



# Application Form

## Domestic Student

• Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

### PERSONAL DETAILS

Title:  Miss  Mrs.  Ms.  Mr.  Other \_\_\_\_\_

Given Names: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family Name: \_\_\_\_\_ Gender: Male  Female  \_\_\_\_\_

Have you been enrolled at Einstein College of Australia previously?  Yes  No Student No (If known) \_\_\_\_\_

Do you have an Unique Student Identifier Number (USI)?  Yes  No USI No. (if Yes) \_\_\_\_\_

Note - If No, you can create your own USI at the USI website [www.usi.gov.au](http://www.usi.gov.au) or fill out the [College USI Application Form](#).  
 If you are a student undertaking nationally recognised training you **must** have a Unique Student Identifier(USI)

### Contact Details – Place of Residence

Street Address: \_\_\_\_\_

Suburb/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Fax (H): \_\_\_\_\_

Telephone (W): \_\_\_\_\_ Fax (W): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Next of Kin (Emergency Contact Details)

Relationship: \_\_\_\_\_

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Other Details

**Do you have a disability, medical condition, impairment or long term condition which requires special assistance from the College? (eg. Hearing/visual impairment, mobility requirements)?**  Yes  No If you require assistance, please contact 03 9629 3693

If yes, please indicate the areas of disability, medical condition, impairment or long term condition:  
Hearing/Deaf Physical Intellectual Learning Mental Illness Aquired Brain Impairment Vision Medical Condition  
Other, please specify \_\_\_\_\_

Are you of Aboriginal or Torres Straight Islander origin? No Yes, Aboriginal Yes, Torres Straight Islander

Do you hold a current Health Care Card/Concession Card? No Yes, attach a copy  
 Permanent Residency Status - Australian Citizen Permanent Resident New Zealand Citizen Other residency

In what country were you born? Australia Other, please specify \_\_\_\_\_

Do you speak a language other than English at home ? No, English Only Other, please specify \_\_\_\_\_

How well do you speak English? (if you answered Yes above) Very Well Well Not Well Not at all

### Language, Literacy and Numeracy (LLN)

Are you willing to complete a Language, Literacy and Numeracy assessment by the College?  Yes  No

Do you intend to request for a Credit Transfer of Recognition of Prior Learning (RPL)?  Yes  No. If yes, please fill in a Credit Transfer or Recognition of Prior Learning Application Form. This is available from Student Services

### COURSE DETAILS

Please indicate the course (s) you are applying for:

Select Course	Course	Course Duration (Weeks)	Fee for Service			Course Start Date (If you are not sure provide month/year)
			Tuition Fee AUD	Enrolment Fee (Non-refundable)	Materials & Services Fee	
<b>Short Courses</b>						
<input type="checkbox"/>	General English Course	Min 4 Weeks	\$179/ Week	\$100	\$100/ 10 weeks	
<input type="checkbox"/>	HLTAID003 Provide First Aid	1 day	\$150	Not Applicable	Not Applicable	
<input type="checkbox"/>	OET Preparation Course	Min 4 Weeks	\$279/ Week	\$100	Not Applicable	
<input type="checkbox"/>	OET Intensive Course - 1 Week	1 Week	\$400	Not Applicable	Not Applicable	
<input type="checkbox"/>	OET Intensive Course - 2 Weeks	2 Weeks	\$750	Not Applicable	Not Applicable	
<input type="checkbox"/>	OET Intensive Course - 3 Weeks	3 Weeks	\$999	Not Applicable	Not Applicable	
<b>Courses Leading to Qualifications</b>						
<input type="checkbox"/>	CHC33015 Certificate III in Individual Support	22 Weeks	\$2,500	\$100	\$100	
<input type="checkbox"/>	CHC43015 Certificate IV in Ageing Support	36 Weeks	\$3,500	\$100	\$100	
<input type="checkbox"/>	BSB50215 Diploma of Business	26 Weeks	\$2,500	\$100	\$100	
<input type="checkbox"/>	BSB60215 Advanced Diploma of Business	26 Weeks	\$2,500	\$100	\$100	
<input type="checkbox"/>	22251VIC Certificate II in EAL (Access)	26 Weeks	\$3,500	\$100	\$100	
<input type="checkbox"/>	22255VIC Certificate III in EAL (Further Study)	26 Weeks	\$3,500	\$100	\$100	
<input type="checkbox"/>	22257VIC Certificate IV in EAL (Employment/ Professional)	26 Weeks	\$3,500	\$100	\$100	

### VSN Details

Are you new to the Victorian Education system or do not have your Victorian Student Number (VSN)? To be completed by all students aged up to 24 years.

