

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 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 (Week/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"/>	General English	Min 1 Week	\$179/ 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	33 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	

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>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 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: https://www.einsteincollege.vic.edu.au/pdfs/Privacy.pdf</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>For under 18 years old applicant:</p> <p>Parent/ Guardian Signature: _____</p> <p>Parent/ Guardian Full Name: _____</p> <p>Date: ___ / ___ / ___</p>
Provider Offer (College Use Only)	
<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>	

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"/> General English Course <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: / /