

International College of Advanced Education Enrolment Form

Personal Details

Mr Mrs Miss Ms

Family name: _____ Given names: _____

Gender: Male Female Date of Birth: Day _____ Month _____ Year _____

Country of Birth: _____ Nationality: _____

House no. and street: _____ Suburb/town: _____

State: _____ Country: _____ Post Code: _____

Contact phone: (____) _____ Student Email: _____

Do you consider yourself to have a disability or impairment? No Yes

If yes, what type of impairment or disability do you consider yourself to have? (Circle all that apply)

Visual, Sight, Seeing	Intellectual	Hearing	Mental Illness	Physical
Medical Condition	Learning	Acquired Brain Impairment	Other (describe below)	

Do you identify as Aboriginal? Yes No Do you identify as Torres Strait Islander? Yes No

Language spoken at home: _____

How well do you speak English? Very Well _____ Well _____ Not Well _____ Not at All _____

What is your reason for studying? _____

Education and Employment Details

Are you still attending Secondary school? Yes No

Circle the highest level of high school completed: yr7 yr8 yr9 yr10 yr11 yr12

What year did you complete your highest high school level? eg. 2002 _____

Have you completed any of the following qualifications? (Circle all that apply)

Certificate 1	Certificate 2	Certificate 3 / Trade	Certificate 4	Diploma
Advanced Diploma or Associate Degree	Bachelor Degree or Higher Degree		None of these	

Which best describes your labour force status? (Circle one)

Unemployed - seeking full-time work	Self-employed - not employing others	Casual
Unemployed - not seeking work	Part-time employee	Full-time employee
Unemployed - seeking part-time work	Employed - unpaid family worker	Employer

Your Course Details

Course Title: (eg, Responsible Service of Alcohol; Diploma of Hospitality) _____

Course Start Date: Day _____ Month _____ Year _____ Course Location: _____

Do you wish to apply for course credit*? Yes No

If yes, you will need to complete ICAE's Application for Course Credit Form, available online at icae.edu.au/forms.

THIS PAGE IS FOR INTERNATIONAL STUDENTS ONLY

If you are an international student you must complete this page. Australian permanent residents and citizens please go to the next page.

Visa Application Details

Passport Number: _____

Are you currently in Australia? Yes No What is your visa status in Australia? _____

If you have a student visa, which visa category is it? (Circle one) 570 571 572 573 574 575 576

If you have a student visa, have you completed more than six months of your principal course? Yes No

Do you require ICAE to organise OSHC* for you? Yes No

If yes, what type of cover do you require? Individual Couple Family

*Overseas student health cover (OSHC) is a government requirement for your student visa. For more information about OSHC please contact ICAE.

English Proficiency

Have you completed an English Proficiency test? Yes No Date of Test: _____

Which test have you taken? _____ What was your overall score? _____

Test results code/TRF Number: _____

Referral and Agent Details

How did you first find out about ICAE? Please detail.

Agent: Google Search: Google Ad:

Other Website: _____

Newspaper Ad: _____

From a Friend: _____

Promotional Seminar: _____

If You are Using an Agent

Case Manager's Name: _____

Agency Name: _____

Agent Email: _____

The agent will be nominated as the primary contact for the student.

Agency Stamp

APPLICATION CHECKLIST INTERNATIONAL STUDENTS

Please attach copies of the following to your application:

- Passport name page
- Resume with work history and references
- Qualification records and transcripts
- English proficiency results (if applicable).
- Details of any special needs (if applicable)
- Future or previous eCOEs (if applicable)
- Future or previous Australian visas (if applicable)
- Proof of OSHC coverage (if applicable)

APPLICATION CHECKLIST DOMESTIC STUDENTS

Please attach copies of the following to your application:

- Identification (driver's licence, passport, proof of age)
- Proof of residency (passport, Medicare card)

Student Declaration

I allow the ICAE to use references to my enrolment, including photographs, to be used in advertising and marketing material Yes No

I agree to pay the full enrolment fee prior to commencement/completion of the course Yes No

Name of company or other person paying your fees, if applicable _____

I certify that all information provided is true and correct to the best of my knowledge at the time of completing this form.

Signed: _____ Date: _____

If the applicant is under 18 a parent or guardian must also sign

Parent/guardian: _____ Date: _____

If applicant is under 18, please provide parent/guardian details.

Family name: _____ First name: _____

Contact phone: (____) _____ Email: _____

To complete your enrolment, please submit this form along with all attachments to your direct contact at ICAE, post to GPO BOX 2776, Darwin, NT 0800, Australia or email to info@icae.edu.au