



ENGLISH COLLEGE OF ADELAIDE

Level 5, 118 King William Street, Adelaide SA 5000 Australia

Tel: 61-8-8410-3666 Fax: 61-8-8410-3766

E-mail: info@eca-jca.edu.au Web site: www.eca-jca.edu.au

CRICOS Provider Code [00989E]



HOMESTAY & EDUCATION AUSTRALIA
Suite 103, Level 1, 379-383 Pitt Street,
Sydney NSW 2000 Australia
Telephone 02 9268 0933
Facsimile 02 9268 0399

ENROLMENT FORM

SECTION A: PERSONAL DETAILS

Family Name:	Given Names:
Title: Dr / Mr / Mrs / Ms / Miss Sex: M / F Date of Birth (Day, Month, Year):	
Country of Birth:	Nationality:
Address in Home Country:	
Postcode:	
Phone No:	E-Mail Address:
Fax No:	Current Occupation:

SECTION B: EMERGENCY CONTACT

Family Name:	Given Names:	
Address:		
Postcode:		
Relationship:		
Phone No: (Work)	(Home)	(Mobile)

SECTION C: EDUCATION

Highest Educational Qualification: (e.g. Elementary, High School, University Degree)	
Name of Institution:	
Last Year of English Study (e.g. 1999):	Number of years of English Study:
English Level - Self-Evaluation: Beginner / Elementary / Intermediate / Advanced (Please circle one)	
English Test Completed: Type - IELTS / TOEFL / TOEIC / Other	
Score received:	Date received:
Reasons for Studying English:	

SECTION D: COURSE DETAILS

I wish to enroll for a :	Full-Time Course	Part-Time Course	(Please circle one)
Course:	General English	English for Academic Purposes*	
	Bridging*	English for Elementary School	
	English for Hospitality	English for Tourism	
	Business English	Culture and Language Package Tour	
Course Commencement Date:	Length of Course:		
Visa Type:	Expiry Date:	Passport Number:	

*If enrolling for English For Academic Purposes or a Bridging course, please supply a copy of Year 12 equivalent school report.

How did you hear about our college?	<input type="checkbox"/> Agent (name: _____)	<input type="checkbox"/> Exhibition
	<input type="checkbox"/> Magazine (name: _____)	<input type="checkbox"/> Web site (name: _____)
		<input type="checkbox"/> Friend <input type="checkbox"/> Other
Why did you choose to study at the English College of Adelaide?		

Please send the completed enrolment form and 2 passport size color photographs by mail.



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SECTION E: ACCOMMODATION DETAILS

1) Please complete if you already have accommodation in South Australia.			
Type of Accommodation: Homestay Share Accommodation Dormitory Youth Hostel			
Address in South Australia:			
Postcode:			
Contact Person (if applicable):			
Contact Phone No:			
2) Please complete if you would like ECA to arrange accommodation for you. Circle where appropriate.			
Type of Accommodation: Homestay Share Accommodation Dormitory Youth Hostel			
Duration: From / / To / /			
Please circle where appropriate if you require a host family.			
If possible I would like: (a) A host family without children (b) A host family with young children (c) A host family with older children			
Please list your family details below:			
Name	Relationship	Age	Occupation
Other Information:			
Do you prefer pets (please circle): Inside Outside			
Please describe your personality:			
List any foods you cannot eat:			
What are your hobbies?			
Please state your religion if applicable:			
Letter to your Host Family : (Please write a brief letter in English to your Host Family. Please send a photograph of you with your family or friends to give to your Host Family)			

CONFIRMING YOUR ACCOMMODATION & FLIGHT DETAILS

Your accommodation details will be sent to you when we have received your arrival date, time and flight number. This information must be received by ECA four (4) weeks before your arrival in Australia.		
Do you request an ECA staff member to meet you at the airport on arrival?	Yes	No

SECTION F: HEALTH

Please state if you suffer from any medical conditions that could affect your studies:	
Do you smoke?	No Yes
Do you have any allergies?	No Yes (please give details)
Are you taking any regular medication?	No Yes (please give details)

If you are over 18 years of age, please go to Section H.



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SECTION G: ACCOMMODATION ARRANGEMENTS FOR STUDENTS UNDER 18 YEARS OF AGE

If you are under 18 years of age, please have a parent read and sign the appropriate section below.

