

Please tear out.

APPLICATION FORM

FOR INTERNATIONAL STUDENTS

Brisbane North Institute of TAFE International Programs Office
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Phone: **(+617) 3259 9221** Fax: **(+617) 3259 9238**
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CRICOS Provider Code: 02444M

HOMESTAY & EDUCATION AUSTRALIA
Suite 103, Level 1, 379-383 Pitt Street, Sydney
NSW 2000 Australia
Telephone 02 9268 0933
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1. HOW DID YOU HEAR ABOUT US?

- | | | |
|--|--|--|
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Educational Exhibition | <input type="checkbox"/> Educational Agent |
| <input type="checkbox"/> Advertisement (where) | <input type="checkbox"/> Other (please indicate) | <input type="checkbox"/> Website |

2. PERSONAL DETAILS

Title (Mr/Mrs/Ms)		Family Name	
Given Names			
Sex (male/ female)	Age (in years)	Date of Birth (dd/mm/yr)	/ /
Do you have any type of disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify	
Currently living in: <input type="checkbox"/> Home country <input type="checkbox"/> Australia			

3. CONTACT DETAILS

Address in your home country:	Address in Australia:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
Email:	Email:
Phone:	Phone:
Fax:	Fax:

4. PASSPORT AND VISA DETAILS

Country of citizenship (as shown on passport)	Country of birth:
Do you hold a current Australian visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of visa do you hold? (Please specify)	
Visa expiry date (dd/mm/yr) / /	Passport number:

5. LANGUAGE

First Language	Language spoken in your home	
If your first language is not English, have you passed a recognised English Language test in the past 12 months? (e.g. IELTS or TOEFL)		
<input type="checkbox"/> Yes – What English test taken?	Date taken (dd/mm/yr) / /	Result:
<input type="checkbox"/> No – Go to Section 6, English Language Course Enrolment		

6. ENGLISH LANGUAGE COURSE ENROLMENT

How many weeks would you like to study?
On what date would you like to start? (dd/mm/yr) / /
Do you intend to undertake further study at the completion of your English Language Course? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. FORMAL COURSE ENROLMENT

Preference	CRICOS Code	Course Name	Institute/Campus	Commence	Year
1.					
2.					
3.					

8. EDUCATIONAL HISTORY

Details of past education and training, including highest levels reached (attach certified copies of all records)

Year	School/Institution	State/Country	Name of Qualification	Course Weeks	Result Attached (Y/N)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

9. FAMILY DETAILS

Do you have any dependants? ☐ Yes ☐ No If YES, how many dependents?

a) Are they already in Australia? ☐ Yes ☐ No (b) Will they accompany/join you? ☐ Yes ☐ No

If YES to (a) or (b), then please complete your family members' details below:

Family Name	Given Name	Relationship	Date of Birth	Studying in Australia?	Institution

10. SCHOLARSHIP DETAILS

Are you a sponsored student? ☐ Yes ☐ No

If so, please indicate sponsor ☐ Home government ☐ AusAID Scholarship (e.g. OSSP)
☐ AusAID program ☐ Other

11. DECLARATION

For your application to be valid, you must complete Part 1. If you are under 18 your parent or guardian must complete Part 2.

PART 1 DECLARATION BY APPLICANT

I certify that the information on this form and the supporting documentation are correct and complete. I authorise the Institute to obtain other details relating to my academic record. I acknowledge that the provision of incorrect information or documentation relating to my application may result in the cancellation of my enrolment. I further acknowledge that the Provider may make available this information to Australian Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and Section 51.1 of the National Code.

Signed _____ Date (dd/mm/yr) ____ / ____ / ____

PART 2 DECLARATION BY PARENT OR GUARDIAN

I have read the information on this form and the details of the applicant are complete and correct. I hereby apply for the entry of my child/ward to study with TAFE in Australia and declare that I have financial capacity to meet the tuition fees and expenses in Australia. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to this application may result in the cancellation of enrolment.

Signed _____ Date (dd/mm/yr) ____ / ____ / ____

The Department of Education, Training and the Arts is collecting the information on this form to determine student selection eligibility. Only authorised departmental officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, or unless authorised by law. Under the ESOS Act: (i) any information provided to the provider may be made available to Commonwealth and State agencies and (ii) the provider is required to tell DIMA about changes to the student's enrolment (NC51.2(i)) and any breachers of a student visa condition relating to attendance or satisfactory academic performance (NC51.2(ii)).