

INTERNATIONAL STUDENT APPLICATION & ENROLMENT FORM

Part A Please Complete All Sections In Block Letters Using A Black Pen. Print Your Name As It Appears In Your Passport

SECTION 1: PERSONAL DETAILS

Given Name			
Preferred Name		Passport Number	
Family Name			
Country of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Citizenship		Date of Birth	
Do you have a learning disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify:	
Do you have any health concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify:	

Home Country Contact Details

Address			
Suburb/Town		Country	
Post code		Telephone	
Mobile		Email:	

Australian Contact Details (if applicable)

Address			
Suburb/Town		Country	
Post code		Telephone	
Mobile		Email:	

Person to Contact in an Emergency

Name of the contact			
Address			
Suburb/Town		Country	
Post code		Telephone	
Mobile		Email:	

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SECTION 2: ASSISTANCE	
*Do you require ETEA to provide you with Overseas Health Cover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	Period of cover to..... (Note: OSHC must cover the full duration of the course and some additional time to cover the full length of visa)
If no please provide details of your existing Overseas Health Cover	
Policy No	Period of cover to..... (Note: OSHC must cover the full duration of the course and some additional time to cover the full length of visa)
Airport Pick-up	Do you require airport pickup <input type="checkbox"/> Yes <input type="checkbox"/> No
*Please note both OSHC and Airport pick-up will incur a fee; please refer to course fee schedule in Part B of this document	
SECTION 3: EDUCATION, EMPLOYMENT AND LANGUAGE SKILLS	
Highest qualification attained	
English exams completed and score	
Have you enrolled in a similar course elsewhere? (please tick) (If yes, you may be eligible for a credit transfer or Recognition of Prior Learning – contact ETEA for further information)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed in the area covered by the course applied for? (If yes, you may be eligible for Recognition of Prior Learning – contact ETEA for further information)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-assessment of English level (please tick)	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Tell us the reason you want to enrol in a course with ETEA	
Where did you hear about us?	

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					24 months	
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SECTION 4: COURSE PREFERENCE	
Course Code	Course Name
Select your delivery location preference	<input type="checkbox"/> Victoria <input type="checkbox"/> Sydney <input type="checkbox"/> Adelaide <input type="checkbox"/> Perth <input type="checkbox"/> Queensland
* Refer to the course fee schedule in Part B of this document * Refer to the refunds on the ETEA website under the refunds tab The amount of pre-paid tuition fees required before commencing your course will be set out on the first page of the written agreement	
<p>Part B Please refer to the course fee schedule (click here) or go to the following link http://www.etea.edu.au/images/forms/International-Course-Fee-Schedule.pdf</p> <p>Part C Please refer to the Refund Policy (click here) or go to the following link http://www.etea.edu.au/images/forms/international_refund_policy_procedure.pdf</p>	
Part D	
Student Declaration	
<ol style="list-style-type: none"> 1. I have read this document and acknowledge that the refund conditions that are attached hereof and that those conditions form part of the contract between ETEA and myself if I accept the offer of a place with ETEA. 2. I further acknowledge that the tuition and other fees that are, or maybe payable, are set out in the tuition and other fees fee schedule. 3. I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended. 4. I understand that at the time of enrolment I may be required to supply originals of all documents used to support this application. 5. I acknowledge that the ETEA, at any time prior to me accepting the offer of enrolment, reserves the right to alter any course, subject, admission requirement or fee without prior notice. 6. I understand that the personal information I have provided may be released to government agencies as required by law. 7. I further understand that my application may be disclosed to third parties for the purpose of processing my application. 8. Privacy Statement; Information is collected on this form and during your enrolment in order to meet ETEA obligations under the ESOS Act and National Code 2007; and to ensure student compliance with the conditions of their visa and the obligations under the Australian immigration laws. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of practice for Registration Authorities and providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided in certain circumstances to the Australian government and designated authorities and, if relevant, the Tuition Protection Service. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law. 9. I acknowledge that the Application Fee of AUD \$200.00 for IRON program and AUD \$250 for other VET courses which I am including to have this application assessed is non-refundable, irrespective of the outcome of my application. 10. In selecting this course I have read and understood Part B of this application form. 11. In selecting this course I have read and understood the attached refund policy and procedure as outlined in Part C. 12. I have access to the NMBA standards for registration website - http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx (IRON program only) 13. I understand that ETEA endorses the recommendations included in the immunisation guidelines for Health Care Workers (Department of Human Services 1998) and that it is a requirement that I have evidence of inoculation and immunisation against, vaccine preventable diseases including: Measles, Rubella, Hepatitis B, 	

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Pertussis, Diphtheria, Mumps, Tetanus Tox, Varicella, Polio, Influenza, MRSA swab and Tuberculosis screen which I need to provide ETEA. (IRON program only) ETEA strongly suggest you have this evidence by course commencement (see attached list).

14. I understand that Failure to provide the required evidence in the attached list may result in a delayed clinical placement. Any charges incurred by ETEA as a result will be on-charged to the student. (IRON program only)

Student checklist

Make sure the following are attached (Please Tick)

	Certified transcripts
	Curriculum vitae (Signed), if applicable
	Certified English proficiency test results (IELTS/OET or equivalent)
	Course or unit syllabus, if you are applying for Credit Transfer or RPL
	*Credit card details supplied or bank draft or bank cheque attached for the application fee (Please tick the appropriate fee) <input type="checkbox"/> AUD \$200.00 for IRON Program <input type="checkbox"/> AUD \$250.00 for VET Courses
	*RPL Fee (if applicable)
	*Airport Pickup (if applicable)
	*OSHC (if applicable)
	A certified copy of an Australian Police Criminal Check completed on the Applicant within the past three (3) months.
	Working with Children Check or DCSI clearances
	A certified copy of a letter from the Australian Health Practitioner Regulation Agency stating the Applicant's eligibility to complete the Initial-Registration course for Overseas Registered Nurses. (IRON program only)

Applicants Signature _____ **Date** _____

Office Use Only

Details verified and approved by:

Student Support officer/Student Administration Officer:

Name..... Signature..... Date:/...../.....

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