



International Student Application Form

Intended Course

- BSB40520 Certificate IV in Leadership and Management (CRICOS Course Code: XXXXXXXX)
 BSB40920 Certificate IV in Project Management Practice (CRICOS Course Code: XXXXXXXX)

Proposed Start Date (/ /):

End Date (/ /):

Personal Details

Title: Mr. Mrs. Ms. Dr. Other

Gender: Male Female

Family name (as in passport):

Given name(s):

Date of Birth (dd/mm/yy):

Nationality (as per passport):

Contact Details in Home country

Address: Country: Post Code:

Telephone/ Mobile: Email:

Contact Details in Australia

Address: State: Post Code:

Telephone/ Mobile: Email:

Emergency Contact Details

Name: Phone Number:

Address: Relationship to Applicant:

Visa Information

Passport Number: Expiry Date:

Visa Type: Subclass: Expiry Date:

What type of visa will you be holding when you commence your studies?

- Student Working Holiday Tourist Other

Have you applied to become a permanent residence of Australia? Yes No

If yes, date of application (dd/mm/yy):

USI Information (Unique Student Identifier)

USI Number:

If you do not have USI yet, please go to www.usi.gov.au to apply for it. If you are a new or continuing student undertaking nationally recognised training, you need a USI in order to receive your qualification or statement of attainment.

Language and Cultural Diversity

In which country were you born? Australia Other – Please specify:

Do you speak a language other than English at home? No Yes – Please specify:

How well do you speak English? Very well Well Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin? No Yes – Please specify:



Previous Education

Have you done your schooling? Yes No

Highest Qualification:

Name of Institute: Completed Year:

Disability

Do you have any of the following disabilities, impairments or long-term conditions? Yes No

If 'Yes', then please indicate the areas of disability, impairment or long-term condition:

- Hearing/Deaf Physical Intellectual Acquired Brain Impairment
Mental Illness Vision Medical Condition Other

Employment

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

- Full-time employee Part-time employee Self-employed Employer
Employed in a family business Unemployed - seeking work Not employed - not seeking employment

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course?

- To get a job To develop my existing business
To start my own business To try for a different career
To get a better job or promotion It was a requirement of my job
To get into another course of study For personal interest or self-development
Other reasons

RPL/Credit

Are you seeking recognition of prior learning (RPL) or course credit transfer? Yes No

If 'Yes', then please contact training manager for further details about the RPL/CT process

Transferring student information: (if applicable)

Are you transferring from another education provider in Australia? Yes No

If 'Yes', then have you completed the first 6 months of your principal course? Yes No

Name of Institute:

If you currently enrolled in another institute in Australia please provide release letter.

Education Agent Details

If you were referred by an Education Agent, please provide details below.

Agent Name/Business Name:

As an approved agent of NC, I am also certifying that I have verified all the original documents of the student.

Signature _____

Privacy Notice

Under the Data Provision Requirements 2012, Workplace Health and Safety Services Pty Ltd 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 and your training activity data) may be used or disclosed by Xpert Solutions for statistical, regulatory and research purposes. Xpert Solutions may disclose your personal information for these purposes to third parties. This practice is also required by the ESOS Act and the ESOS National Code 2018. including:

- School: if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship



- Employer: if you are enrolled in training paid by your employer
- Commonwealth and State or Territory government departments and authorized agencies
- NCVET
- Researchers

Personal information disclosed to NCVET may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts
- Facilitating statistics and research relating to education, including surveys
- 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 an NCVET student survey which may be administered by an NCVET employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVET will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET data policy and all NCVET policies and protocols (including those published on NCVET's website at www.ncvet.edu.au).

Student Declaration and Consent

I, Declare that the information I have provided to the to the best of my knowledge is true and correct. I further declare that I have gone through the following policies and procedures available on www.xpert.edu.au:

- Admissions Policy and Procedure
- Complaints and Appeals Policy and Procedure
- Course Progress Policy and Procedure
- Deferring, Suspending and Cancelling Overseas Student Enrolment Policy and Procedure
- Refund Policy and Procedure (*All refunds will be in accordance with the policy and refund arrangements defined in Agreement*)
- RPL and Credit Transfer Policy and Procedure
- Student Support Policy and Procedure
- Transfer Between Registered Providers Policy and Procedure

I Consent to the collection use and discloser of my personal information in accordance with the Privacy Notice Above.

Applicant Name

Applicant Signature

Date..... / /

Document Checklist

- Passport bio-data pages**
- IELTS (or other English Language test) Results (if applicable)**
- Evidence of highest academic qualifications**
- Copy of current Australian Visa (if applicable)**
- OSHC Certificate (if applicable)**



FOR OFFICE USE ONLY

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Approved by: _____ Signature: _____