



## Australian Preparatory Program (For Internationally Qualified Nurses) Incorporating Outcome Based Assessment (OBA)

<b>Agent details if applicable</b>	<b>Agency Name</b>			
	<b>Contact Person</b>			
	<b>Contact Details (Email and Phone)</b>			
<b>Select your delivery location preference</b>	Victoria	Sydney	Adelaide	Perth
<b>Intake date</b>				
<b>Part A Please Complete All Sections in Block Letters Using A Blue or a Black Pen. Print Your Name as it appears in your Passport</b>				
<b>Personal Details</b>				
Title				
<b>1. Enter full Name*</b>				
Family Name		Middle Name		
Given names				
<b>2. Enter your birth date (DD/MM/YYYY)</b>		<b>3. Gender (Tick ONE box only)</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
			<input type="checkbox"/> Other	
Passport Number		City of Birth		
Country of Birth		Citizenship		
<b>4. Enter your contact details</b>				
Home Phone		Work Phone		

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Authorised by	QMC	CRICOS #	02925E	RTO #	5089	Review:
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Mobile Number		Email Address	
Alternative email address (optional)			
<p><b>5. What is the address of your usual residence?</b></p> <p><i>Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.</i></p>			
<b>Home Country Contact Details</b>			
Address			
Suburb/Town/City		Country	
Post code		Telephone	
Mobile		Email:	
<b>Australian Contact Details (if applicable)</b>			
Building/property name			
Flat/unit details		Street or lot number (e.g. 205 or Lot 118)	
Street name		Suburb, locality or town	
State/territory		Postcode	
<b>6. What is your postal address (if different from above)?</b>			
Building/property name			
Flat/unit details		Street or lot number (e.g. 205 or Lot 118)	
Street name		Suburb, locality or town	
State/territory		Postcode	
<b>Emergency Contact details</b>			
Name		Relationship	
Address			

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Suburb/Town		Country	
Post code		Telephone	
Mobile		Email:	

**Visa details**

Are you currently in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa processing branch (if applicable) _____
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Do you hold a valid Australian Visa which has study rights? <input type="checkbox"/> Yes <input type="checkbox"/> No  I understand and agree that it is my responsibility and obligation to obtain and retain a visa which permits me to study full time in Australia for the duration of the Course.	Indicate Visa type (i.e.: Student, Working Holiday) _____  Visa Number (if applicable) _____
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Do you have Overseas Student Health Cover?  Yes  No

If Yes, provide your card number and OSHC provider \_\_\_\_\_

If NO, I require:    Single cover             Dual Cover             Family Cover

**Language and Cultural Diversity**

7. In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other please specify: _____	8. 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 (English only - Go to Question 10) <input type="checkbox"/> Yes, other. Please specify _____
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How well do you speak English?  <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	9. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.) <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
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**Disability**

10. Do you consider yourself to have a disability, impairment or long-term condition?  <input type="checkbox"/> Yes	11. 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.)
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No

No - Go to Question 12

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

**Student Declaration:**

**Privacy Notice**

Under the *Data Provision Requirements 2012* ETEA 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 ETEA for statistical, regulatory and research purposes. ETEA may disclose your personal information for these purposes to third parties, 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 authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

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

- Issuing statements of attainment or 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 programme 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](http://www.ncver.edu.au)).

**Student Declaration and Consent**

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

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I declare that I have read the International section of ETEA’s website which includes pre-arrival information, policies and procedures and the information on this application form. I understand and acknowledge that I have received information about:

1. the minimum level of English language proficiency required for acceptance into my preferred course/s;
2. the structure, course content, progression rules, duration, modes of study, term breaks and assessment methods for my preferred course/s;
3. the qualifications obtained at the end of my preferred course/s;
4. the campus locations, facilities, equipment and learning and library resources available at the Institute for my preferred course/s;
5. details of arrangements with other registered providers, persons or businesses to provide the course or part of my preferred course/s;
6. the course related fees payable for my preferred course/s and the applicable ETEA Refund Policy;
7. Information on fee change: Prior to enrolment fees may be altered without notice. Once enrolled fees will not be subject to change for the normal duration of the course. If a course length is extended by the student then any fee increases will be required to be paid for in the extended component of the course.
8. Withdrawing from courses, deferring and cancelling of enrolment from my preferred course/s;
9. Living in Australia, including: indicative costs of living; accommodation options; the need for school aged dependants to be enrolled to attend at school and my liability to pay their fees for their education.
10. I have access to the NMBA standards for registration website.
11. 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, Pertussis, Diphtheria, Mumps, Tetanus Tox, Varicella, Polio, Influenza, MRSA swab and Tuberculosis screen which I need to provide ETEA. ETEA strongly suggest you have this evidence by course commencement (see attached list).
12. 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.
13. I understand that I must notify the relevant state campus of ETEA as soon as my visa approval has been granted by emailing a copy of the approval document (if applicable)
14. I further understand that if a copy of my visa grant document has not been received by the relevant State ETEA campus 7 days prior to the course commencement. I will be withdrawn and offered an enrolment in the next possible course, subject to available places.

**I understand, acknowledge and agree to:**

1. Make timely payments of any fees or associated costs for which I am liable. I have the necessary financial capacity to meet all such costs for the duration of my course. I recognise that it is my responsibility to provide all necessary documentation to support my application and I authorise ETEA to obtain further relevant documentation where necessary either directly or through the accredited education agent or representative.

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**I acknowledge that:**

1. The provision of incorrect information or withholding of relevant information relating to my application, might invalidate my application and that ETEA may withdraw an offer of a place or cancel my enrolment in consequence.
2. I am fully responsible for my educational and living expenses while studying at ETEA.

<b>STUDENT CHECKLIST</b>	
<b>APHRA Application</b>	
	Completed AGEN-40 Application Form
	Proof of Identity (Choose from Page 3 of the AGEN-40 Form)
	Transcripts of Records
	Curriculum vitae (Signed), if applicable
	Certified English proficiency test results (IELTS/OET or equivalent)
<b>ETEA OBA Application</b>	
	Application Form
	Certified copy of Passport
	Transcripts of Records
	Curriculum vitae (Signed), if applicable
	Certified English proficiency test results (IELTS/OET or equivalent)
	*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 OBA Program only
<b>Post OBA Application</b>	
	APHRA Registration Number
	Copy of the Visa
<b>Other Documents</b>	
	*OSHC (if applicable)
	A certified copy of an Australian Police Criminal Check completed on the Applicant within the past three (3) months (if applicable)
	Working with Children Check or DCSI clearances (if applicable)

**Office Use Only**

Details verified and approved by:

**Student Support officer/Student Administration Officer:**

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

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