



INTERNATIONAL STUDENT - APPLICATION FOR ENROLMENT

Please complete this form in English using **BLOCK LETTERS** and **BLACK INK**.

PERSONAL DETAILS

FAMILY NAME:		GIVEN NAME/S:		PREFERRED NAME:	
DATE OF BIRTH: /DD /MM /YYYY		GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		COUNTRY OF BIRTH:	
FIRST LANGUAGE:		HAVE YOU STUDIED IN AUSTRALIA BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YOU HAVE BEEN STUDYING IN AUSTRALIA, HAVE YOU COMPLETED YOUR PRINCIPAL COURSE? YES <input type="checkbox"/> NO <input type="checkbox"/>					
DETAILS OF PREVIOUS STUDY IN AUSTRALIA INCLUDING PROVIDER/COURSE/COE/VISA DETAILS-					
DISABILITY Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, PLEASE SPECIFY: (ADD ADDITIONAL PAGES IF REQUIRED)					

STUDENT CONTACT DETAILS -

ONSHORE (You are in Australia) / **OFFSHORE** (You are in an overseas country) (please circle)

ADDRESS		
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)		
TELEPHONE:	MOBILE:	FAX:
EMAIL ADDRESS:		

PARENT/HUSBAND/ WIFE/ NEXT OF KIN DETAILS

FULL NAME/S:		
RELATIONSHIP TO YOU:		
ADDRESS:		
TELEPHONE:	MOBILE:	EMAIL:
THIS APPLICATION FORM IS ONLY FOR STUDENTS WISHING TO STUDY ON INTERNATIONAL STUDENT VISAS	EDUCATION AGENT DETAILS (IF APPLICABLE)	REPRESENTATIVE STAMP <i>(If applicable)</i>

INTERNATIONAL DETAILS

NATIONALITY:	PASSPORT NUMBER:	DO YOU HAVE AN AUSTRALIAN VISA? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES COUNTRY OF ISSUE:	VISA TYPE:	EXPIRY DATE /DD /MM /YYYY
DO YOU HAVE OVERSEAS HEALTH COVER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DO YOU WANT SIA TO ORGANISE OSHC FOR YOU? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, PROVIDER:	NUMBER:	EXPIRY DATE: /DD /MM /YYYY

ENGLISH PROFICIENCY

IELTS SCORE:	TOEFL SCORE	OTHER ENGLISH SCORE
ARE YOU CURRENTLY ENROLLED IN AN ELICOS COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF PROVIDER:

AIRPORT RECEPTION

DO YOU REQUIRE AIRPORT PICK UP? Yes <input type="checkbox"/> No <input type="checkbox"/>
SKILLS INSTITUTE AUSTRALIA OFFICE USE ONLY

Skilled Services Australia Pty Ltd T/a Skills Institute Australia

ABN : 34 150 413 219

1/10 Judds Ct, Slacks Creek, Qld, Australia – 4127

Tel: 1300 078 839, 07 3208 3182 Fax: 07 33196822

E-mail: sia@skills.qld.edu.au Website: www.skills.qld.edu.au



COURSE INFORMATION

PREVIOUS EDUCATION

QUALIFICATION	PROVIDER	YEAR OF COMPLETION

COURSE SELECTION

COURSE NAME AND CRICOS CODE	DURATION		COURSE NAME AND CRICOS CODE	DURATION	

(These courses are subject to change please refer to www.skills.qld.edu.au or contact administration on 1300078839 for further information)

COURSE COMMENCEMENT

MONTH:	YEAR:
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HOW WERE YOU INTRODUCED TO SIA?

AGENT <input type="checkbox"/>	NEWSPAPER <input type="checkbox"/>	INTERNET <input type="checkbox"/>	SIA STUDENT <input type="checkbox"/>	FRIEND/ RELATIVE <input type="checkbox"/>	OTHER (GIVE DETAILS) <input type="checkbox"/>
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USE OF PERSONAL INFORMATION

'Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National Code 2007; to ensure student compliance with the conditions of your visa and your obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law'.

IMPORTANT INFORMATION

- A. **NO MONEY IS NOT TO BE PAID WITH THIS 'APPLICATION FOR ENROLMENT' FORM**
- B. **IF YOUR ENROLMENT IS ACCEPTED WE WILL SEND YOU A DETAILED 'LETTER OF OFFER' WITH A SECTION FOR YOU TO COMPLETE AND RETURN WITH YOUR DEPOSIT - IF PAYING OFFSHORE BY BANK TRANSFER OR DIRECT DEBIT A SIGNED ELECTRONIC COPY OF THE 'ACCEPTANCE OF OFFER' MUST BE SENT IMMEDIATELY VIA EMAIL/FAX, FOLLOWED BY THE ORIGINAL FORM. NO PAYMENT/ENROLMENT CAN BE PROCESSED, UNTIL A SIGNED 'ACCEPTANCE OF OFFER' FORM IS RECEIVED.**
- C. Students can access our website for a copy of our comprehensive 'International Student Handbook', current course information and details about studying with SIA at www.skills.qld.edu.au.

STUDENT DECLARATION

<ol style="list-style-type: none"> 1) I hereby declare that the information supplied by me on this form is complete and correct. 2) I have read and understood all of the information contained on this form. 3) I am aware of my obligation to pay outstanding course fees and understand SIA will pursue outstanding fees under Australian Law. 4) I agree to notify SIA immediately of any change to my address WHILST STUDYING. 5) I am aware I must maintain satisfactory attendance and course progress and complete the course/s in the duration of my COE/s. 6) I can only work 20 hours per week during school study periods. 7) I must attend a minimum of 20 hours per week face to face classes. 8) I must stay with my principal education provider for 6 calendar months, unless issued a Letter of Release from a provider to attend another institution. 9) I must maintain OSHC while in Australia. <p>_____</p> <p>Name /signature of Applicant / Date</p>	<p>Office USE ONLY</p> <p style="text-align: center;">LETTER OF OFFER - SENT / NOT SENT (CIRCLE)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">RECEIVING OFFICER/ STAFF MEMBER NAME AND DATE</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">AUTHORISING OFFICER - SIGNATURE AND DATE</p>
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