

NB-1: international applicants **MUST** be 18 years or older to apply

NB-2: Please fill in BLOCK letters. To avoid delays in processing your application, all sections must be completed.

Have you previously applied to study with us?  No  Yes Student ID \_\_\_\_\_

1. Personal Details			
1.1	Family Name		
	Given Name		
	Date of Birth	____/____/____(DD/MM/YYYY)	
	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
1.2	Passport Number		
	Nationality		
	Country of Birth		
1.3	Are you currently in Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	What visa type do you have/will apply for?*		
	<input type="checkbox"/> Student Visa	<input type="checkbox"/>	Tourist
	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/>	Other _____
	Visa Expiry Date	____/____/____(DD/MM/YYYY)	
	Visa Number		
1.4	Victorian Student Number (VSN) (if applicable)		
1.5	Have you got a Unique Student Identifier (USI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	USI ID: _____
<p>If No, I authorise Skills Training Australia to create the USI on my behalf and declare that I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <a href="https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf">https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf</a></p> <p>Student Signature* _____</p>			
2. Contact Details			
	Home Phone Number		Mobile Phone Number
	Email		
	Address		
		Post/Zip Code	
3. Previous Visa History			
	Have you visited or studied in Australia previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you breached any visa conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been refused a visa for entry into Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'yes', please provide reason: _____		
	Have you ever had a visa application rejected (country other than Australia)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'yes', which country and for what reason? Please provide a copy of the rejection letter or details below: _____		
Are you married? If 'yes' please provide date of marriage: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you planning to bring your spouse/partner to Australia?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Please provide details of spouse and dependents that will be included in your student visa application (if applicable)		
a.		
b.		
<b>4. Course Preferences</b>		
Vocational Courses		Commencement Date (MM/YY) Eg January, April, July, October
<input type="checkbox"/>	HLT33115 Certificate III in Health Services Assistance (CRICOS Course Code 093438M)	_____ / _____
<input type="checkbox"/>	HLT54115 Diploma of Nursing (CRICOS Course Code 093439K)	_____ / _____
<input type="checkbox"/>	HLT64115 Advanced Diploma of Nursing (CRICOS Course Code 092718M)	_____ / _____
Are you applying for Course Credit into this program? If 'yes' please complete the Course Credit application		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you applying for RPL?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5. Educational Qualifications</b>		
Highest Education Qualification		
Institution		
Year Awarded		
Country		
Are you currently studying?		Yes <input type="checkbox"/> (If 'yes' Please give details below) No <input type="checkbox"/>
School/Institution _____		
Commence _____ / _____ / _____		Complete _____ / _____ / _____
If you are currently studying in Australia, please attach your current Electronic Confirmation of Enrolment (eCoE)		
<b>6. English Proficiency</b>		
IELTS Overall Score		
Other		

### 7. Transferring from another provider having completed LESS than 6 month of principal course of study

Are you wishing to transfer from another registered provider having completed LESS than 6 months of your principal course of study?

Yes  No

If 'No' go number 8

Do you have a letter of release from the other institution?

Yes  No

(Please attach letter. Please also provide notes if applicable)

### 8. Living Costs

Please visit <http://www.border.gov.au/Trav/Stud/More/Student-Visa-Living-Costs-and-Evidence-of-Funds> for a guide to living costs.

Do you understand the costs associated with studying in Australia?

Yes  No

How will you fund your study and living costs? (Choose more than one if applicable)

- Self-funded
- Sponsored by family/government/institution/employer
- Bank loan: Please provide proof of employment and income, bank statements and loan letters
- Other \_\_\_\_\_

Please complete the 'Annual Living Cost' table below to calculate the total amount of funds needed for yourself and any dependents who may accompany you. It shows the minimum amount of money that the student is required to provide evidence at the time of acceptance.

Expense	Required for	Amount required (in AU\$)	Estimated amount
Travel	Applicant	Return airfare to Australia	AU\$
	Family member(s)	Return airfare to Australia for each member	AU\$
Tuition	Applicant	Tuition fees for one year (4 terms)	AU\$
		Administrative fees	AU\$
Living	Applicant	AU\$19,830 per year	AU\$
	Spouse/partner	AU\$6,940 per year	AU\$
	Each Child	AU\$2,970 per year	AU\$
Overseas Student Health Cover (choose one)	Single	AU\$	AU\$
	Couple (Dual Family)	AU\$	AU\$
	Multi Family	AU\$	AU\$
<b>Total funds required</b>			<b>AU\$</b>

### 9. Overseas Student Health Cover (OSHC)

Skills Training Australia uses BUPA as its default provider for Overseas Student Health Cover.