Yes. I am new to the Victorian Education System. I have never attended a Victorian school since 2009, TAFE or other VET training provider since 2011. (Students who are enrolling for the first time since the VSN was introduced will get a new VSN)

No:

If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:



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I do not know my VSN  but I have participated in training at a Victorian school since 2009, TAFE or other VET training provider since 2011.  
 Please list the most recent training \_\_\_\_\_

**SCHOOLING**

What is your highest COMPLETED school level? Year 12 Year 11 Year 10 Year 9 Year 8 or lower

In which YEAR did you complete that school level? \_Please specify: \_\_\_\_\_

Are you still ATTENDING secondary school? Yes No

**PREVIOUS QUALIFICATIONS ACHIEVED**

Qualifications (Highest Qualification First)	Institution	Country	Date of Completion

**WORK HISTORY**

Company \_\_\_\_\_ Years of Service \_\_\_\_\_

Position Title \_\_\_\_\_

**EMPLOYMENT**

Which best describes your current employment status? Full Time Part Time Self Employed Employer Employed = family business  
Unemployed – Seeking full time work Unemployed – seeking part time work Not employed -not seeking employment

Which best describes your current or recent occupation? Managers Professional Technicians and Trade Workers Labourers  
Community and Personal Services Workers Clerical and Administrative Workers Sales Workers Machinery Operators and Drivers   
 Other, please specify \_\_\_\_\_

Which best describes your current or recent employment industry? Agriculture Mining Manufacturing Electricity, Gas, Water Services  
Construction Wholesale Trade Retail Trade Accommodation Transport Information Media Financial  
Real Estate Professional Administrative Public Administration Education and Training Health Care Arts  
 Other, please specify \_\_\_\_\_

Which best describes your main reason for undertaking this course? 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  
 Other, please specify \_\_\_\_\_

**Job Services Provider Details (JSP) (If Applicable)**

Job Services Provider (JSP)/AGENT DETAILS. Please stamp (if applicable)	Where should we send the notification of your application result? <input type="checkbox"/> My Contact Details <input type="checkbox"/> Agent/JSP
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**Payment Method**

A request for payment or tuition and other fees will be made if you receive a letter of Offer. Payment of fees will need to be made to Einstein College of Australia. Please make your payment by bank cheque, credit card, telegraphic transfer or direct deposit into our account. Einstein College of Australia has no obligation until funds are cleared and an official receipt is issued.

Einstein College of Australia accepts payment of no more than \$1000 from each individual student prior to the commencement of the course. Following course commencement, it may require payment of additional fees in advance from the student but only such that at any given time, the total amount required to be paid which is attributable to tuition or other services yet to be delivered to the student does not exceed \$1,500.

**Feedback**

How did you hear about Einstein College of Australia:

- Relative/Friend
- Internet
- Social Media
- Agent/JSA
- Centrelink
- Other Please specify \_\_\_\_\_

<p><b>Privacy Statement:</b>          The information collected in this form is for the purpose of processing your application with the Einstein College of Australia. The information will be held by the College in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed/ engaged by the College.          The information may be made available to government departments and agencies in relation to the College's obligations under law including the Australian Skills Quality Authority (ASQA) reported under the Australian Vocational Education and Training Management Information Statistical Standards (AVETMISS).          The Education and Training Reform Act 2006 requires Einstein College to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number, Unique Student Identifier and updating my personal information on the Victorian Student Register. You have a right to access and correct your personal information in accordance with privacy legislation and the College's Privacy Policy and Procedures. For more information in relation to how student information may be used or disclosed please access the Colleges Privacy Policy at: <a href="https://www.einsteincollege.vic.edu.au/pdfs/Privacy.pdf">https://www.einsteincollege.vic.edu.au/pdfs/Privacy.pdf</a></p>	<p><b>Declaration:</b>          I declare that the information provided by me in this Application Form, is correct. I confirm that I have read, fully understand, and accept the College TERMS AND CONDITIONS and Policies and Procedures available on the College Website, and agree to be bound by them including the Fee and Refund Policy, and that I have the financial capacity to meet tuition fees and agree to pay fees as they become due. I acknowledge and agree to the terms described in this privacy statement</p> <p>Applicant Signature:          _____</p> <p>Applicant Full Name:          _____</p> <p>Date: ___ / ___ / ___</p> <p><b>For under 18 years old applicant:</b></p> <p>Parent/ Guardian Signature:          _____</p> <p>Parent/ Guardian Full Name:          _____</p> <p>Date: ___ / ___ / ___</p>
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**Provider Offer (College Use Only)**

1. Applicant's ID is sighted and the copy is attached:  
 Drivers Licence     Passport     Birth Certificate     Proof of Age Card     Keypass Card



2. Applicant's Australian Residency/ Citizenship Evidence is sighted and the copy is attached:  
 Permanent Resident Visa  Australian Passport  Green Medicare Card  Other, please specify \_\_\_\_\_

3. Applicants Education Certificate is attached (if applicable):  Yes

4. Applicants current Concession Card has been sighted and copy attached if applicable:  Health Care  Concession  Pension

**Provider Offer (College Use Only)**  
 No Offer or  Offer (Indicate course (s) to be offered below)

**Short Courses**  
 General English Course  HLTAID003 Provide First Aid  OET Preparation Course  OET Intensive Course – 1 Week  OET Intensive Course – 2 Weeks  OET Intensive Course – 3 Weeks  Any Other \_\_\_\_\_

**Courses Leading to Qualifications**

<input type="checkbox"/> CHC33015 Certificate III in Individual Support	<input type="checkbox"/> 22251VIC Certificate II in EAL (Access)
<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support	<input type="checkbox"/> 22255VIC Certificate III in EAL (Further Study)
<input type="checkbox"/> BSB50215 Diploma of Business	<input type="checkbox"/> 22257VIC Certificate IV in EAL (Employment/ Professional)
<input type="checkbox"/> BSB60215 Advanced Diploma of Business	

Authorised Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / /