INTERNATIONAL STUDENT APPLICATION FORM

Complete all sections using BLOCK LETTERS. All supporting documentation MUST be attached at the time of the application including 'Certified Copies' as relevant.

Select Course	Course Title & Code	CRICOS Code	Course Duration	Intake
☐	General English	110264E	☐ 12 Weeks ☐ 24 Weeks ☐ 36 Weeks	☐ Morning Class ☐ Evening Class
☐	BSB40120 Certificate IV in Business (Leadership)	105396B	28 Weeks	
☐	BSB50420 Diploma of Leadership and Management	105397A	52 Weeks	
☐	BSB60420 Advanced Diploma of Leadership and Management	107496D	52 Weeks	
☐	**2 Years of Commercial Cookery & Hospitality Package** SIT30821 Certificate III in Commercial Cookery SIT40521 Certificate IV in Kitchen Management SIT50422 Diploma of Hospitality Management	 110644D 110637C 114502H	104 Weeks	
☐	CPC30220 Certificate III in Carpentry	114498K	104 Weeks	
☐	CPC50220 Diploma of building and construction (Building)	114499J	92 Weeks	
☐	RII60520 Advanced diploma in Civil and Construction Design	114500K	104 Weeks	
☐	BSB80120 Graduate Diploma of Management (Learning)	114501J	52 Weeks	

PERSONAL DETAILS

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
Given Name: _____
Last Name: _____
Date of Birth: DD. /. MM. / YYYY Gender: ☐ M ☐ F ☐ X
Nationality: _____
Country of Birth: _____
Are you of Aboriginal or Torres Islander origin? ☐ Y ☐ N
☐ Aboriginal ☐ Torres Islander ☐ Both

Unique Student Identifier (USI) (if known)

.....
..

(From 1 January 2015, a nationally recognised VET qualification or statement of attainment cannot be issued if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at http://www.usi.gov.au/create-your-USI/ on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.)

Contact Details

Telephone: _____
Email: _____
Mobile: _____

Address (Australia)

Street: _____
Suburb: _____
State: _____ Post Code:_____

Address (*Postal – If different from above*)

Street: _____
Suburb: _____
State: _____ Post Code: _____

Address (Home Country)

Street: _____
Suburb: _____
State: _____ Post Code:_____
Country: _____

Emergency Contact Details

Name: _____
Relationship to you: _____
Telephone: _____
Email: _____

AGENT DETAILS

Name of the Agency: _____
Agent Name: _____
Telephone: _____
Email: _____

Office: ☐ Australia ☐ Offshore

VISA / PASSPORT DETAILS

Passport Number:_____
Passport Expiry: DD. /. MM. / YYYY
Passport Country: _____
Visa Type: _____
Visa Expiry: DD. /. MM. / YYYY
Visa Subclass:_____
Visa Number: _____

OVERSEAS STUDENT HEALTH COVER (OSHC)

Have you organised your OSHC? ☐ Y (Part A)☐ N (Part B)

Part A

Name of the Insurer: _____
Membership No: _____
Date of Expiry: DD. /. MM. / YYYY

Part B

Would you like us to organise OSHC for you? ☐ Y ☐ N
Cover Type: ☐ Singles ☐ Double ☐ Family
From: DD. /. MM. / YYYY To: DD. /. MM. / YYYY

ENGLISH LANGUAGE PROFICIENCY

Type of Test: ☐ IELTS ☐ PTE ☐ TOEFL
Score Achieved: Date of Test: DD. /. MM. / YYYY

OR

☐ I am from an assessment level 1 country.
(You will be required to undertake Placement Assessment if you are not from the list of exempted countries. Refer Entry requirement policy)

OR

☐ I have successfully completed a required English language proficiency level at an approved ELICOS pathway provider for Wattle College.
(See attach the end of course document issued by the ELICOS provider)

DISABILITY STATUS

Do you consider yourself to have any disability?

☐ Yes ☐ No If Yes, please answer below:

☐ Hearing / Deafness ☐ Intellectual ☐ Vision
☐ Acquired Brain Impairment ☐ Mental Illness
☐ Medical Condition ☐ Learning ☐ Physical
☐ Other**:** _____

PREVIOUS STUDY

Have you completed High School? ☐ Yes ☐ No

If Yes, please answer below:
☐ Completed Year 12 ☐ Completed Year 11
☐ Completed Year 10 ☐ Completed Year 9 or below

High School Completion Year: YYYY

Have you completed a qualification previously?
☐ Yes ☐ No If Yes, please answer below:

Qualification Level	*Australian Qualification*	*Australian Equivalent*	*Overseas Qualification*
Bachelor's Degree or Higher Degree			
Advanced Diploma or Associate Degree			
Diploma			
Certificate IV			
Certificate III			
Certificate II			
Certificate I			
Other			

If you completed your qualification Overseas, has it been skill assessed in Australia? ☐ Yes ☐ No

Do you wish to apply for RPL / Credit Transfer?
☐ Yes ☐ No

(If Yes, please complete a RPL and/or Credit Transfer form. Attach documentation including certified copies of all academic records. Academic records not in English must also be accompanied by a certified translated copy. If you believe you have relevant work experience, attach details and documentation (e.g. employer reference, curriculum vitae etc.)

EMPLOYMENT

Which of the following best describes your current employment status?

☐ Full time employee ☐ Part time employee
☐ Employed – Unpaid worker in a family business
☐ Unemployed – Seeking full time work
☐ Unemployed – Seeking part time work
☐ Unemployed – Not seeking any work
☐ Self-employed – not employing others

Please provide summary of your work experience in the last 2 years (position & responsibility):

_____

_____

_____

_____

_____

_____

_____

REASON FOR STUDY

☐ To get a job ☐ To get a better job or promotion
☐ To gain knowledge in another course
☐ Required as part of my job
☐ To start my own business
☐ To develop my business
☐ To start a new career in a different field
☐ For personal interest or self-development
☐ To gain new skills

AIRPORT PICKUP

Do you require Airport Pickup?
☐ Yes ☐ No

If yes, please complete below:

Flight Arrival Date: DD. /. MM. / YYYY
Flight Arrival Time: HH: MM
Flight Number:_____

ACCOMODATION SERVICES

Do you require Wattle College to arrange accommodation for you?
☐ Yes ☐ No

If yes, please complete below:

No. of Weeks required:_____
Start Date: DD. /. MM. / YYYY

Type of Accommodation:
☐ Family Homestay
☐ Student Residence

If 'Family Homestay', select an option below:

☐ Individual ☐ Twin Share
☐ With Meals ☐ Without Meals

Do you have any allergies or medical conditions we need to be aware of?
☐ Yes ☐ No

Are you happy to stay with a family who have children?
☐ Yes ☐ No

If 'Student Residence', select an option below:
Shared Room with people: ☐ 2 ☐ 4 ☐ 6 ☐ 8

APPLICATION CHECKLIST
☐ Completed all sections of the form
☐ Attached certified true copies of your English proficiency
☐ Attached certified true copies of your Visa
☐ Attached certified true copies of your Passport
☐ Attached certified true copies of other relevant documentation
☐ Attached certified true copies of your previous qualifications

PRIVACY STATEMENT & STUDENT DECLARATION

Privacy Notice

Under the Data Provision Requirements 2012, Wattle College 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 Wattle College for statistical, regulatory and research purposes. Wattle College 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).

Student Declaration and Consent

☐ I declare that the information on this form and supporting documentation is true and correct. I have read and understood the Entry Requirements, the Privacy Policy and the Cancellation and Refund Policy of Wattle College provided to me along with this application. I confirm that I have been fully advised of the fees, cancellation and refund conditions and I agree to be a student at Wattle College. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of my enrolment. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

☐ I give consent to Wattle College to access and verify my USI details on the USI registry using their Student Management System

☐ I acknowledge and confirm that all information supplied in the application, in this form and any supporting documents, is accurate, valid and true to the best of my knowledge. I understand that supplying false or misleading information may result in my application being rejected by Wattle College.

Full Name: _____ Signature:_____ Date: DD. /. MM. / YYYY