

A2 Education Pty Ltd t/a



# International Application Form

## How to Complete this Form

- Please write clearly in black ink using capital letters in English.
- Include one set of supporting documents with this application including certified English translation copies where required.
- All supporting documents for this application must be certified as true copies of originals.
- Ensure that you sign the declaration in the end of this form.
- Please note that delays may occur in the processing of this application if the application is incomplete

## (A) COURSE DETAILS

Term (Intake): Month

Year:

Campus: MELBOURNE

SELECT	CRICOS CODE	VET CODE	COURSE TITLE	DURATION
	116541G	MEM40119	CERTIFICATE IV IN ENGGENRING	104 WEEKS
	116542F	BSB80120	GRADUATE DIPLOMA IN MANAGEMENET(LEARNING)	52 WEEKS

## (B) PERSONAL DETAILS

TITLE: MSS.

Given name:

Last Name:

Date of Birth:

Country of Birth:

Nationality:

First Language:

Passport Number:

Expiry Date (dd/mm/yyyy):

## (C) CONTACT DETAILS

Address (Home Country):		
City:	Country:	Postcode:
Address (if in Australia):		
Suburb:	State:	Postcode:
Phone Number:	Mobile:	
Email Address:		

## (D) EMERGENCY CONTACT DETAILS

Email Address:		
Phone Number:	Relationship:	Postcode:

**In Case of an Emergency:** In the event of circumstances requiring urgent medical care where the student is incapable of speaking on their own behalf, SCEI is authorized as a matter of urgency to seek and provide appropriate medical care on behalf of the student.

## (E) DISABILITY SUPPORT

Do you consider yourself to have a disability, impairment of long-term condition?  No  Yes, please specify

If yes, please indicate the areas of disability, impairment or long-term condition: *You may indicate more than one area*

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Hearing / Deaf | <input type="checkbox"/> Physical          | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental illness            |
| <input type="checkbox"/> Vision         | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Learning     | <input type="checkbox"/> Acquired brain impairment |

## (F) LANGUAGE & CULTURAL DIVERSITY

### Language and Cultural Diversity

Question	Answer
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify <input style="width: 150px;" type="text"/>
Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, please specify: <input style="width: 150px;" type="text"/>
How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
Are you Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, Torres Strait Islander

## (G) EDUCATION DETAILS

### G.1 Schooling

What is your highest completed school level? (Tick one box only)

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually

completed and not the level you are currently undertaking.

- Year 12                                       Year 10                                       Year 8 or lower  
 Year 11                                       Year 9 or equivalent                                       Never attended school

Year completed

Are you still attending secondary school?  Yes  No

### G.2 Previous qualifications achieved

Have you **successfully** completed any of these qualifications?  Yes  No

If yes, please provide details of your qualifications. Highest Level (Select one only)

select	Course	A	E	I	
<input type="checkbox"/>	Bachelor Degree of Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;"><b>Note:</b></p> <p>If you have multiple Prior Education Achievement Recognition Identifiers for any other qualifications, use the following priority order to determine which identifier to use:</p> <p style="text-align: center;"><b>A - Australia</b> <b>E - Australia Equivalent</b> <b>I - International</b></p>
<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Diploma ( or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Certificates other than the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## (H) ENGLISH PROFICIENCY

Please provide details of any English test / Course taken:

- IELTS Academic                       PTE Academic                       OET                       TOEFL IBT

Reading Score	Writing Score	Speaking Score	Listening Score	Overall Score	Date Achieved
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

ELICOS

Other

## (I) STUDY REASON

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/  
traineeship/apprenticeship (Tick ONE box only)

- |   |   |
|---|---|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> I wanted extra skills for my job           |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> To get into another course of study        |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> for personal interest or self-development  |
| <input type="checkbox"/> To try for a different career    | <input type="checkbox"/> Other reasons                              |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> It was a requirement of my job   |   |

## (J) EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (Select one only)

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed – seeking full-time work           |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work           |
| <input type="checkbox"/> Self-employed – employing others     | <input type="checkbox"/> Not employed – not seeking employment         |

Which of the following classifications BEST describes your current or recent occupation? (Select one only)

If never employed go to next question.

- |   |  |
|---|--|
| <input type="checkbox"/> 1 – Managers                               | <input type="checkbox"/> 6 – Sales Workers                   |
| <input type="checkbox"/> 2 – Professionals                          | <input type="checkbox"/> 7 – Machinery Operators and Drivers |
| <input type="checkbox"/> 3 – Technicians and Trade Workers          | <input type="checkbox"/> 8 – Labours                         |
| <input type="checkbox"/> 4 – Community and Personal Service Workers | <input type="checkbox"/> 9 – Other                           |
| <input type="checkbox"/> 5 – Clerical and Administrative Workers    |  |

## (K) UNIQUE STUDENT IDENTIFIER

Enter Unique Student identifier (if you already have one):

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From 1 January 2015, we SCEI can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <https://.usi.gov.au/your-usi/create-usi> on a computer or mobile device. If you want SCEI to apply to the Student Identifiers Registrar on your behalf for a USI, please complete and attach the Unique Student Identifier Application form.

