

## ENROLMENT APPLICATION FORM - INTERNATIONAL STUDENT

| PERSONAL DETAILS  |  |   |
|---|--|---|
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms  |  |   |
| Family Name:  | Given Names:                               |   |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other  | Date of Birth:     /     /                 |   |
| CONTACT DETAILS   |  |   |
| <b>Address (Home country):</b>  | <b>Current Address (in Australia)</b>      |   |
|   | Flat/unit details:                         | Street or lot no.:  |
|   | Street name:                               | Suburb:   |
|   | State/territory:                           | Postcode :  |
| Postal Address (If different from above):   |  |   |
| Home phone:   | Mobile:                                    | E-mail:   |
| EMERGENCY CONTACT DETAILS   |  |   |
| Name:   | Relationship:                              |   |
| Address:  |  |   |
| Telephone/Mobile:   | Email:                                     |   |
| PASSPORT AND VISA DETAILS   |  |   |
| Country of Passport:  | Passport Number:                           |   |
| Do you have an Australian Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| (If Yes) Visa Type: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Others   | (If Yes) Visa Expiry Date:     /     /     |   |
| (if No) Where will you apply visa? <input type="checkbox"/> Outside Australia <input type="checkbox"/> In Australia   |  |   |
| LANGUAGE AND CULTURAL DIVERSITY   |  |   |
| Country of Birth:   | Town/City of Birth:                        | Citizenship:  |
| Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No, if not, what is your first language,  |  |   |
| Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No                           |  |   |
| How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all                                       |  |   |
| Please indicate the English test you have completed <input type="checkbox"/> PTE <input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> Other   (Attach Evidence)           |  |   |
| Date of Test:     /     /   | Average Score                              | Listening     Reading     Writing     Speaking  |
| Have you completed any qualification within last two years in Australia?  |  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Please specify;  |  |   |
| DISABILITY  |  |   |
| Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if not, go to next section</i>                                |  |   |
| If Yes, please select the area(s) in the following list: (You may indicate more than one area) Please refer to the Disability supplement in the last page for an explanation of the following disabilities. |  |   |
| <input type="checkbox"/> Hearing/deaf   | <input type="checkbox"/> Physical          | <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Vision           |
| <input type="checkbox"/> Mental illness   | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Other                                 |
| PREVIOUS QUALIFICATION ACHIEVED   |  |   |
| Have you successfully completed any of the qualifications listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Not, go to the next section</i>                                      |  |   |
| <input type="checkbox"/> Bachelor or higher degree  | <input type="checkbox"/> Advanced diploma  | <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Certificate I  | <input type="checkbox"/> Others:           |   |
| HIGHEST LEVEL OF EDUCATION ACHIEVED   |  |   |
| Qualification name:   | Name of institution:                       |   |
| Country:  | Year completed:                            | Language of instruction: <input type="checkbox"/> English <input type="checkbox"/> Other                          |

**REASON FOR STUDIES**

Of the following categories, select the one which BEST describes the main reason you are undertaking this course.

- To get a job       To get into another course of study       To gain extra skills       To start my own business  
 Requirement of job       To develop my existing business       To try for a different career       To get a promotion  
 For personal interest or self-development       Other reasons:

**EMPLOYMENT**

Of the following categories, which BEST describes your current employment status?

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

**FEES**

Do you wish to pay more than 50% of the course/s tuition fee?  Yes  No

**COURSE SELECTION**

**Campus**       Brisbane       Melbourne

| Course Code                                       | Course Code                                | CRICOS Course Code | Duration | Intake/Term |
|---|--|--------------------|----------|-------------|
| <input type="checkbox"/> BSB50215                 | Diploma of Business                        | 096075J            | 52 Weeks |             |
| <input type="checkbox"/> BSB60215                 | Advanced Diploma of Business               | 096076G            | 52 Weeks |             |
| <input type="checkbox"/> ICT50118                 | Diploma of Information Technology          | 099831J            | 52 Weeks |             |
| <input type="checkbox"/> ICT60115                 | Advanced Diploma of Information Technology | 098033C            | 52 Weeks |             |
| <input type="checkbox"/> SIT40516                 | Certificate IV in Commercial Cookery       | 098034B            | 78 Weeks |             |
| <input type="checkbox"/> SIT50416                 | Diploma of Hospitality Management          | 098035A            | 78 Weeks |             |
| <b>Commercial Cookery and Hospitality Package</b> |  |                    |          |             |
| <input type="checkbox"/> SIT40516                 | Certificate IV in Commercial Cookery       | 098034B            | 78 Weeks |             |
| <input type="checkbox"/> SIT50416                 | Diploma of Hospitality Management          | 098035A            | 26 Weeks |             |

**CREDIT TRANSFER/RPL**

Do you wish to apply for credit transfer or Recognition of Prior Learning?  Yes  No

If you indicate Yes, you will be contacted to discuss this further.

