Please check one of the following options to indicate your current location.  Offshore  Onshore

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| **APPLICANT PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
| Family Name  (as shown on passport) | | | |  | | | | | | | Passport No. | | | | |  | | Expiry date | | |  |  |
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| Given Names |  | | | | | | | | | Preferred Name | | | | | | |  | | | | |  |
| Previous Family Name (If applicable) | | | | |  | | | | | | | Previous Given Names (If applicable) | | | | | | |  | | |  |
| Date of Birth | |  | | | | Gender:: | Male  Female | | | | | | | Marital Status | | | | |  | | |  |
| Mobile | |  | | | | | | | Email | | | |  | | | | | | | | |  |
| Country of Birth | | |  | | | Town of Birth | |  | | | | | | | Nationality/Citizenship | | | | |  | |  |
| City and Country where you will be lodging your student visa application | | | | | | | | | | | | | |  | | | | | | | |  |
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| **HOME ADDRESS (IN HOME COUNTRY)** | | | | | | | | | | | | | | | **CORRESPONDENCE ADDRESS (IF DIFFERENT)** | | | | | | | | | | | |
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| Phone | | |  | |  |  | | |  |  | | |  | | Phone | | |  | |  |  |  |  | | |  |
| Country Code Area Code Number | | | | | | | | | | | | | | |  | | Country Code Area Code Number | | | | | | | | | |
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| **PROPOSED COURSES (Please tick choice)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 10363NAT - Certificate II in Spoken and Written English - CRICOS Course Code: 095659D  30 weeks (25 study weeks + 5 weeks holidays) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 10364NAT - Certificate III in Spoken and Written English - CRICOS Course Code: 095660M  30 weeks (25 study weeks + 5 weeks holidays) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | BSB51915 - Diploma of Leadership and Management - CRICOS Course Code: 094220C  50 weeks (40 study weeks + 10 weeks holidays) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | BSB61015 - Advanced Diploma of Leadership and Management - CRICOS Course Code: 095859G  52 weeks (40 study weeks + 12 weeks holidays) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | CHC33015 - Certificate III in Individual Support - CRICOS Course Code: 092375G  47 weeks (40 study weeks + 7 weeks holidays) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | SIT50416 - Diploma of Hospitality Management - CRICOS Course Code: 094203M  47 weeks (40 study weeks + 7 weeks holidays) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | SIT40516 - Certificate IV in Commercial Cookery - CRICOS Course Code: 095989G  (Cert III & Cert IV pathway) - 73 weeks (60 study weeks + 13 weeks holidays) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | SIT50416 - Diploma of Hospitality Management - CRICOS Course Code: 094203M - 26 weeks (20 study weeks + 6 weeks holidays) Pre-requisite entry req. SIT40516 - Certificate IV in Commercial Cookery) | | | | | | | | | | | | | | | | | | | | | | | | |
| Commencement Year | | | | | | |  | | | | | | | | | | Intake Date | |  | | | | | |  | |
| **ENGLISH LANGUAGE PROFICIENCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the main language spoken in your home? | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
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| How well do you speak English?  Very well  Well  Not well  Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Competence in English Language | | | | | | | | IELTS  Cambridge English First (FCE)  BEC Vantage  TOEFL  iBT Michigan ECCE  PTE General Level 3  PTE Academic Trinity ISE II | | | | | | | | | | | | | | | | | | | |
| Proof provided with date of expiry of test attached  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **EDUCATIONAL QUALIFICATIONS** | | | | | | | | | | | | |
| What is your highest COMPLETED school level? (Tick ONE box only) | | Year 12 or equivalent | | | | Year 11 or equivalent | | | | Year 10 or equivalent | | |
| Year 9 or equivalent | | | | Year 8 or below | | | | Never attended school | | |
| Are you still attending secondary school? | | | No  Yes - School Level: | | | | | | | | | |
| In which calendar year did you complete that school level? | | | | |  | | | (i.e. 1984) | | | | |
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| Name of Institution | Country of Study | | | Name of Award | | | Completed Y/N | | Normal Course Duration | | | Years Attended From/To |
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| **Do you wish to apply for RPL? -** If you have significant experience/knowledge/current competency in any of the units, you may wish to apply for Recognition of Prior Learning (RPL). | | | | | | | | | | | Yes  No | |

