

Application Form

Other Temporary Visa Holder

This form is for other temporary visa holders (non-domestic students who do not hold a student visa). Domestic students are Australian citizens and permanent residents and New Zealand citizens.

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

Personal details

1. Enter your full name *

Title: Miss Mrs. Ms. Mr. Other _____

Family name (surname) _____

Given names _____

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

2. Enter your birth date

Day/month/year | | | |

3. Gender (Tick ONE box only)

Male

Female

Other

4. Enter your contact details

Home phone _____ Work phone _____

Mobile _____ Email address _____

Alternative email address (optional) _____

5. What is the address of your usual residence?

Building/property name _____

Flat/unit details _____

Street or lot number (e.g. 205 or Lot 118) _____

Street name _____

Suburb, locality or town _____

State/territory _____

Postcode _____

6. What is your postal address (if different from above)?

Building/property name _____

Flat/unit details _____

Street or lot number (e.g. 205 or Lot 118) _____

Street name _____

Postal delivery information (e.g. PO Box 254)

Suburb, locality or town

State/territory

Postcode

7. Passport & Visa Details

Passport Number

Visa Type

Visa Number

8. Emergency Contact Details

Name:		Relationship:	
Address:			
Suburb:	State/Territory:	Postcode:	
Phone/Mobile:	Email Address:		

Language and cultural diversity

9. In which country were you born?

Australia

Other – please specify

10. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only

Yes, other – please specify

11. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal AND Torres Strait Islander

Disability

12. Do you consider yourself to have a disability, impairment or long-term condition?

Yes

No **No – Go to question 14**

13. 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 for an explanation of the following disabilities.

Hearing/deaf

Physical

Intellectual

Learning	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>
Acquired brain impairment	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Medical condition	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you require special support, please contact 03 9629 3693

Schooling

14. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>
Year 8 or below	<input type="checkbox"/>
Never attended school	<input type="checkbox"/>

Never completed any primary or secondary level education – go to question 16

15. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Previous qualifications achieved

16. Have you SUCCESSFULLY completed any of the qualifications listed in question 17?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

No – go to question 20

17. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>
Certificate III (or trade certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/>

18. Details of previous qualifications achieved:

Qualifications (Highest Qualification First)	Institution	Country	Date of Completion

19. 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.

Employment

20. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>
Self employed – employing others	<input type="checkbox"/>
Employed – unpaid worker in a family business	<input type="checkbox"/>
Unemployed – seeking full-time work	<input type="checkbox"/>
Unemployed – seeking part-time work	<input type="checkbox"/>
Not employed – not seeking employment	<input type="checkbox"/>

21. Work History:

Company _____ Years of Service _____

Position Title _____

Study reason

22. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>
It was a requirement of my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>
To get into another course of study	<input type="checkbox"/>
For personal interest or self-development	<input type="checkbox"/>
To get skills for community/voluntary work	<input type="checkbox"/>
Other reasons	<input type="checkbox"/>

Enrolment Details

23. Have you been enrolled at Einstein College of Australia previously? Yes No Student No. (If known): _____

24. 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)

25. COURSE DETAILS

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

Select Course	Course	Course Duration (Weeks/ Day)	Fee for Service			Course Start Date (If you are not sure provide month/year)
			Tuition Fee AUD	Enrolment Fee (Non-refundable)	Materials & Services Fee	
Short Courses						
<input type="checkbox"/>	097526A General English	Min 1 Week	\$179/ Week	\$100	\$100/ 10 weeks	
<input type="checkbox"/>	097527M English for Academic Purposes (EAP)	Min 5 Weeks	\$245/ Week	\$100	\$100/ 10 weeks	
<input type="checkbox"/>	HLTAID003 Provide first aid	1 Day	\$100	N/A	N/A	
Courses Leading to Qualifications						
<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	
<input type="checkbox"/>	FNS40217 Certificate IV in Accounting and Bookkeeping	46 Weeks	\$2,500	\$100	\$100	
<input type="checkbox"/>	FNS50217 Diploma of Accounting	46 Weeks	\$2,500	\$100	\$100	
<input type="checkbox"/>	FNS60217 Advanced Diploma of Accounting	46 Weeks	\$2,500	\$100	\$100	

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

Payment

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 _____

Photographs and Testimonials Consent and Release

Please read the following statements:

Einstein College of Australia has the right to take or use my photographs and testimonials and to use them in any and all media worldwide including online, now and hereafter known, for Marketing purposes.

I hereby release to Einstein College of Australia all rights to exhibit my photographs and testimonials in print and electronic forms publicly or privately. I waive any rights, claims or interest I may have to control the use of my identity in the photographs and testimonials and agree that any use described herein may be made without compensation or my additional consideration.

Please tick (✓) the relevant box in relation to the above statements.

I, the undersigned,

consent to and agree with the above statements.

do not consent to and agree with the above statements.

Applicant Signature: _____

Date: _____

Privacy Statement & Applicant Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, **Einstein College of Australia** 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 **Einstein College of Australia** for statistical, regulatory and research purposes. **Einstein College of Australia** 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).

Additional Statements

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).

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: <https://www.einsteincollege.vic.edu.au/pdfs/Privacy.pdf>

Applicant Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

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's 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 consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

APPLICANT SIGNATURE: [or electronic acknowledgement] _____

APPLICANT NAME: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE [or electronic acknowledgment]* _____

PARENT/GUARDIAN NAME: _____

DATE: _____

**Parental/guardian consent is required for all students under the age of 18.*

Provider Offer (College Use Only)	
1. Applicant's ID is sighted and the copy is attached: <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other, please specify _____ 2. Applicants Education Certificate is attached (if applicable): <input type="checkbox"/> Yes	
Provider Offer (College Use Only)	
<input type="checkbox"/> No Offer or <input type="checkbox"/> Offer (indicate course(s) to be offered below)	
Short Courses	
<input type="checkbox"/> 097526A General English <input type="checkbox"/> 097527M English for Academic Purposes (EAP) <input type="checkbox"/> HLTAID003 Provide first aid	
Courses Leading to Qualifications	
<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"/> FNS40217 Certificate IV in Accounting and Bookkeeping <input type="checkbox"/> FNS50217 Diploma of Accounting <input type="checkbox"/> FNS60217 Advanced Diploma of Accounting
Authorised Staff Name: _____	Signature: _____
	Date: / /