

IMPACT ENGLISH COLLEGE

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Australia

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CRICOS Provider Code: 02995B



2011 Enrolment Form

Please make sure you complete ALL sections of this form. Tick boxes where appropriate.

1. Personal Information

Mr Mrs Ms Miss

Given name: _____

Family name: _____

Date of birth: ____/____/____ Nationality: _____

Passport no.: _____ Expiry date: ____/____/____

Visa Type: Visitor Student Working Holiday
 Other (please specify): _____

OSHC: Single Family

**For student visa holders, OSHC is automatically added unless you inform Impact English College otherwise.*

2. Contact Information

Address: _____

City: _____ Province/State: _____

Country: _____ Postcode: _____

Email: _____

Telephone: _____ Fax: _____

3. Course Information - Please select your course

General English Business English

IELTS/Further Studies Preparation TESOL/TKT

Cambridge FCE Cambridge CAE

Barista & Cafe English English for Bartending

Starting date: ____/____/____ Number of weeks: _____

Course 2 (for students who wish to study more than one course):

General English Business English

IELTS/Further Study Preparation TESOL/TKT

Cambridge FCE Cambridge CAE

Barista & Cafe English English for Bartending

Starting date: ____/____/____ Number of weeks: _____

4. Current English Level:

Elementary Pre-Intermediate

Intermediate Upper-Intermediate

Advanced

Have you taken a recognised English Proficiency Exam?

Yes No

TOEFL Score: _____ IELTS Score: _____

TOIEC Score: _____ Others: _____

5. Flight Information & Airport Pick-up

Do you want Impact English College to arrange airport pick-up?

Yes No

**If yes, please let us know your flight details 5 days before you arrive in Melbourne.*

6. Accommodation Information

Do you want Impact English College to arrange accommodation?

Yes No

**If yes, please complete the accommodation application on the next page.*

7. Student Declaration

1. I declare that the information contained in this application is true.
2. I confirm that I have received and read a copy of Impact English College's current brochure and fully understood the Terms and Conditions of Enrolment.
3. I understand that this agreement, and the availability of Impact English College's complaint and appeals processes, does not remove my right to take action under Australia's consumer protection laws.
4. I understand that there is an English Only Policy at all time in the College and agree to abide by this rule. I also accept that I may be excluded from classes if I break this rule.

Signature of student: _____

Name (please print): _____

Date: ____/____/____

8. Agent stamp:

Agency name: _____

Branch: _____

Counsellor's name: _____

Date: ____/____/____



Accommodation Application Form

A non-refundable placement fee of \$180.00 must be paid before you are placed.

1. Student Information

Given name: _____
Family name: _____
Date of birth: ____/____/____

2. Flight Details

If known, please provide flight details below. If not yet known, please be sure to provide at least 3 weeks prior to arrival:

Flight Number: _____
Arrival date: ____/____/____
Arrival time: _____ AM/PM
Airport: _____

3. Preferred Accommodation Option

Please choose either A. Student Residence or B. Homestay Placement option. If option B is selected, please complete section 4.

A. Application for Student Residence (minimum 5 week stay)

**Initial upfront payment for the first five weeks will be included in your offer letter and must be paid to secure booking.
A deposit of \$450 must be made on arrival (returned at the end of your stay if no damage is made to the room)*

Single (\$250 per week) Double bed (\$310 per week)
Arrival date: ____/____/____
How many weeks are required: _____

B. Application for Homestay Placement (minimum 4 week stay)

**An initial 4 week accommodation fee will be included in the Letter of Offer and collected by Impact on behalf of the host family.*

Single (\$250 per week) Double (\$460 per week) a double bed or 2 single beds in one room

Arrival date: ____/____/____
How many weeks are required: _____

4. Homestay Request

We will try to place you in the most appropriate homestay. Please give us some details of what you require:

1. Do you smoke? No Yes
2. Are children under 16 years old in the household OK? No Yes
3. Are there any family pets you cannot live with? No Yes
If yes, please specify: _____
4. Do you have any allergies to animals or food? No Yes
If yes, please specify: _____
5. Are there any foods you cannot eat? No Yes
If yes, please specify: _____
6. Do you need any regular medication? No Yes
If yes, please state the medical condition and medication type: _____
7. If you have any other special homestay requirements, please give details: _____

Option A: Student Residence Facilities:

1. A studio style room (single - 12sqm, double 20sqm), complete with bed, TV, study desk, lamp, chair, microwave, fridge, air-conditioning, telephone and internet access (charges apply).
2. Common kitchen (utensils not provided), coin laundries, gymnasium, swimming pool and cafes.
3. No meals provided.
4. Free shuttle bus between accommodation and city (set timetable - travel time approximately 50 minutes).

Option B: Homestay Facilities:

1. A single clean room equipped with a minimum of a bed, bed linen, towel, wardrobe, desk, desk light, chair and heating.
2. Kitchen, bathroom and laundry facilities. Soap, laundry detergent and toilet tissue.
3. Three meals a day for 7 days per week. Breakfast and lunch may be self service.
4. A tour of the accommodation, basic homestay guidelines and rules, introduction to the local area and public transport.

At the end of your stay please be sure that you have paid for any outstanding fees and returned keys prior to your departure.

Signature of student: _____

Name (please print): _____

Date: ____/____/____