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| **CURRENT STUDIES IN AUSTRALIA** | | | | | | | |
| Are you currently studying in Australia? | | | No  Yes - please provide the below details: | | | | |
| Course/s Enrolled |  | | | | Education Provider | |  |
| Course Commencement Date | | |  | | Course Completion Date | |  |
| Do you require a Release Letter? | | | Yes  No | | Visa Subclass | |  |
| If YES, have you obtained one?  (Please attach the Release Letter) | | | Yes  No | | Visa Number | |  |
|  | | | | | Expiry Date | |  |
| **CULTURAL DIVERSITY** | | | | | | | |
| Are you of Aboriginal or Torres Strait Islander origin? | | | | No  Yes, Aboriginal  Yes, Torres Strait Islander | | | |
| **LABOUR FORCE STATUS** | | | | | | | |
| Current Employment Status | | Full-time employee  Self-employed - not employing others  Part-time employee  Employed - unpaid worker in a family business | | | | Employer  Unemployed - seeking full-time work  Unemployed - seeking part-time work  Not employed - not seeking employment | |
| **STUDY REASON** | | | | | | | |
| Reason For Undertaking This Course | | To get a job  To develop my existing business  To start my own business  To get a better job or promotion | | | | It was a requirement of my job  I wanted extra skills for my job  To get into another course of study  For personal interest or self-development | |

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| **DISABILITY** | | | | |
| Do you have a disability or any long term medical condition which may affect your studies?  Yes  No | | | | |
| If YES, please indicate type of disability  Hearing  Vision  Learning  Medical  Mobility  Other | | |  |  |
| Please detail your medical condition/disability | |  | |  |
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| **OTHER SERVICES** | | | | |
| Do you require Airport Pick up Service?  Yes  No | | | | |

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| **INTENDED ADDRESS IN AUSTRALIA (IF KNOWN)** | | | | | | | | | |
| Address | |  | | | | | | |  |
| Suburb |  | | State |  | Postal Code |  | Mobile |  |  |
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| **EMERGENCY / PARENTS CONTACT DETAILS** | | | | | | |
| Name |  | | | Relationship |  |  |
| Address |  | | | | |  |
| Phone |  | Email |  | | |  |
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| **OVERSEAS STUDENT HEALTH COVER (OSHC)** | | | | | | | | | |
| Do you currently have Overseas Student Health Cover (OSHC)? | | | |  | | | | |  |
|  |
| **Yes - please provide the below details:** | | | | | | | | | |
| Name of Cover | |  | | | | Expiry Date | |  | |
| Membership Number: | |  | | | | | | | |
| **No - would you like GCA to organise your OSHC?  No  Yes – please complete cover type below** | | | | | | | | | |
| Single  Couple/Family - please provide the below details: | | | | | | | | | |
| Duration of Cover Required (Start and End Date): | | | | |  | |  | | |
| Surname | Full Name | | Date of Birth | | Gender | | Relationship | | |
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| **REQUIRED DOCUMENTS (PLEASE CHECK OUR WEBSITE FOR COURSE SPECIFIC REQUIREMENTS)** | |
| Application Form | Academic Documents |
| English Proficiency Documents | Copy of Passport |
| OSHC (if applicable) | Application fee |

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| **DOCUMENT SUBMISSION** | |
| Email: info@globalcollege.edu.au | On site: Global College Australasia  176 Wellington St, East Perth WA 6004 |

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| **INFORMATION SHARING** |

It is an obligation for information collected about you and your enrolment in a Registered Training Organisation (RTO) to be submitted to the Australian Government through the National VET Provider Collection, managed by the National Centre for Vocational Education Research. This information informs the Government and its agencies about this RTO’s participation in the Vocational Educational Sector. The information is collected in accordance with the provisions of the Privacy Act 1988.The information collected will be maintained accurately and securely. This information will not be passed onto a third party unless a written authorisation is received from you. You may access this information freely on request.

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| **DECLARATION** |

I have read the Global College Australasia Prospectus and understood the terms and conditions of enrolment at Global College Australasia.

Following this application, I understand I will be sent advice concerning my application approval and additional enrolment information and advice will be forwarded to me.

**USI Authorisation Declaration:**

You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI:

* is collected by the Registrar for the purposes of:
* applying for, verifying and giving a USI;
* resolving problems with a USI; and
* creating authenticated vocational education and training (VET) transcripts;
* may be disclosed to:
* Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
* the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
* education related policy and research purposes; and
* to assist in determining eligibility for training subsidies;
* VET Regulators to enable them to perform their VET regulatory functions;
* VET Admission Bodies for the purposes of administering VET and VET programs;
* current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
* schools for the purposes of delivering VET courses to the individual and reporting on these courses;
* the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
* researchers for education and training related research purposes;
* any other person or agency that may be authorised or required by law to access the information;
* any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
* will not otherwise be disclosed without your consent unless authorised or required by or under law
* I acknowledge that I have reviewed the Fact Sheet: Student Information for the Unique Student Identifier (www.usi.gov.au/students).
* I confirm the RTO is authorised to collect, use and disclose my student identifier for the purposes required under the Student Identifiers Act 2014.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_