INTERNATIONAL
STUDENT APPLICATION FORM

Read this application carefully, complete all sections and ensure that supporting documents are attached. Please write in **BLOCK LETTERS** using a blue or black pen.

Referee Details

Current Location:	☐ Onshore ☐ Offshore
Nationality:	
Preferred Campus:	☐ Adelaide ☐ Sydney (Norwest) ☐ Melbourne

1. Personal Details

Title:	☐ Mr ☐ Miss ☐ Mrs ☐ Ms
First Name:	
Middle Name:	
Family Name-Surname:	
Date Of Birth:	

(Note: You Must Be 18 Years Or Older To Submit An Application)

Country Of Birth:	
First Language:	
Nationality:	
Visa Subclass Number	Etc.
Visa Type:	☐ Student ☐ Tourist ☐ Working ☐ Working Holiday ☐ Other
Gender:	☐ Male ☐ Female ☐ Indeterminate
Passport Number:	
Passport Expiry:	

Do You Have Any Medical Condition, Disability, Or Additional Learning Support Needs That May Impact Your Training?

☐ Yes ☐ No	If Yes, Please Provide Details And Attach Supporting Documentation.

(Please Note That Visa, Type And Passport Information Is Only To Be Completed By International Visa Holders And Student Applicants. Please Attach Copies Of Valid Passport And Visa Information.)

Contact Details

Overseas Address:	
Australian Address:	
(Include Full Street Number And Name And Postcode)	
State:	
Email Address:	
Australian Phone Number:	
Overseas Phone Number:	

Emergency Contact Information

Name:	
Address:	
Relationship:	
Phone Number:	

Unique Student Identifier

All Students Studying Nationally Recognized Training In Australia Are Required To Have A Unique Student Identifier

Please Enter Your USI:

If You Do Not Have A USI, You Can Apply At www.Usi.Gov.Au. If You Need Help In Applying For A USI Then Please Speak With Someone From Administration.

☐ Internet	☐ Network Source	☐ Already/Previously Enrolled In Another Unit
☐ Recommended By Past Student	☐ A Frame Sign On The Footpath	☐ Agent .....
☐ Social Media	☐ High School	☐ Other Referral .....

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Overseas Student Health Cover (OSHC)

This section only to be completed by international student applicants what type of OSHC will you be requiring?

☐ Single ☐ Couple ☐ Family

If you do not want THE RTO to arrange OSHC on your behalf, please advise the following details:

Who is your provider?	
Membership Number:	
Expiry:	

(Please attach a copy of your membership details noting that it is a requirement of your student visa approval that you show evidence of current OSHC for the duration of your student visa.)

English Language Proficiency

(This section is only to be completed by international student applicants. Please attach a copy of a certified, valid test result.)

TEST	TOEFL	PTE	IELTS	OTHERS
Date of Test				
Overall Score				
Component Score Writing Reading Speaking Listening				

Please note that Institution Name may require you to undertake a Language Literacy, Numeracy and Digital (LLND) test prior to your enrolment being processed and/or accepted. If this is the case Institution Name will contact, you after you have made application to organize a suitable time with you to undertake the LLN test.

If you do not have a valid test score, do you consent to complete a Language, Literacy, Numeracy & Digital (LLND) test as part of entry requirements?
☐ Yes ☐ No

Qualification Programs

Select the qualification for which you are filling the form

Qualification Title	Course CRICOS Code	Qualification Code	Tick the qualification	Weeks of Study
General English	116312J	BSB50420	☐	70 (Level 6)
CIII Cabinet Making & Timber Technology	116318C	MSF30322	☐	52
Certificate III in Carpentry	116315F	CPC30220	☐	52
Certificate III in Wall and Floor Tiling	116317D	CPC31320	☐	52
Certificate IV in Building and Construction	116319B	CPC40120	☐	52
Diploma of Leadership and Management	104365F	BSB50420	☐	78
Advanced Diploma of Leadership and Management	107767H	BSB60420	☐	78
Graduate Diploma of Management (Learning)	108597B	BSB80120	☐	78
Diploma of Information Technology	107768G	ICT50220	☐	78
Advanced Diploma of Information Technology	107769F	ICT60220	☐	78

Planned Start Date:

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Make Genuine Temporary Entrant (GTE) & Genuine Student (GS)"?

1. Why did you choose this course and Institution Name?
2. What are your career goals after completion?
3. How will you fund your studies in Australia (attach evidence of funds)?
4. Do you understand your visa obligations? (Attendance, course progress, OSHC, working hours).

Language/Cultural Diversity

First Language	
Do you speak a language other than English at home?	☐ No, English Only ☐ Yes, Other – Please Specify:
How well do you peak English?	☐ Very Well ☐ Well ☐ Not Well ☐ Not at All
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander
Do you require support services such as counselling, academic skills workshops, or language support?	☐ Yes ☐ No

Labor Force Status

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

Schooling

What is your highest completed school level?

☐ Year 12 or Equivalent	☐ Year 11 or Equivalent
☐ Year 10 or Equivalent	☐ Year 9 or Equivalent
☐ Year 8 or below	☐ Never Attended School
In which year did you complete that school level?	
Are you still attending Secondary School?	☐ Yes ☐ No

Previous Qualifications Achieved

Have you successfully completed any of the following qualifications?

