International Student Application Form



PRIVACY STATEMENT Privacy Notice

Under the Data Provision Requirements 2012, Axis Institute 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), may be used or disclosed by Axis Institute for statistical, administrative, regulatory and research purposes. Axis Institute may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms:
- 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 a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

APPLICANT INFORMATION		
Title Mr. Mrs. Ms. Existing student number:		
First Name: Last Name:		
Date of birth (dd/mm/yyyy):/ Gender: Male Female		
Are you of Australian Aboriginal & Torres Strait Islander origin? (For persons of both Aboriginal & Torres Strait Islander origin mark the YES box)		
Yes No Yes, ONLY Aboriginal Yes, ONLY Torres Strait Islander No, Neither of the above Not stated/Prefer not to say		
Age Requirement: At the time of application, international students must be 18 years and older to be admitted into the Institute programs. If you are under 18 years of age, do not complete this form.		
From 1 January 2015, we [Axis Institute] 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. You may already have a USI if you have done any nationally recognised training. It is important that you try Indi out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faws/i-have-forgotten-my-usi/.		
Enter your Unique Student Identifier Number (USI) (if you already have one):		
CONTACT DETAILS		
Current Address: Suburb:		
Postcode: State:		
Home phone: Mobile phone:		
Email address:		
EMERGENCY CONTACT DETAILS		
Name: Relationship:		
Address: Email:		
Home Phone: Mobile Number:		
LANGUAGE AND ENGLISH PROFICIENCY		
Country of birth: Citizenship:		
Is English your first language? Yes No If not, what is your first Language?:		
If not, please indicate the English test you completed. IELTS PTE(A) CAE(A) (Attach evidence)		
Registration number: Date:/		
Average score: Listening: Reading: Writing: Speaking:		
DISABILITY		
Do you consider yourself to have a disability, impairment or long-term condition? Yes No If no- go to next question		
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area. Please refer to the Disability Supplement on page 6 for an explanation of the following disabilities)		
Hearing/deaf Physical Intellectual Learning Mental illness Acquired brain impairment Vision Medical condition Other		

EDUCATION				
Please fill out below your highest level of education achieved.				
Qualification name:	Qualification name:			
Name of institution:	Name of institution:			
Country:	Country:			
Year completed:	Year completed:			
Language of instruction: English Other	Language of instruction: English Other			
Are you currently enrolled with another CRICOS provider? Yes No If not, skip to the next section				
If so, do you have a Letter of Release? Yes No				
Do you require a Letter of Offer to be released by your current provid	er? Yes No			
Why are you leaving your current course provider?				
Do you owe fees to your previous provider? Yes No				
Did you abide by the conditions of your student visa with your previo	us provider? (Attendance and course progress) Yes No			
When did you complete your course with your previous provider in A	Australia? (Attach evidence)			
EMPLOYMENT				
Of the following categories, which BEST describes your current employ	yment status? (Tick ONE box only)			
Full-time employee Part-time employee	Self employed – not employing others			
Self employed – employing others Employed – unpaid wor	ker in a family business Unemployed – seeking full-time work			
Unemployed – seeking part-time work Not employed – not see	king employment			
Please attach a copy of your resume. Ensure you provide your employ	ment history starting with the latest on the top.			
PASSPORT AND VISA DETAILS				
Passport No:	Country of Passport:			
Student Visa, subclass	Visitor Visa Working Holiday Visa			
Other, please specify:				
If applying for student visa, where will you apply: In Australia	Outside Australia			
Have you been refused entry into Australia? Yes No	Have you ever breached any VISA conditions? Yes No			
Have you ever had a visa application rejected including countries such as UK, USA, Canada and New Zealand? Yes No	Have you been convicted of any crime or offence in any country?			
Have you been issued a protection visa in any country to date? Yes No	Are you aware of work restrictions while studying in Australia? Yes No			
Are you planning to stay back in Australia after completion of your study?	Are you bringing parent(s)/spouse/guardian with you while studying in Australia?			
COURSE AND CAMPUS SELECTION				
	Certificate III in Early Childhood Education and Care CHC30121 (CRICOS 111870H) Diploma of Early Childhood Education and Care CHC50121 (CRICOS 111868B)			
	Diploma of Hospitality Management SIT50422 (CRICOS 111872F) Advanced Diploma of Hospitality Management SIT60322 (CRICOS 115080F)			
Diploma of Information Technology ICT50220 (CRICOS 113204D) Certificate IV in Accounting and Bookkeeping FNS40222 (CRICOS 113248C)	Diploma of Accounting FNS50222 (CRICOS 113249B) Certificate IV in Ageing Support CHC43015 (CRICOS 114864D)			
Advanced Diploma of Information Technology ICT60220 (CRICOS 113247D)				
Campus: Brisbane Parramatta C	Course Commencement Year: Month:			
RECOGNITION OF PRIOR LEARNING (RPL) OR CREDIT TRANSACE Are you seeking to access RPLor Credit Transfer? (Tick ONE box only):	NSFER RPL Credit Transfer			

