

APPLICATION for ENROLMENT FOR INTERNATIONAL STUDENTS

HOMESTAY & EDUCATION AUSTRALIA
Suite 103, Level 1, 379-383 Pitt Street,
Sydney NSW 2000 Australia
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CRICOS Provider Code: 02005A

Gold Coast Institute of TAFE
P O Box 5547 GCMC
Queensland 9726
Australia

1. HOW DID YOU HEAR ABOUT US?

- Friend/Family Educational Exhibition Educational Agent
- Advertisement (where) Other (Please specify)

2. PERSONAL DETAILS

Title (Mr/Mrs/Ms) Family Name

Given Names

Gender (male/female) Age (in years) Date of Birth (dd/mm/yy) / /

Do you have any type of disability? Yes No

Currently living in: Home Country Australia

3. CONTACT DETAILS

Address in your home country	Address in Australia
Email	Email
Phone	Phone
Fax	Fax

4. PASSPORT AND VISA DETAILS

Country of Citizenship (as shown on passport) Country of Birth

Do you hold a current Australian Visa? Yes No

What type of visa do you hold? (Please specify) Attach legible photocopy of Valid Passport with Passport No. Yes No

Visa expiry date (dd/mm/yy) / / Passport Number

Do you require Overseas Health Cover? Yes Single/Family rate No

5. LANGUAGE

First Language Language spoken in your home

If your first language is not English, have you passed a recognised English Language test in the past 12 months? eg, IELTS or TOEFL

Yes – what English test taken Date taken (dd/mm/yy) / / Result

No – Go to Section 6, English Language Course Enrolment

6. ENGLISH LANGUAGE COURSE ENROLMENT

How many weeks would you like to study? On what date would you like to start (dd/mm/yr) / /

Do you intend to undertake further study in Australia at the completion of your English Language course? Yes No

Intensive full time ELICOS/ELPIS 25 hours / week (5 days per week. Minimum 4 weeks maximum 50 weeks) _____ weeks?

General full time English 20 hours / week (4 days per week with Wednesday off) _____ weeks?

English for Academic Purposes (EAP) English for Hospitality (EH)

English for Business Purposes IELTS Fast Track Academic (full time day)

English for Nursing and Health

7. FORMAL COURSE ENROLMENT

Preference	CRICOS Code	Course Name	Institute/Campus	Commencement Date
1.				
2.				

8. EDUCATIONAL HISTORY

Details of past education and training, including highest levels reached (attach certified copies of all records)

Year	School/Institution	State/country	Name of Qualification	Course Weeks	Result Attached Y/N
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

9. FAMILY DETAILS

Do you have any dependents? Yes No If YES, how many dependents?

(a) Are they already in Australia? Yes No (b) Will they accompany/join you? Yes No

If YES to (a) or (b), then please complete your family members' details below:

Family Name	Given Name	Relationship	Date of Birth	Studying in Australia?	Institution

10. SCHOLARSHIP DETAILS

Are you a sponsored student? Yes No

If so, please indicate sponsor Home Government or AusAID Scholarship (eg, OSSP)
or AusAID Program or Other

11. PRIVACY OF INFORMATION

The Department of Employment and Training is collecting the information on this form to determine student selection eligibility. Only authorised departmental officers have access to this information. Gold Coast Institute of TAFE may access sensitive personal information for each student which is placed on the PRISMS database. Under the ESOS Act (i) any information provided to the provider may be made available to Commonwealth and State agencies and (ii) the provider is required to tell DIMA about changes to the student's enrolment (NC51.2(i)) and any breaches of a student visa condition relating to attendance or satisfactory academic performance *NC51.2(ii)). Your personal information will not be disclosed to any other third party without your consent, or unless authorised by law. Gold Coast Institute of TAFE officers will act in accordance with the requirements of the ESOS Act, VETE Act and Privacy Acts and Regulations.

12. DECLARATION

For your application to be valid, you must complete Part 1 Declaration. **If you are under 18 years your parent or guardian must complete Part 2 Declaration.**

PART 1 DECLARATION BY APPLICANT

I certify that the information on this form and the supporting documentation are correct and complete. I authorise the Institute to obtain other details relating to my academic record. I acknowledge that the provision of incorrect information or documentation relating to my application may result in the cancellation of my enrolment. I further acknowledge that the Provider may make available this information to Australian Commonwealth and State Agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and Section 51.1 of the National Code.

Signed _____ Date (dd/mm/yr) / /

PART 2 DECLARATION BY PARENT OR GUARDIAN

I have read the information on this form and the details of the applicant are complete and correct. I hereby apply for the entry of my child/ward to study with TAFE in Australia and declare that I have financial capacity to meet the tuition fees and expenses in Australia. 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.

Name _____ Relationship to Student _____

Signed _____ Date (dd/mm/yy) / /

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