## (L) OVERSEAS STUDENT HEALTH COVER (OSHC) DETAILS

Do you already have OSHC? If Yes then please provide details.

Provider's Name:

Membership Number:

Expiry Date (dd/mm/yyyy) :

Do you want SCEI to arrange OSHC for you? If yes then please provide details:

(Note: SCEI will arrange NIB OSHC only)

Type:  Single  Couple  Family

## (M) HOW DID YOU HEAR ABOUT SOUTHERN CROSS EDUCATION INSTUTE?

Agent Google Search

Instagram / LinkedIn / Google+

Google Search

Events Radio

Newspaper / Magazine

Radio

Exhibitions

SCEI Student. Please provide ID:

Facebook

SCEI Staff. Please provide name:

## (N) AGENT DETAILS (If applying through an agent)

Company Name:

Agent's Name:

Email Address:

Contact:

I confirm that I have verified the above-mentioned potential student's application, supporting and financial documents and I am satisfied that this "Enrolment Form" contains the correct information. I have

assessed the applicant as a Genuine Temporary Entrant and Genuine. I am satisfied that the information and documentation provided is authentic and where the document has been stamped or translated

by the agency, the original document has been sighted and certified.

Agent's / Representative Signature

Agent's Stamp

## (O) PAYMENT PLAN OPTIONS (Conditions apply)

Prior to establishing a payment plan, please ensure your initial deposit has been made.

Please choose one preferred payment plan option:

Every Months

Every 2 Months

Every 3 Months

Every 6 Months

## (P) ENROLMENT PROCEDURE

### **1. Enrolment Procedure:**

Fill out the Application to Study Form provided by SCEI and send it through email to [enroll@scei.edu.au](mailto:enroll@scei.edu.au) OR Post to:

#### **a. Melbourne Campus**

155-161 Boundary Road, North Melbourne, VIC, Australia 3051, OR

#### **b. Adelaide Campus**

14 Grote Street, Adelaide, SA Australia 5000

### **2. Enrolment and Acceptance:**

SCEI enrolment officer will assess the application to study form and if accepted successfully letter of offer will be issued through email within 5 working days.

### **3. Payment of Fee:**

The application will accept the letter of offer and deposit fee in the nominated bank account of SCEI. SCEI will then issue Confirmation of Enrolment (COE) and send through email.

## (Q) ATTACHMENT CHECKLIST

Provide all the relevant documents, incomplete applications will cause delays in processing:

- Certified evidence of English language proficiency like IELTS, TOEFL, PTE and ELICOS, etc.
- Certified documented evidence of Year 12 education or equivalent (with certified translation, if not in English)
- Certified documented evidence of other previous qualifications if applicable (with certified translation, if not in English)
- Certified copy of Passport
- Financial declaration form (if applicable)
- Copy of Visa (if applicable)
- Evidence of Overseas Health Cover (if applicable)
- Copies of Confirmation of Enrolments (if applicable)
- Certified copies of documents to be assessed for Credit Transfer and/or Recognition of Prior Learning (RPL) if required

Others

## (R) DECLARATION AND AGREEMENT

**In signing this Application Form, I agree that I have read and understood the following:**

- I declare that I have a genuine intention to study the course for which I have applied, and that I have access to sufficient funds to cover tuition fees, living expenses, travel expenses, Overseas Student Health Cover for the duration of my studies and to support my dependents (if coming along with me).

I understand that the application fee accompanying this application to study form is non-refundable.

I acknowledge that any false or misleading statement may result in denial of my admission application or subsequent cancellation of my enrolment at SCEI, which may affect the validity of my visa.

The information on this form is true and correct. This information may be used for monitoring, program planning and statistical purposes.

I declare that I will be solely responsible for meeting the conditions listed on my current student visa and liaise with DHA and my agent (if applicable).

I declare that I have also read the ESOS framework provided by SCEI in Student's Handbook.

\_\_\_\_\_ have honestly and accurately completed this application form.

**Student Signature:**

**Date (dd/mm/yyyy):**

**For more information:-**

**Website:** [www.matic.vic.edu.au](http://www.matic.vic.edu.au)

**Phone:** 435269929

**location:**

**Level 1, 620 Bourke Street, Melbourne CBD, Victoria, VIC, AUSTRALIA, 3000**