STUDY REASON

Of the following categories, select the one which BEST describes the main reason you are undertaking this course (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

To get skills for community/voluntary work Other reasons:

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APPLICANT AND FAMILY BACKG	ROUND			
Please list your immediate family members (e.g. parents, siblings) and their current country of residence below.				
Name	Relationship	Country of Residence	Occupation	
Is your family supportive of your stu	udy in Australia? Yes No			
Do you have any relatives in Austra	ia? Yes No			
What is their relationship to you?		What is their occupation?		
In which city/state do they live?	City:	State:		
Have you previously travelled or stu	ıdied overseas? Yes No			
If yes, which countries?				
What is your relationship status? Si	ngle Engaged Married I	De Facto Separated/Divorced	Widowed	
If relevant, will your partner/ spous	e/ children accompany you to Austra	alia? Yes No		
Do you have any dependants? Yes	No If yes, what are their ag	es?		
Are you currently pregnant? Yes	No			
Will any dependants: Travel to Australia Remain at home				
Have your dependants (if any) had a lf yes, please provide a copy of the Visa	a student visa rejected from Australia <i>Refusal Letter.</i>	a or other countries in the past. Yes	No	
FINANCIAL DECLARATION				
What are the expected tuition fees for the duration of your chosen course? (AUD) \$				
Do you wish to pay more than 50% of the course/s tuition fee? Yes No				
Who will be funding your study and living expenses while in Australia? And please provide an estimate of the sponsor's annual income in Australian Dollars. (AUD) \$				
Please provide evidence of your sp	oonsors fund/ employment stateme	ent to this document.		
How will you organise and access the	nese funds?			
Will you be using a bank loan to fund your studies? Yes No If yes, have you researched the availability of funding from an approved financial institution in your home country? Yes No				
Are you aware of the requirement for Overseas Student Health Cover (OSHC) for the duration of your Student Visa? Yes No				
What type of accommodation will y (E.g. shared housing, institute accommo	ou be seeking in Queensland/Soth And and Soth And and Soth And and South And	ustralia/New South Wales?		
Are you aware about Australian Student Visa conditions? Yes No				
Do you understand the Axis Institute Fees and Refunds policy? Yes No				
Have you read the student handboo	ok in Axis Institute and understand th	ne conditions? Yes No		
*International Student Handbook and	Refund Policy can be under on our web	site at: www.axisinstitute.edu.au/dow	nloads	

OSHC				
Do you currently hold Overseas Student Health Cover (OSHC)? Yes No				
Do you want Axis Institute to organise the Overseas Student Health Cover (OSHC) for you? Yes No If yes, please specify your cover status: Single Couple Family				
Name of OSHC provider:				
Membership no: Expiration date (dd/mm/yyyy):				
Do you require airport pickup? Yes No If yes, airport pick up fee of \$180 applies				
Do you require accommodation assistance? Yes No If yes, accommodation placement fee of \$200 applies				

