

Application Form

International Student

This form is for international students with a student visa.

- 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): _____

Are you currently enrolled with any other Education Provider? Yes No. If Yes, please include a copy of all eCoes with your application

Do you have a 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 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)

Australian Contact Details (If available) – Place of Residence:

Street Address: _____
 Suburb/ Town: _____ State: _____ Post Code: _____
 Telephone (H): _____ Fax (H): _____
 Telephone (W): _____ Fax (W): _____
 Mobile Phone: _____ Email Address: _____

International Contact Details: (Home Country)

Address (Line1): _____
 Address (Line2): _____
 Suburb: _____ State/Province/Region: _____
 Post Code: _____ Country: _____
 Telephone (H): _____ Telephone (W): _____
 Mobile Phone: _____ Email Address: _____

Nationality Details:

Nationality: _____ First Language: _____
 Passport No: _____ Passport Issuing Country: _____
 Passport Expiry Date: _____ Country of Birth: _____

Do you hold a current Australian Visa? Yes No VisaNumber: _____ Visa Granted Date: _____

Visa Type: _____ Visa Expiry Date: _____

Next of Kin in Australia (Emergency Contact Details):

Relationship: _____
 Given Name: _____
 Family Name: _____
 Address (Line1): _____
 Address (Line2): _____
 Suburb: _____

Next of Kin Overseas

Relationship: _____
 Given Name: _____
 Family Name: _____
 Address (Line1): _____
 Address (Line2): _____
 Suburb: _____

State:	_____	State/Province/Region:	_____
Post Code:	_____	Post Code:	_____
Telephone:	_____	Country:	_____
Mobile Phone:	_____	Telephone:	_____
Email Address:	_____	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 _____

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

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:

--	--	--	--	--	--	--	--	--	--

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 _____

AGENT DETAILS: Please stamp (if applicable) _____	Which country are you in when completing this form? _____
	Australian Visa Processing Centre where you will apply for your visa _____
Counselor Name: _____	Country: _____ City: _____

Where should we send the notification of your application result?

My Australian Contact Details My International Contact Details Agent

COURSE DETAILS

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

CRICOS Code	Course	Course Duration	Tuition Fee AUD	Enrolment Fee AUD (Non-refundable)	Material & Services Fee AUD	Course Start Date (If you are not sure provide month/year)	Tuition Fees You Wish to Pay Before Course Commencement
<input type="checkbox"/> 097526A	General English	1-52 Weeks	\$295/week	\$300	Max. \$500 (Min. \$100 per course level)		If enrolled more than 25 weeks <input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/> 097527M	English for Academic Purposes (EAP)	5-20 Weeks	\$295/week	\$300	Max. \$500 (Min. \$250 per course level)		
<input type="checkbox"/> 092082J	CHC33015 Certificate III in Individual Support	48 Weeks	\$10,000	\$300	\$500		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/> 092083G	CHC43015 Certificate IV in Ageing Support	76 Weeks	\$14,500	\$300	\$1,000		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/> 087262C	BSB50215 Diploma of Business	52 Weeks	\$9,750	\$300	\$500		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/> 087526F	BSB60215 Advanced Diploma of Business	52 Weeks	\$9,750	\$300	\$500		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/> 096689A	FNS50215 Diploma of Accounting	52 Weeks	\$9,750	\$300	\$500		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/> 096690G	FNS60215 Advanced Diploma of Accounting	64 Weeks	\$12,000	\$300	\$500		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%

Note : Overseas Student Health Cover (OSHC) Fees will apply if you do not supply evidence of a current insurance certificate

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

ENGLISH PROFICIENCY

Do you hold a current certificate of English proficiency (e.g. IELTS)? Yes No

English Test Type (e.g. IELTS) _____ English Test Score: _____

If you have not yet sat your exam, please indicate the exam date: _____

LANGUAGE, LITERACY AND NUMERACY (LLN)

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

OVERSEAS STUDENT HEALTH COVER (OSHC) INSURANCE DETAILS

Do you hold any current Health Insurance? Yes No If No do you want the College to organise this for you? Yes No

Single cover Couple Cover Family Cover

If you require accommodation or airport pick up arranged, please speak to the Student Services Department

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

EDUCATION BACKGROUND – PREVIOUS QUALIFICATIONS ACHIEVED

Qualifications (Highest Qualification First)	Institution	Country	Date of Completion

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

WORK HISTORY

Company _____ Years of Service _____

Position Title _____

PAYMENT

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

1. Tuition fees are fees directly related to provision of a course.
2. A student can pay full fees if the student wishes to, but the student is not required to pay more than 50% of the total tuition fees up front for the course before the student commences the course that are more than 25 weeks. The College can require 100% of the total tuition fees for short courses of 25 weeks or less.

<p>Privacy Statement: 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 Education Services to Overseas Students (ESOS) Act 2000 (Cth), the National Code 2018 and The Australian Skills Quality Authority (ASQA) reported under the Australian Vocational Education and Training Management Information Statistical Standards (AVETMISS); and to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws through the Department of Home Affairs. I understand that Einstein College of Australia is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the</p>	<p>Declaration: 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>Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.</p> <p>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: https://www.einsteincollege.vic.edu.au/pdfs/Privacy.pdf</p>	
Provider Offer (College Use Only)	
<p>1. Applicant's ID is sighted and the copy is attached: <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate</p> <p>2. Applicants Education Certificate is attached (if applicable): <input type="checkbox"/> Yes</p> <p>3. Applicants IELTS or equivalent Certificate is attached (if applicable): <input type="checkbox"/> Yes</p> <p>Note: Documents that are not in English language must be accompanied by their English translations. Copies of documents must be certified.</p>	
<p>Provider Offer (College Use Only) <input type="checkbox"/> No Offer or <input type="checkbox"/> Offer (indicate course (s) to be offered below)</p>	
<input type="checkbox"/> General English <input type="checkbox"/> English for Academic Purposes (EAP) <input type="checkbox"/> CHC33015 Certificate III in Individual Support <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support	<input type="checkbox"/> BSB50215 Diploma of Business <input type="checkbox"/> BSB60215 Advanced Diploma of Business <input type="checkbox"/> FNS50215 Diploma of Accounting <input type="checkbox"/> FNS60215 Advanced Diploma of Accounting
<p>Authorised Staff Name:</p>	<p>Signature: _____ Date: / /</p>