

APPLICATION for ENROLMENT for International Students

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 CRICOS Provider Code: 03037G

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

Uncontrolled copy if printed

1. DO YOU HAVE AN INTERNATIONAL EDUCATION AGENT?

Do you have an International Education Agent? Yes No (If yes, please include the company name of the Agent below)

Name of Agent:

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)

Legible photocopy of Valid Passport and Passport Number required.

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

Passport Number

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

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. CONFIRMATION OF ENROLMENT DETAILS

Have you been studying with another registered Education Provider? Yes No If Yes, Institution's name _____

Do you have a Letter of Release from your current registered Education Provider? Yes No Please attach to this application.

7. ENGLISH LANGUAGE COURSE ENROLMENT

How many weeks would you like to study English for

On what date would you like to start English (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 (5 days per week) _____ 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

Part-Time English 15 hours / week / 3 days per week (non student visa holders)

8. FORMAL COURSE ENROLMENT

Do you wish to study a certificate and/or Diploma course? If yes, please list all courses you are applying for:

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

9. 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

10. FAMILY DETAILSDo 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

11. SCHOLARSHIP OR SPONSOR DETAILSAre you a scholarship or sponsored student? Yes NoIf so, please indicate sponsor Home Government or AusAID Scholarship (eg, OSSP)
or AusAID Program or Other**12. PRIVACY OF INFORMATION**

Gold Coast Institute of TAFE is collecting this personal information for general student administration as well as for planning, communication, research, evaluation and marketing activities undertaken by the Institute. Your personal information may be disclosed to Commonwealth and State Government Agencies, and the Fund Manager of the Education Services for Overseas Students Assurance Fund, pursuant to obligations under the Education Services for Overseas Students Act 2000 (Cth) and the National Code 2007, your nominated Education Agent or Migration Agent or Lawyer and GCIT's agents, officers and employees. If you are under the age of 18 years, your personal information, attendance details, progress and results may be disclosed to your parent/guardian. No further access to your enrolment information will be provided to any other organisation or persons without your consent or, unless authorised or required by law, in accordance with the Information Privacy Act 2009 (Qld) and Information Privacy Principles. Please contact the Privacy Officer at rti.gcit@det.qld.gov.au if you have any queries or would like to access or amend your personal information.

13. DECLARATIONFor 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 Standard 3 of the National Code. I nominate the Education Agent specified in item 1 of this Form to be my Education Agent.

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

PART 2 DECLARATION BY PARENT OR GUARDIAN

I have read the information on this form and confirm that the details of the applicant are complete and correct. I hereby apply for the entry of my child/ward to study with Gold Coast Institute of 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 the application may result in the cancellation of my child/ward's enrolment.

Name _____ Relationship to Student _____

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