STUDENT DECLARATION AND SIGNATURE

- 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 on page 1.
- I understand that giving false or incomplete information may lead to refusal of my application or cancellation of enrolment.
- I give Axis Institute permission to obtain official records from an educational institution that I have attended.
- I understand that Axis Institute collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I understand that if I have applied through an approved Axis Institute agent, all correspondence relating to my application will be forwarded to that agent.
- I understand that any vocational placement undertaken as a part of any of the courses offered at Axis Institute will be unpaid for.
- I have read, understood and agree to abide by Institute Refund Policy found in the Student Handbook on the website of the Institute; www.axisinstitute.edu.au.
- As an Overseas VET Student (International Student), I understand I am required to attend a minimum of 20 scheduled course contact hours per week.
- As an International Student, I understand I must participate in scheduled classes in accordance with course timetables to make satisfactorily progress, and if I don't satisfactorily progress in my course, I will be in breach of a condition of my visa
- I understand that if I don't attend scheduled classes, Axis Institute may need to review my course duration, and Axis Institute may shorten my course duration.
- I understand that ASQA may, at any time, required Axis Institute to implement policies and procedures to monitor minimum attendance requirements and if I do not meet those requirements, I will be in breach of a condition in my visa.
- · I understand that the Department of Home Affairs (DHA) may cancel my visa if I fail to maintain my enrolment.
- I have read, understood and agree to abide by the Student Code of Conduct as found in the Student Academic and General Code of Conduct Policy and Procedure and Student Handbook on the website of the Institute; www.axisinstitute.edu.au.
- I understand that by signing this application form, I will be sent a letter(s) of offer for Axis Institute if all admission requirements are met.
- I agree that on acceptance of enrolment by Axis Institute, I must sign and return an Acceptance to my Letter of Offer which will be the contract of Enrolment.
- I agree that I may choose to pay more than 50% of the total tuition fees up front for the course before I commence the course that is more than 25 weeks. Axis Institute can request 100% of the total tuition fees for short courses of 25 weeks or less

	more than 25 weeks.	Axis Institute can rec	juest 100% of the total	l tuition fees fo	or short courses of 25	weeks or l	iess.
Student	Declaration and Conse	ent					

Tick here to confirm you have declared and consented to the above mentioned.	
Signature of Applicant:	Date: / /

AGENT'S INFORMATION		
Agent's Name:		
Principal Place of Business Address:		
If the agent is a body corporate—the address of the body corporate's registered office:		
Postal Address (if different from the address mentioned abo	ove)	
Phone Number:	Email Address:	
Website Address:		
ABN (if any):	ACN (if any):	
Trading Name or Names (if any):		
If the Agent is a Body Corporate—the Names of the Body	Corporate's Directors:	
If the Agent is a Registered Migration Agent—the Agent's	Migration Agents Registration Number:	
EDUCATION AGENT DECLARATION AND SIGNATU	JRE	
As a result of an interview and counselling session undertaken at , I hereby declare that; • The applicant, to the best of my knowledge, has a full and clear understanding of the Genuine Temporary Entrant (GTE) requirements to undertake study in Australia • All information and documentation to support this application has been sighted and verified to be true and genuine I hereby recommend Axis Institute proceeds with the assessment of this application AUTHORISED SIGNATORY ON BEHALF OF EDUCATION AGENT		
Name of the assessing officer:	Education Agent Business Details	
	Name:	
	Address:	
Signature of Assessing Officer:	Date://	
Application Checklist		
Completed Application Form Academic certificate(s)	Resume Proof of Immigration History	

Application Checklist n Form Academic certificate(s) Resume Proof of Immigration History IELTS Certificate Personal Statement Letter of Release (if applicable) English Course Certificate (where applicable) Proof of Finances OSHC Details (if applicable)

Copy of Passport

Copy of Visa