

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

1. Personal Details			
Family Name			
Given Name			
Date of Birth (DD/MM/YYYY)			
Gender	Male	Female	
Passport Number			
Nationality			
Country of Birth			
Are you currently in Australia?	Yes	No	
What visa type do you have/will apply for? <div> <div>Student Visa</div> <div>Permanent Resident</div> </div> <div> <div>Tourist</div> <div>Other _____</div> </div>			
Visa Expiry Date (DD/MM/YYYY)			
Visa Number			
Victorian Student Number (VSN) (if applicable)			
Unique Student Identifier (USI)	Do you have a USI? Yes USI: _____ No Please apply for USI via www.usi.gov.au and provide the details to Skills Training Australia upon commencement of the course.		
2. Overseas Residential Address			
Home Phone Number		Mobile Phone Number	
Email			
Address			
		Post/Zip Code	
3. Contact Details in Australia (If Applicable)			
Home Phone Number		Mobile Phone Number	
Email			
Address			
		Post/Zip Code	
4. Course Preferences			
Vocational Courses			Commencement Date (MM/YY)
	CHC33015 Certificate III in Individual Support (Ageing) (CRICOS Course Code 104921E)		____/____
	HLT33115 Certificate III in Health Services Assistance (CRICOS Course Code 093438M)		____/____

HLT54115 Diploma of Nursing (CRICOS Course Code 093439K)		____ / ____	
Are you applying for Credit Transfer into this program? If 'yes' please complete the Course Credit Application Form and submit it along with this application form.		Yes	No
Are you applying for a Recognition of Prior Learning (RPL)?		Yes	No
5. Educational Qualifications			
Certified copies of relevant academic qualifications must accompany your application. If you are currently studying in Australia, please attach your current electronic Confirmation of Enrolment (eCoE).			
6. English Proficiency			
IELTS Overall Score			
Other			
Certified copies of English test results must accompany your application.			

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? If 'No' go to number 8		Yes	No
Do you have an evidence of release from the other institution? (Please attach evidence. Please also provide notes if applicable)		Yes	No

8. Overseas Student Health Cover (OSHC)			
Skills Training Australia uses BUPA as its default provider for OSHC. 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 (Please select from options below)		No (If 'No', please provide details)	
Single	Couple	Family	

9. 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)						

10. Accommodation and Airport Pick Up			
I require accommodation assistance	Yes	No	
I require airport pick up	Yes	No	

11. Student Declaration

Pre-Enrolment Terms and 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 brochure.
3. I understand that Australian law requires student visa holders to notify their Education Provider of any changes to my name, address, contact details, email address, visa status and emergency contact details within 7 days of such change.
4. I understand that it is compulsory to be covered by OSHC 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 Home Affairs.
7. I acknowledge that information about the Education Services for Overseas Student (ESOS) legislative 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 legislative framework. ESOS Act 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.
14. I understand that Skills Training Australia accepts international students who have met all the required entry requirements.

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:		Date (DD/MM/YYYY):
Were you referred to us by an education representative?	Yes	No
If 'yes', indicate name/stamp of Representative		