



**APPLICATION FOR ENROLMENT FORM - (International Students)**

NAME AND CONTACT DETAILS			
Given Name:			
Family Name:			
Date of Birth	__/__/____ (dd-mm-yyyy)	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Mobile			
Email:			
Residential Address			
Postal Address (if different from above)			
NEXT OF KIN/EMERGENCY CONTACT			
Name:		Relationship to you:	
Address:			
		Postcode:	
Phone:		Email:	
PASSPORT DETAILS			
Passport Number:			
Nationality:		Expiry date	
Are you currently in Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Subclass	
OVERSEAS STUDENT HEALTH COVER (OSHC)			
All International Students on a student visa must be have OSHC			
Do you currently have OSHC	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide details below)		
OSHC Provider Name			
Membership Number		Expiry Date	
Do you want IIFS to organise OSHC	<input type="checkbox"/> Yes <input type="checkbox"/> No (I will organise OSHC myself)		



COURSE DETAILS	
Which course would you like to enroll into?	<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery (114273E) <input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management (114274D) – Direct Entry <input type="checkbox"/> SIT50422 Diploma of Hospitality Management (114275C) <input type="checkbox"/> SIT60322 Advanced Diploma of Hospitality Management (114276B) <input type="checkbox"/> MSF30322 Certificate III in Cabinet Making and Timber Technology <input type="checkbox"/> CPC30220 Certificate III in Carpentry <input type="checkbox"/> CPC40120 Certificate IV in Building and Construction <input type="checkbox"/> CPC50220 Diploma of Building and Construction (Building) <input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning) <input type="checkbox"/> BSB50420 Diploma of Leadership and Management (113329B) <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management (113330J)
Intake month	<i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.</i>
Have you ever studied with IIFS before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for <b>Credit</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information
Do you wish to apply for <b>Recognition of Prior Learning</b> ? <i>If you indicate YES, you will be contacted to discuss this further.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information
LANGUAGE AND CULTURAL DIVERSITY	
1. In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
2. 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, other, please specify: _____ If you have ticked Yes above, please proof of your English Language Proficiency (e.g. IELTS, PTE, TOEFL) Please attach a copy of the results.
3. Are you of 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 <span style="float: right;"><input type="checkbox"/> Yes, Aboriginal</span> <input type="checkbox"/> Yes, Torres Strait Islander <span style="float: right;"><input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander</span>



DISABILITY	
4. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes, please indicate the area of disability, impairment or long-term condition ( <i>tick as many as apply</i> )	
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Intellectual
<input type="checkbox"/> Physical	<input type="checkbox"/> Learning
<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Vision
<input type="checkbox"/> Mental illness	
<input type="checkbox"/> Medical condition	
<input type="checkbox"/> Other (Please specify): _____	
SCHOOLING	
6. What is your highest COMPLETED school level ( <i>tick one box only</i> )	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below
<input type="checkbox"/> Year 10 or equivalent	
<input type="checkbox"/> Never attended school	
7. Are you still enrolled in secondary or senior education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PREVIOUS QUALIFICATION ACHIEVED	
8. Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes – <i>indicate below</i> <input type="checkbox"/> No
9. If yes, please enter ONE of these Prior Education Achievement Recognition Identifiers for ANY applicable qualification level. <i>If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian 2. E– Australian equivalent 3. I – International</i>	
Bachelor Degree or Higher Degree <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate III (or Trade Certificate) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
Advanced Diploma or Associate Degree <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate II <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
Diploma (or Associate Diploma) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate I <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Other education (including certificate or overseas qualifications not listed above) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I



<b>EMPLOYMENT</b>										
10. Of the following categories, which BEST describes your current employment status? <i>(Tick one box only)</i>										
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business			<input type="checkbox"/> Self-employed – not employing						
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Not employed – not seeking employment			<input type="checkbox"/> Unemployed – seeking full-time work others						
<input type="checkbox"/> Self-employed – employing others	<input type="checkbox"/> Unemployed – seeking part-time Work									
<b>STUDY REASON</b>										
11. Of the following categories, which BEST describes your main reason for undertaking this course? <i>(Tick one box only)</i>										
<input type="checkbox"/> To get a job			<input type="checkbox"/> It was a requirement of my job							
<input type="checkbox"/> To develop my existing business			<input type="checkbox"/> I wanted extra skills for my job							
<input type="checkbox"/> To start my own business study			<input type="checkbox"/> To get into another course of							
<input type="checkbox"/> To try for a different career development			<input type="checkbox"/> For personal interest or self-							
<input type="checkbox"/> To get a better job or promotion			<input type="checkbox"/> Other reasons							
<b>UNIQUE STUDENT IDENTIFIER (USI)</b>										
<i>From 1 January 2015, we, Insight Institute of Further Studies 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). If you have not yet obtained a USI you can apply for it directly at <a href="http://www.usi.gov.au/create-your-USI/">http://www.usi.gov.au/create-your-USI/</a> on computer or mobile device.</i>										
20. Enter your unique student identifier (if you already have one)										
<b>Additional Information for USI Application – only required if you do NOT already have a USI</b>										
<p>If you would like IIFS 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 <a href="http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx">http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</a>. You must also provide some additional information so that we can apply for a USI on your behalf.</p> <p>I, _____ authorise</p> <p>Insight Institute of Further Studies to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.</p>										



In accordance with section 11 of the *Student Identifiers Act 2014*, Insight Institute of Further Studies will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it. Card Number: \_\_\_\_\_

**AGENT DETAILS**

Agent Name:			
Business Name		Location	
Phone		Email:	

**DOCUMENT CHECKLIST**

The following supporting documents must be included when you submit your application. Applications that are submitted without necessary supporting documents will be delayed in processing. Please select all relevant.

- |  |   |
|--|---|
| <input type="checkbox"/> Certified copy of Passport                      | <input type="checkbox"/> Evidence of English Language proficiency |
| <input type="checkbox"/> Visa copy                                       | <input type="checkbox"/> Evidence of OSHC (if applicable)         |
| <input type="checkbox"/> Certified copies of all previous qualifications | <input type="checkbox"/> Other COEs (If applicable)               |

**PRIVACY STATEMENT & STUDENT DECLARATION**

**Privacy Notice**

**Why we collect your personal information**

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

Failure to provide your personal information, IIFS will not be able to enrol you as a student.

**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 authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.



### **How the NCVER and other bodies handle your personal information**

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact IIFS using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

### **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 authorised agency. Please note you may opt out of the survey at the time of being contacted. Contact information

At any time, you may contact IIFS 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 IIFS



**Declaration**

By signing this form, I acknowledge that I have read and understood the information provided above. Also;

- I have read and understood the information related to my course and the student handbook.
- I give permission to IIFS to check my visa status using Visa Electronic Verification Online (VEVO) System.
- I give permission to IIFS to source USI on my behalf (Only applicable if ticked yes in the form)
- I declare that the all the information provided in this form is true and correct. I understand that failure to provide correct information or documentation may result in cancellation of my enrolment.
- I agree to abide by the above terms and conditions and consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. The information and documents provided by me are true and correct in all respects.

Student Signature:		Date:	/ /
Printed Name:			

FOR IIFS OFFICE USE ONLY			
Date Form Received:			
Supporting Documents Received	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Received by:		Date:	