

# Application Form

## Domestic Student

This form is for domestic students. For the college's application purpose, you are considered as a domestic student if you are:

- an Australian citizen;
- a New Zealand citizen (or dual citizenship holders of either Australia or New Zealand);
- an Australian permanent resident; or
- an Australian humanitarian visa holder.

• 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 Acquired 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	Min 1 Week	\$179/ Week	\$100	\$100/ 10 weeks	
<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	76 Weeks	\$3,500	\$100	\$100	
<input type="checkbox"/>	BSB50215 Diploma of Business	52 Weeks	\$2,500	\$100	\$100	
<input type="checkbox"/>	BSB60215 Advanced Diploma of Business	52 Weeks	\$2,500	\$100	\$100	

Does your chosen course meet your career needs and/ or goals?  Yes  No

**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 \$1,500 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 College's 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>
<b>Provider Offer (College Use Only)</b>	
<p>1. Applicant's ID is sighted and the copy is attached:  <input type="checkbox"/> Drivers Licence   <input type="checkbox"/> Passport   <input type="checkbox"/> Birth Certificate   <input type="checkbox"/> Proof of Age Card   <input type="checkbox"/> Keypass Card</p> <p>2. Applicant's Australian Residency/ Citizenship Evidence is sighted and the copy is attached:  <input type="checkbox"/> Permanent Resident Visa   <input type="checkbox"/> Australian Passport   <input type="checkbox"/> Green Medicare Card   <input type="checkbox"/> Other, please specify _____</p> <p>3. Applicant's Education Certificate is attached (if applicable): <input type="checkbox"/> Yes</p> <p>4. Applicant's current Concession Card has been sighted and copy attached if applicable: <input type="checkbox"/> Health Care   <input type="checkbox"/> Concession   <input type="checkbox"/> Pension</p>	
<p><b>Provider Offer (College Use Only)</b>  <input type="checkbox"/> No Offer or   <input type="checkbox"/> Offer (Indicate course (s) to be offered below)</p>	
<p><b>Short Courses</b>  <input type="checkbox"/> General English Course</p>	

**Courses Leading to Qualifications**

CHC33015 Certificate III in Individual Support

BSB50215 Diploma of Business

CHC43015 Certificate IV in Ageing Support

BSB60215 Advanced Diploma of Business

Authorised Staff Name:

Signature:

Date: / /