If coming to Australia on a Student Visa you are required to buy OSHC to cover you for the full duration of your stay. Unless you show proof of having purchased OSHC prior, you will be invoiced for OSHC along with your enrolment and tuition and Skills Training Australia will arrange your OSHC for you.

Do you require OSHC with BUPA?

Yes  No  (If 'No', please provide details)

(Please select from options below)

Single  Couple  Family

### 10. Special Needs

Do you have a disability, impairment or long-term medical condition that may affect your studies? Yes  No

If 'yes', please indicate the area/s of impairment:

Visual  Hearing  Mobility  Learning  Medical

Other (please specify)

Support Requirements  
(if known)

### 11. Accommodation & Airport pick up

I Require Accommodation assistance Yes  No

I Require Airport pick up Yes  No

### 12. How did you hear about Skills Training Australia?

- Website
  Print advertising
  Facebook  
 Exhibition
  Friend
  Other \_\_\_\_\_

### 13. Application Checklist

Before submitting your application, please ensure all sections of the application form are completed and attach the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Certified copies of your academic qualifications      | <input type="checkbox"/> Copy of your valid visa (if applicable)   |
| <input type="checkbox"/> Certified copies of your English Language Proficiency | <input type="checkbox"/> Copy of your valid OSHC (if applicable)   |
| <input type="checkbox"/> Certified copy of your passport                       | <input type="checkbox"/> Course Credit Application (if applicable) |
| <input type="checkbox"/> Copy of your eCoE                                     | <input type="checkbox"/> Release Approval (if applicable)          |

### 14. Student Declaration

#### Pre-Enrolment Conditions

1. I declare that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the withdrawal by Skills Training Australia of any place which may be offered. I agree to release and indemnify Skills Training Australia and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I acknowledge that I am bound by the statutes and regulations of Skills Training Australia and I agree to pay all fees charged directly to me arising from the enrolment.
2. I have read and understand the course and fee information on the Skills Training Australia website, <http://skillstraining.edu.au/> and in the course information brochure.
3. I understand that Australian law requires student visa holders to notify their Education Provider of any change of address details within 7 days.
4. I understand that it is compulsory to be covered by Overseas Student Health Cover while I am on a student visa.
5. I understand that I am not eligible to transfer to another registered provider, without permission from Skills Training Australia until I have completed 6 months of my principal course of study.
6. I understand that continuation in the course/s is dependant upon satisfactory academic progress. Failure to meet these conditions will result in my case being reported by Skills Training Australia to Department of Immigration and Border Protection (DIBP).
7. I acknowledge that information about the ESOS Framework can be found at <https://internationaleducation.gov.au/Regulatory-Information/Pages/Regulatoryinformation.aspx>
8. It is important for international students to understand the ESOS Framework. The Education Services for Overseas Student Act (ESOS) and regulations set out the legal framework governing delivery of education to overseas students studying in Australia on a student visa.
9. I understand that information collected about me may be shared between the registered provider and the Australian Government and designated authorities and, if relevant, the Tuition Protection Services (TPS). This information includes personal and contact details, course enrolment details and changes, and the circumstance of any suspected breach by the student of a student visa condition. In other instances information collected on this form can be disclosed without your consent where authorised or required by law.
10. I acknowledge that Skills Training Australia is committed to protecting an individual's right to privacy in accordance with the Privacy Act 1988.
11. I acknowledge that Skills Training Australia reserves the right to alter any course, subject, admissions requirement or fee without notice.
12. I have read, understood and agreed to Skills Training Australia Refund Policy found at <http://www.skillstraining.edu.au>
13. I am aware and acknowledge that Skills Training Australia accepts international students with a minimum age of 18 years.

I, \_\_\_\_\_

Hereby declare that the information supplied in this application and the supporting documentation is true and correct. I have read, understood and agree to the terms and conditions stated in the Student Declaration.

Name of Applicant:

Signature:

\_\_\_\_\_

Were you referred to us by an education representative?

Yes

No

If 'yes', Name/Stamp of Representative