

INTERNATIONAL STUDENT APPLICATION FORM

STUDENT ID (Existing Alpha Student only)

UNIQUE STUDENT IDENTIFIER (USI)

1. PERSONAL DETAILS

First Name

Middle Name

Last Name

Gender M F Date of Birth (dd/mm/yy)

Under 18 years Yes No Country of Birth

Passport No Passport Expiry Date

Are you an Aboriginal and/or Torres Strait Islander?

Yes No If Yes, please specify

AGENT STAMP

APPLICANT CURRENT LOCATION

Onshore Offshore

CAMPUS

Sydney Canberra

2. CONTACT DETAILS

Current address in Australia (If available)

Street Address

Suburb State

Postcode Country

Email

Phone Mobile

Permanent Address in your home country

Street Address

Town / City

District/ Region State

Postcode Country

4. EMERGENCY CONTACT DETAILS

Full Name

Relationship

Email

Phone Mobile

3. COURSES

COURSE NAME	VET NATIONAL CODE	DURATION	START DATE	CAMPUS
<input type="checkbox"/> General English	NON AQF AWARD	1-48 weeks	/ /	Sydney / Canberra
<input type="checkbox"/> Diploma of Business	BSB50215	52 weeks	/ /	Sydney / Canberra
<input type="checkbox"/> Graduate Diploma of Management (Learning)	BSB80615	52 weeks	/ /	Sydney / Canberra
<input type="checkbox"/> Advanced Diploma Of Leadership and Management	BSB61015	52 weeks	/ /	Sydney / Canberra

5. ENGLISH LANGUAGE ABILITY

Which English test have you completed in the last 2 years?

IELTS TOEFL PTE CAE NONE

Other

Result of the Test

(Please attach a certified copy of the result)

Have you completed any English Course in Australia?

Yes No (If yes, please attach relevant evidence)

6. In which country were you born?

Australia

Other - please specify

7. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No English only

Yes other - please specify

8. DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y

No N

No – Go to Question 10

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

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

- | | | |
|---------------------------|--------------------------|----|
| Hearing/deaf | <input type="checkbox"/> | 11 |
| Physical | <input type="checkbox"/> | 12 |
| Intellectual | <input type="checkbox"/> | 13 |
| Learning | <input type="checkbox"/> | 14 |
| Mental illness | <input type="checkbox"/> | 15 |
| Acquired brain impairment | <input type="checkbox"/> | 16 |
| Vision | <input type="checkbox"/> | 17 |
| Medical condition | <input type="checkbox"/> | 18 |
| Other | <input type="checkbox"/> | 19 |

10. 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. For example, if you are currently in Year 10 the Highest school level completed is Year 9.

- | | |
|-----------------------|--------------------------|
| Year 12 or equivalent | <input type="checkbox"/> |
| Year 11 or equivalent | <input type="checkbox"/> |
| Year 10 or equivalent | <input type="checkbox"/> |
| Year 9 or equivalent | <input type="checkbox"/> |
| Year 8 or below | <input type="checkbox"/> |
| Never attended school | <input type="checkbox"/> |

Never completed any primary or secondary level education – go to Question 11

11. Are you still enrolled in secondary or senior secondary education?

Yes Y

No N

12. Have you SUCCESSFULLY completed any of the qualifications listed in question 13?

Yes Y

No N

No – go to Question 14

13. If YES, tick ANY applicable boxes.

- | | | |
|--|--------------------------|-----|
| Bachelor degree or higher degree | <input type="checkbox"/> | 008 |
| Advanced diploma or associate degree | <input type="checkbox"/> | 410 |
| Diploma (or associate diploma) | <input type="checkbox"/> | 420 |
| Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> | 511 |
| Certificate III (or trade certificate) | <input type="checkbox"/> | 514 |
| Certificate II | <input type="checkbox"/> | 521 |
| Certificate I | <input type="checkbox"/> | 524 |
| Other education (including certificates or overseas qualifications not listed above) | <input type="checkbox"/> | 990 |

14. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- Full-time employee 01
- Part-time employee 02
- Self employed – not employing others 03
- Self employed – employing others 04
- Employed – unpaid worker in a family business 05
- Unemployed – seeking full-time work 06
- Unemployed – seeking part-time work 07
- Not employed – not seeking employment 08

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

- To get a job 01
- To develop my existing business 02
- To start my own business 03
- To try for a different career 04
- To get a better job or promotion 05
- It was a requirement of my job 06
- I wanted extra skills for my job 07
- To get into another course of study 08
- For personal interest or self-development 12
- Other reasons 11

16. VISA STATUS

If you hold a current Australian Visa, provide the following information Type of Visa: Student Visitor

Working Holiday Other

Current Visa Expiry Date

17. CURRENT STUDIES IN AUSTRALIA

Are you currently studying in Australia? Yes No

If Yes, please provide the following details

Name of Institution

Course Enrolled

Date of Commencement

18. CREDIT

Do you wish to apply for **Credit**?

If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.

Yes No Maybe I'd like more information

19. RECOGNITION OF PRIOR LEARNING

Do you wish to apply for **Recognition of Prior Learning**?

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

Yes No Maybe I'd like more information

20. OVERSEAS STUDENT HEALTH COVER (INSURANCE)

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

If yes, please mention the following details:

Name of the Provider

Membership No Date of Expiry

Note: All international students must have health insurance through the Overseas Student Health Cover (OSHC) scheme. It is the responsibility of the student to ensure that their OSHC is up to date.

21. CHECKLIST

- Copy of your passport page
- Copy of your official final high school certificate and transcript
- Copy of your official college or university certificate and transcript (Cert IV of Accounting for Diploma enrolment)
- Copies of your IELTS or a relevant English certificate or English assessment test (including explanations of level and grades)
- Copy of your current visa (if applicable)
- Copy of Overseas Student Health Cover
- Letter of Release (if applicable)
- Certified translations of any documents that are not in English

22. STUDENT DECLARATION

I, confirm that the details given in this application form and other secondary documents are accurate and true. I affirm that I have read and consent to be bound by the Enrolment conditions, rules and processes of the Alpha Institute. I accept that the Alpha Institute has the right to change or reverse any resolution about an admission accepted on the basis of incorrect, partial or false information.

This Application Form contains inquiries to allow the Alpha Institute to assemble and deliver AVETMISS compliant records to fulfil the National VET Provider Collection Data Requirements. Any other information about AVETMISS Records and the Alpha Institute's Privacy Policy is available at the Reception, and through the Alpha Institute website www.alphainstitute.edu.au

23. PRIVACY NOTICE

Under the Data Provision Requirements 2012, Alpha Institute 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 Alpha Institute for statistical, regulatory and research purposes. Alpha Institute may disclose your personal information for these purposes to third parties, including:

- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER 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 NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

I acknowledge that Alpha Institute (Australia) will apply for my Unique Student Identifier (USI), on my behalf, lest one is provided. I recognize that they will use the USI I have provided as part of my application procedure. For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I allow the Alpha Institute to use photographs, testimonials and videos taken of me for advertising or marketing purposes.

Yes No

Applicant's Signature

Date (dd/mm/yyyy)