1) Please complete this section if you have made appropriate guardianship arrangements in South Australia.	
GUARDIAN'S DETAILS:	
Family Name:	Given Names:
Address:	
Postcode:	
Relationship:	
Phone No:	Phone No (wk):
I, (insert name)....., give permission for the above mentioned person to act as a legal guardian for my dependent son/daughter who is under 18 years, during their stay in Australia. I am satisfied with the arrangements made for the accommodation, care and support of my dependent child.	
SIGNATURE OF PARENT:	
DATE: / /	

2) If you wish the English College of Adelaide to act as a legal guardian please read and complete the following section.
<p>*Please note that a Guardianship Fee applies.</p> <p>We hereby acknowledge that the English College of Adelaide will act as legal guardian for (insert name).....for the entire duration of his/her study at our College.</p> <p>As a legal guardian, the English College of Adelaide will:</p> <ul style="list-style-type: none">-look after his/her general welfare,-monitor his/her academic progress,-provide academic, career and welfare counseling as required,-maintain a regular contact with his/her host family,-exercise a supervisory role in consultation with the host family in the student's extracurricular activities. <p>A written report in English will be sent either to the agent or directly to the student's parents every month to keep them updated on his/her welfare and academic progress.</p> <p>I hereby accept that the English College of Adelaide will act as responsible guardian on emergency medical treatment, including surgery, without personal liability.</p> <p>I agree that the sending and receiving organizations, their staff and any members of the host family will not be liable in respect to any action, claim or demand arising out of my son's/daughter's enrolment in the English College of Adelaide.</p>
SIGNATURE OF PARENT:
DATE: / /



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SECTION H: CONDITIONS OF ENROLMENT

Please read the following carefully

PAYMENT OF FEES

All fees must be received by the College at least 6 weeks before your course commences. Payment must be made in Australian dollars only, by bank draft or postal note, payable to the English College of Adelaide. Personal cheques cannot be accepted. Payment may be made by Telegraphic Transfer directly to:

Account Name: English College of Adelaide
Bank Name: Commonwealth Bank of Australia
Branch Name: 96 King William Street, Adelaide, South Australia 5000
BSB/Account No: 06 5000 / 1005 1953

If payment is made by Telegraphic Transfer, please pay an extra \$19 for bank charges. Check with your bank regarding the necessary procedure.

REFUND POLICY

- 1) Students receive a full refund of all tuition fees if the course in which they are enrolled is cancelled prior to commencement.
- 2) Students receive a full refund of tuition fees, minus the \$150 enrolment and the \$150 accommodation placement fees, if ECA receives certified evidence from Australian Immigration Authorities before commencement of the course that the student's visa application has been rejected.
Refunds for 1) and 2) will be paid within two weeks.
- 3) Students receive a full refund of tuition fees minus a \$100 cancellation fee, the \$150 enrolment fee, and \$150 accommodation placement fee if ECA receives written notification of the cancellation of their enrolment no later than 28 days before the commencement of their course for any reason other than the rejection of their visa application. In the case of 3) refunds will be paid within four weeks of receipt of written claim.

All refunds will be forwarded directly to the bank account of the recipient student in his/her home country. If a student enrolls through an agent, the refund will be paid through that agent. Any bank charges incurred will be deducted from the refund.

No refunds will be given except in the circumstances described in 1), 2) and 3) above.

This agreement does not remove the right to take further action under Australia's consumer protection laws or to pursue other legal remedies.

HEALTH INSURANCE

All student visa holders are required by Australian Government law to take out Overseas Student Health Cover (OSHC). Please add this payment to your fees and ECA will forward this to BUPA Australia (OSHC) on your behalf. (Quoted prices may be altered by BUPA Australia)

PAYMENT DETAILS

ENROLMENT FEE (non-refundable)	A\$ _____
COURSE FEE (_____ weeks)	A\$ _____
ACCOMMODATION PLACEMENT FEE (non-refundable)	A\$ _____
ACCOMMODATION FEE (4 weeks)	A\$ _____
AIRPORT PICKUP	A\$ _____
OVERSEAS STUDENT HEALTH COVER	A\$ _____
MATERIALS FEE	A\$ _____
TOTAL PAYMENT DUE	A\$ _____

ENROLMENT CHECKLIST

Please complete [X] the following checklist before returning your enrolment form to ECA.

- | | |
|--|---|
| <input type="checkbox"/> Select required ECA course | <input type="checkbox"/> Calculate PAYMENT DETAILS section |
| <input type="checkbox"/> Complete Accommodation details | <input type="checkbox"/> Forward payment for the ECA course |
| <input type="checkbox"/> Enclose signed CONDITIONS OF ENROLMENT form | <input type="checkbox"/> Enclose 2 passport photographs |

DECLARATION This must be signed by the student or guardian.

I, (insert name) _____, understand that the information I have provided on this form may be given to agencies of the Australian Commonwealth and State Governments and other bodies, as required by law. I agree that if this application is accepted, I will be bound by the English College of Adelaide's "Conditions of Enrolment" which I have read and understood.

SIGNATURE OF STUDENT/GUARDIAN:

DATE: / /