**OVERSEAS STUDENT HEALTH COVER, ACCOMMODATION AND AIRPORT PICKUP**

Do you currently hold Overseas Student Health Cover (OSHC)?  Yes  No

Name of the provider: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Expiry Date / /

If No, do you want Brighton college to organise OSHC for you?  No  Yes,  Single  Couple  Family

Do you require airport pickup?  Yes  No if yes, airport pickup fee of \$ 150

Do you require accommodation assistance?  Yes  No If yes, accommodation placement fee of \$150 applies

**UNIQUE STUDENT IDENTIFIER**

Do you have USI?  Yes  No If yes, please provide the USI Number:

*If No, please complete the below section for further process.*

From 1 January 2015, we Brighton College can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course 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 NCVET. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/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.

If you would like Brighton College to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

I [NAME] \_\_\_\_\_ authorise Brighton College to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Signature: \_\_\_\_\_ Date: / / (DD/MM/YYYY)

### PRIVACY NOTICE

Under the *Data Provision Requirements 2012*, Brighton 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), may be used or disclosed by Brighton College for statistical, administrative, regulatory and research purposes. Brighton College may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

### HOW DID YOU LEARN ABOUT BRIGHTON COLLEGE?

Agent       Newspaper       Internet       Friend/Relative       Exhibition       Other

### AGENT INFORMATION (IF APPLICABLE)

Agency Name & Address:

Assessing Officer Name:

Signature of Assessing Officer

Date: / / (DD/MM/YYYY)

### IMPORTANT – APPLICATION CHECKLIST

Please check that you have:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Completed Application Form          | <input type="checkbox"/> Academic certificates        | <input type="checkbox"/> Evidence of English (IELTS/PTE etc.) |
| <input type="checkbox"/> Copy of Passport                    | <input type="checkbox"/> Copy of Visa (if applicable) | <input type="checkbox"/> OSHC details (if applicable)         |
| <input type="checkbox"/> Evidence of Release (if applicable) | <input type="checkbox"/> SOP                          | <input type="checkbox"/> Other                                |

### STUDENT DECLARATION

- I have read, understood and agree to be bound by the Terms and Conditions as outlined by Brighton College.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the *Privacy Notice* above.
- I understand that if I have applied through an approved Brighton College agent, all correspondence relating to my application will be forwarded to that agent.
- I understand that any vocational placement undertaken as a part of any of the courses offered at Brighton College will be unpaid.
- I confirm I have been informed about the training and assessment and support services to be provided and about my rights and obligations as a student in Brighton College.

**Tick here to confirm you have declared and consented to the above mentioned.**

Signature of applicant: \_\_\_\_\_ Date: / / (DD/MM/YYYY)

Parent/Guardian Signature: \* \_\_\_\_\_

\*Parental/guardian consent is required for all students under the age of 18.

### BRIGHTON COLLEGE CONTACT INFORMATION

#### **Brisbane Campus (Head Office)**

Unit 2 & 3, 15 Anderson Street, Fortitude Valley QLD 4006.

Email: [enrolment@brighton.edu.au](mailto:enrolment@brighton.edu.au)

Phone: +61 (07) 3123 4911

#### **Melbourne Campus**

Level 5, 20 Queen Street, Melbourne, VIC 3000.

Email: [melbourne@brighton.edu.au](mailto:melbourne@brighton.edu.au)

Phone: +61 (07) 3123 4911

## Disability supplement

### Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

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**If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

#### 11 — Hearing/deaf

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

#### 12 — Physical

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

#### 13 — Intellectual

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

#### 14 — Learning

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

#### 15 — Mental illness

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

#### 16 — Acquired brain impairment

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

#### 17 — Vision

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

#### 18 — Medical condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

#### 19 — Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.