passport Expiry: DD. /. MM. / YYYY

Passport Country: ……

Visa Type: ……

Visa Expiry: DD. /. MM. / YYYY

Visa Subclass: ……

Visa Number: ……

OVERSEAS STUDENT HEALTH COVER (OSHC)

Have you organised your OSHC? ☐ Y (Part A) ☐ N (Part B)

Part A

Name of the Insurer: ……

Membership No: ……

Date of Expiry: DD. /. MM. / YYYY

Part B

Would you like us to organise OSHC for you? ☐ Y ☐ N

Cover Type: ☐ Singles ☐ Double ☐ Family

From: DD. /. MM. / YYYY **To**: DD. /. MM. / YYYY

ENGLISH LANGUAGE PROFICIENCY

Type of Test: ☐ IELTS ☐ PTE ☐ TOEFL

Score Achieved: **Date of Test:** DD. /. MM. / YYYY

OR

☐ I am from an assessment level 1 country.
(You will be required to undertake Placement Assessment if you are not from the list of exempted countries. Refer Entry requirement policy)

OR

☐ I have successfully completed a required English language proficiency level at an approved ELICOS pathway provider for Wattle College.
(Please attach the end of course document issued by the ELICOS provider)

DISABILITY STATUS

Do you consider yourself to have any disability?

☐ Yes ☐ No If Yes, please answer below:

☐ Hearing / Deafness ☐ Intellectual ☐ Vision
☐ Acquired Brain Impairment ☐ Mental Illness
☐ Medical Condition ☐ Learning ☐ Physical

☐ Other: ……

PREVIOUS STUDY

Have you completed High School? ☐ Yes ☐ No
If Yes, please answer below:

☐ Completed Year 12 ☐ Completed Year 11
☐ Completed Year 10 ☐ Completed Year 9 or below

High School Completion Year: YYYY

Have you completed a qualification previously?

☐ Yes ☐ No If Yes, please answer below:

Qualification Level	*Australian Qualification*	*Australian Equivalent*	*Overseas Qualification*
Bachelor's Degree or Higher Degree	☐	☐	☐
Advanced Diploma or Associate Degree	☐	☐	☐
Diploma	☐	☐	☐
Certificate IV	☐	☐	☐
Certificate III	☐	☐	☐
Certificate II	☐	☐	☐
Certificate I	☐	☐	☐
Other	☐	☐	☐

If you completed your qualification Overseas, has it been skill assessed in Australia? ☐ Yes ☐ No

Do you wish to apply for RPL / Credit Transfer?
☐ Yes ☐ No

(If Yes, please complete a RPL and/or Credit Transfer form. Attach documentation including certified copies of all academic records. Academic records not in English must also be accompanied by a certified translated copy. If you believe you have relevant work experience, attach details and documentation (e.g. employer reference, curriculum vitae etc.)

EMPLOYMENT

Which of the following best describes your current employment status?

☐ Full time employee ☐ Part time employee
☐ Employed – Unpaid worker in a family business
☐ Unemployed – Seeking full time work
☐ Unemployed – Seeking part time work
☐ Unemployed – Not seeking any work
☐ Self-employed – not employing others

Please provide summary of your work experience in the last 2 years (position & responsibility):

……

……

……

……

REASON FOR STUDY

☐ To get a job ☐ To get a better job or promotion
☐ To gain knowledge in another course
☐ Required as part of my job
☐ To start my own business
☐ To develop my business
☐ To start a new career in a different field
☐ For personal interest or self-development
☐ To gain new skills

AIRPORT PICKUP

Do you require Airport Pickup?

☐ Yes ☐ No
If yes, please complete below:

Flight Arrival Date: DD. /. MM. / YYYY

Flight Arrival Time: HH: MM

Flight Number: ……

ACCOMODATION SERVICES

Do you require Wattle College to arrange accommodation for you?

☐ Yes ☐ No
If yes, please complete below:

No. of Weeks required: ……

Start Date: DD. /. MM. / YYYY

Type of Accommodation:

☐ Family Homestay

☐ Student Residence

If 'Family Homestay', select an option below:

☐ **Individual** ☐ **Twin Share**

☐ **With Meals** ☐ **Without Meals**

Do you have any allergies or medical conditions we need to be aware of?

☐ Yes ☐ No

Are you happy to stay with a family who have children?

☐ Yes ☐ No

If 'Student Residence', select an option below:

Shared Room with people: ☐ 2 ☐ 4 ☐ 6 ☐ 8

APPLICATION CHECKLIST

☐ Completed all sections of the form
☐ Attached certified true copies of your English proficiency
☐ Attached certified true copies of your Visa
☐ Attached certified true copies of your Passport
☐ Attached certified true copies of other relevant documentation
☐ Attached certified true copies of your previous qualifications

PRIVACY STATEMENT & STUDENT DECLARATION

Privacy Notice

Under the Data Provision Requirements 2012, Wattle 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 Wattle College for statistical, regulatory and research purposes. Wattle 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 on this form and supporting documentation is true and correct. I have read and understood the Entry Requirements, the Privacy Policy and the Cancellation and Refund Policy of Wattle College provided to me along with this application. I confirm that I have been fully advised of the fees, cancellation and refund conditions and I agree to be a student at Wattle College. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of my enrolment. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

☐ I give consent to Wattle College to access and verify my USI details on the USI registry using their Student Management System

☐ I acknowledge and confirm that all information supplied in the application, in this form and any supporting documents, is accurate, valid and true to the best of my knowledge. I understand that supplying false or misleading information may result in my application being rejected by Wattle College.

Full Name: …… **Signature:……** **Date:** DD. /. MM. / YYYY