☐ Bachelor's degree or Higher Degree	☐ Advanced Diploma or Associate Degree
☐ Diploma (or Associate Diploma)	☐ Certificate IV (or Advanced Certificate/Technician)
☐ Certificate III (or Trade Certificate)	☐ Certificate II
☐ Certificate 1	☐ Certificates other than above

(Please provide details and certified copies of completed certificates)

Other Qualification	Year	Location

Centrelink Reference (If Applicable):

This section is only to be completed by domestic student applicants.

Job Seek ID:	
Centrelink Reference Number:	
Centrelink Reference Number Expiry Date:	

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RPL And Credit Transfer (CT)

I wish to apply for RPL	☐ ☐	Yes No	☐	I have attached my RPL Skills Assessment Form
I wish to apply for a Credit Transfer	☐ ☐	Yes No	☐	I have attached my Credit Transfer Application Form

I understand that RPL/Credit Transfer may reduce the length of my course and impact my CoE and visa duration.

Are You Ready To Complete This Course?

Institution Name has developed the following checklist to see if you are ready to start your course. This checklist may identify any English language, literacy and numeracy (LLN) needs you may have.

Please complete the following suitability checklist:
Rate yourself on the following tasks:
Answer: ☐ Yes (I can do this myself)
or ☐ No (I need help to do this)

TASKS	In English?		In my first language?	
I can:	Yes	No	Yes	No
Read the time on a clock (analogue and digital)	☐	☐	☐	☐
Add up prices of things in my head	☐	☐	☐	☐
Work out how much change I should give (without help from the register)	☐	☐	☐	☐
Look up a phone number in a telephone book or on the internet	☐	☐	☐	☐
Take a phone message and write it down accurately	☐	☐	☐	☐
Fill in a form (e.g., a timesheet for work)	☐	☐	☐	☐
Follow spoken instructions for a task	☐	☐	☐	☐

Institution Name will review your answers to this checklist and if needed arrange further assessments. We will then let you know if there are any gaps in your LLN skills and determine if you require additional assistance to successfully complete your training course. This assistance will be provided by our trainers, other training providers or LLN specialists. Students are encouraged to discuss any LLN concerns with the Administration Officer or their Trainer prior to enrolment.

Do you require language, literacy and/or numeracy support to complete your studies at the RTO? ☐ Yes ☐ No

Quality Assurance

Institution Name is externally audited at regular intervals to ensure it can maintain its accreditation as a Registered Training Organization and/or CRICOS provider. A part of this process involves an auditor contacting some of the school's past and current students. Please tick the box that reflects your participation agreement or otherwise.

☐ I agree to be contacted ☐ I do not want to be contacted

DECLARATION (Only Select Applicable Boxes)

☐ I have read, understood, and completed the above information correctly.

☐ I understand that the payment I provide applies to the course I have chosen, and I will be provided further information from the Institution Name to finalize my enrolment.

☐ I acknowledge that providing false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application for enrolment form may result in the withdrawal of any offer.

☐ I understand that it is my responsibility to provide all relevant and required documentation as specified in either the domestic and/or the International Student flyer or Prospectus- Please visit nstitution Website www.aist.edu.au for the student prospectus.

☐ I confirm I am not currently enrolled with another RTO unless allowed to do so.

☐ I can view current policies and procedures and I can contact the Institution Name to request a paper copy to be sent to me at any time.

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DECLARATION (Only Select Applicable Boxes)

