

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			
Address (Home country):		Current Address (in Australia)	
		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
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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 To get skills for community/voluntary work
 Other reasons:

EMPLOYMENT

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

- Full-time employee Part-time employee Self-employed–employing others
 Self-employed–not 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
<input type="checkbox"/>	BSB80515	Graduate Certificate in Management (Learning)	0101654	26 Weeks
<input type="checkbox"/>	BSB80615	Graduate Diploma of Management (Learning)	0101653	52 Weeks

Commercial Cookery and Hospitality Package

<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 NCVER. 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).

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 all Brighton College courses are offered on the basis of full-time study and that I am required to attend a minimum of 20 scheduled course contact hours per week.
- 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)

Note: Brighton College do not enrol any 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

Phone: +61 (07) 3123 4911

Melbourne Campus

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

Email: melbourne@brighton.edu.au

Phone: +61 (03) 9998 7411

Disability supplement

Introduction

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

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.