- ☐ Payment of fees will be included in the student enrolment agreement letter once my application has been accepted.
- ☐ I acknowledge I have read, understand, and agree to the Institution Name student refund policy- Please visit (Institution Website www.aist.edu.au.
- ☐ I acknowledge that I have read and understand the Institution Name complaints and appeals policy- Please visit Institution Website www.aist.edu.au for the Complaints and Appeals Policy.
- ☐ I understand that fees may be subject to change at any time, and I will be responsible for paying the amended amount - Please visit Institution Website www.aist.edu.au for Student Fees and Refund Policy.
- ☐ I understand that if the Institution Name rejects my application before providing a student enrolment agreement the application fee will not be refunded.
- ☐ I understand that satisfactory course progression and attendance is mandatory. For students on International Student visas this may result with disciplinary action involving the department of Home Affairs - Please visit Institution Website www.aist.edu.au for Attendance and Course Progress Policy.
- ☐ I will abide by the policies, procedures, and any other rules of the Institution Name whilst I am studying. Please visit Institution Website www.aist.edu.au for the Student Code of Conduct Policy.
- ☐ I understand that plagiarism of someone else's work is against the Institution Name policy and if found to have occurred will result in disciplinary action.
- ☐ I have the financial capacity to meet tuition fees and agree to pay fees as they become due.
- ☐ The Institution Name is required, under s19 of the ESOS Act to report to the Secretary of the Department of Education about changes to student's enrolment; and any breach by students of student visa conditions relating to attendance or course progress.
- ☐ I agree that the Institution Name may provide my educational records or information to a sponsoring agency or any other educational institution to which I apply.
- ☐ I agree that the Institution Name may provide my educational records or information to a sponsoring agency or any other educational institution to which I apply.
- ☐ I acknowledge and accept that during my study or during activity programs, I may be photographed, videotaped.
- ☐ I acknowledge and accept that during my study or during activity programs, I may be photographed, videotaped or audio taped, and I hereby grant the Institution Name unrestricted and non- expiring permission and all rights to use or license such media for any advertising or promotional purposes that the Institution Name may deem appropriate, without any compensation whatsoever.
- ☐ I declare that I will disclose to the Institution Name any contagious medical condition that I might contract prior to or during my stay at the Institution Name and I agree to disclose any pre-existing medical or health condition that may require on-going or intermittent medical attention or that may affect my ability to fully participate in either classroom or activity programs.
- ☐ I hereby authorize any doctor or medical facility to provide treatment to me if I am injured or ill whether or not I am able to provide consent.
- ☐ I agree and acknowledge that the Institution Name may collect and retain personal information including medical information because of this application and/or my time at the Institution Name and acknowledge that this information will only be used in the course of the provision of educational, ancillary and medical services either directly or indirectly and for no other purposes.
- ☐ I have read and understood the 2020 National VET Data Policy Privacy Notice and Student Declaration. Please visit (Institution Website) for Privacy Notice and Student Declaration.
- ☐ For International students I understand that Information is collected on this form and during my enrolment in order to meet the Institution Name obligations under the ESOS Act 2000 and the National Code 2018; to ensure my compliance with the conditions of my visa and my obligations under Australian immigration laws generally.

The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2019 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018.

I understand that information collected about me on this form and during my enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Protection Scheme.

In other instances, information collected on this form or during my enrolment can be disclosed without my consent where authorized or required by law.

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I declare i have read and understood the above terms and conditions and fully understand my obligations and the obligations of my training organization.

Full Name:	
Signature (as in passport signature page)	
Date:	

Agent's Declaration (If Applicable)

☐	I have assessed the applicant and to the best of my knowledge the applicant is a genuine temporary entrant and genuine student as defined by Australian immigration authorities and I confirm the documents and information provided by the applicant did not disclose any conclusive grounds for rejecting the applicant's declarations that they are a genuine temporary entrant and a genuine student.
☐	To the best of my knowledge, the applicant is genuine in making this application and has every intention of completing all programs listed in the application.
☐	The documents which form part of this application appear to be authentic and valid. To the best of my knowledge the applicant has genuine access to the total funds required, while in Australia, to cover all travel, OSHC, tuition and living costs for themselves and their family members (if applicable).
☐	I recommend Institution Name to proceed with the assessment for admission of this applicant.
☐	I confirm the student has signed this application form.
☐	I have provided the student's personal email address andresidentia address, as disclosed to me by the student.

Agency Name:		
Agency Branch Office:		
Agent Staff Member Name:		
Signature of Agent:		Date:
Agency Stamp: (If Applicable)		

NEFT Payment Details

Bank Name:	
BSB: 036-032 Account number:	
Account name:	
Swift Code:	

Payment may be made by cash, credit card or bank transfer. Payment must be made in full prior to commencement of course.

If paying by credit card and posting your enrolment, please complete the details below:

Credit Card: ☐ Master Card (+1.1% surcharge) ☐ Visa (+1.6 % surcharge) ☐ Amex ☐ Diners (Amex & Diners +4% surcharge)

Card Number:

Expiry Date:

Card holder's Name:	
Card holder's Signature:	

I authorize the amount of $..... to be debited from my credit card

OFFICE USE ONLY - PAYMENT DETAILS

DATE		FEES PAID	
ITEM		BALANCE	
RECEIPT NUMBER		PAYMENT METHOD	

Confirmation letter sent via

RTO Manager

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Privacy Notice

The Privacy Notice at Schedule 1 of the National VET Data Policy 2020 sets out privacy information a student needs to know before they enrol with a registered training organization (RTO).
The RTO is responsible for providing this Privacy Notice to students, usually as part of the enrolment process.
The Privacy Notice explains how personal information provided by the student may be collected, held, used or disclosed, together with training activity information. It also assists in establishing a student's expectations of how their personal information and training data may be handled.

Privacy Notice also makes it clear that the Notice is in addition to any other specific requirements RTOs are obligated to provide to their students, for example, under state or territory privacy laws.

I consent to my information being shared with the Tuition Protection Service (TPS) and the Department of Home Affairs for visa compliance monitoring.

The following is minimum mandatory content for inclusion in a Privacy Notice.

Why we collect your personal information

As a registered training organization (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER).
The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.
We are also authorized by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorized agency. Please note you may opt out of the survey at the time of being contacted.

Contact Information

At any time, you may contact Australian Institute of Science and Technology to:

- Request access to your personal information.
- Correct your personal information.
- Make a complaint about how your personal information has been handled.
- Ask a question about this Privacy Notice.

You can contact us on +61 469 661 647 / +61 461 543 335 or support@aist.edu.au and you can access Australian Institute of Science and Technology Privacy policy at: www.aist.edu.au