

IMAGINE EDUCATION AUSTRALIA PTY LTD CRICOS PROVIDER: 02695C

Phone: +61 7 55 52 0900

MAIN CAMPUS

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International Application Form

PERSONAL INFORMATI	ON				
Miss / Mrs / Ms / Mr / Othe	er Male 🗆 Female 🗆	DATE OF BIRTH Day Mon		r Age:	
Given Name (s):					
Family /Surname:		Do you currently h	old an Australia	n Visa?	
Email Address:		Visa Type: Student		r 🗆	
Do you give Imagine Education YES	permission to contact you by email?	Expiry Date: /	/		
Current Occupation:		Passport Number:			
		* Please attach a copy of	the PHOTO ID page	of your passport	
First Language:	Nationality: as shown on your passpo	Nationality: Country of Birth: as shown on your passport			
Are you living in Australia Are you an Australian Resi		Do you have any pre-existing injury or impairment that will require special assistance? NO \square YES $\square \rightarrow$ Please ttach further information			
Address in Australia: ST	Home Country Ad	Home Country Address: STREET NAME AND NUMBER			
CITY	AUSTRALIA	CITY		COUNTRY	
Phone : Home	Mobile	Phone : Home	N	Mobile	
EDUCATIONAL BACKG					
Secondary School Studies (Plea	Name of Qualification	in the table below):		Date Completed	
rume of genoor					
Other Studies (Please outline as	ny other studies that you have attempted o	or completed in the table be	elow):		
Name of Institution Name of	of Course or Qualification	Year	Result	Completed	
				NO YES	
De consecial de la C. B.	and the second s	WES	DI I	NO D YES D	
other evidence of your studies or v	gnition of Prior Learning or Credit Tra work experience, and complete a copy of the A n, please include a certified transition.				
ENGLISH LANGUAGE F	PROFICIENCY	I am a	pplying to undert	ake English studies 🗆	
•	nglish? Listening/Speaking: Very Good = Go ed English Language test in the last two year TOEFL ISLPR OTHER		ng/Writing: Very Go / / SCC		
AGENT INFORMATION Agent Agreement Number:					
Name of Representative:					
Organisation:					
Email Address:					

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	ELICOS Please tick yo	our mode of study:	Fulltime	Part time			
	Course			Start	No. of	Fees	State
				Date	Weeks	\$	_
	General English (Please tick) □ Standard □ Intensive	□ Turbo					Q U
	English for Academic Purposes						E
	IELTS Preparation Course						E
	Cambridge First Certificate in English						N S
	Cambridge Certificate of Advanced English						ř
	High School Preparation Course						A
	Young Learners Program						N D
	English plus Volunteer					<u> </u>	
	Parent and Child Program						
	Private Tuition						
If yo	u are applying for English Studies only, do you intend to undertake		r school in Au	ıstralia: NO □	YES □ ↓		
NAM	E OF SCHOOL	COURSE NAME				START	DATE
V	OCATIONAL Please tick	your mode of study	: Fulltir	ne 🔲 Part ti	me		
	Course			Start	No. of	Fees	State
				Date	Weeks	\$	
	AUR30405 Certificate III in Automotive Mechanical Tec	hnology (Light Vehic	le)				
	BSB20107 Certificate II in Business						
	BSB30107 Certificate III in Business						T T
	BSB40207 Certificate IV in Business BSB40807 Certificate IV in Frontline Management						0
	BSB50207 Diploma of Business				-		$\neg \mid E \mid$
	BSB50407 Diploma of Business Administration				+		
	BSB51107 Diploma of Management						$\equiv E \mid$
	CHC30708 Certificate III in Children's Services						
	CHC50908 Diploma of Children's Services (Early Childle	nood Education and C	are)				- N
	CHC60208 Advanced Diploma of Children's Services	1 \			<u> </u>	<u> </u>	
	SIT30807 Certificate III in Hospitality (Commercial Cool SIT50307 Diploma of Hospitality	kery)			 	<u> </u>	S
	WRH20109 Certificate II in Hairdressing						т
	WRH 30109 Certificate III in Hairdressing						L
	WRH40109 Certificate IV in Hairdressing						
	WRH50109 Diploma of Hairdressing Salon Management						\Box A
	WRB30104 Certificate III in Beauty Services						N
	WRB40105 Certificate IV in Beauty Therapy						
	WRB50105 Diploma of Beauty Therapy						— D
	SRO20106 Certificate II in Sport and Recreation						-
	SRO30106 Certificate III in Sport and Recreation SRO40106 Certificate IV in Sport and Recreation						
	40540SA Certificate IV in Teaching English to Speakers	of Other Languages			-		
۸.	COMODATION	or other Euriguages					
V	COMODATION			Start Date	No. o	f E	ees
٧				Start Date	No. o Week		ces
	Full Service Home stay				*******	J	
	Part Service Home stay				_		
	Guardianship						
OV	YERSEAS HEALTH COVER			•			
V				Start Date	No. o	f F	ees
'					Week		
	Single						
	Family						
ΑI	RPORT TRANSPORT						
$\sqrt{}$				Date	Airpo	ort F	ees
				Required		\$	
	Brisbane – One Way						
	Brisbane – Return						
-	Gold Coast- One Way						
<u> </u>	Gold Coast - Return						

EDUCATIONAL BACKGROUND- Used to determine if entry requirements have been met.						
Last School Level Achieved:	□ Completed Year 10 □	Completed Year 11	□Year 9 or equal completed			
Secondary School Studies (Please outline your Secondary School studies in the table below): Name of School Name of Qualification			Date	Date Completed		
	-					
Other Studies (Please outline any other studies that you have attempted or completed in the table below):						
Name of Institution Name of Co	urse or Qualification	Year	Result		Completed	
					NO □ YES □	
					NO □ YES □	
HEALTH INFORMATION						
You may wish to discuss this confidentially with your lecturer at orientation. So that we can accommodate you in the workplace and in your training, do you suffer any allergies or medical problems? (Optional) No □ YES □ → Please attach and write further information Do you have any pre-existing injury, disability or impairment that will require special assistance including literacy support? NO □ YES □ → Please attach further information						
CULTURAL						
Non-English Speaking Background Do you speak a language other than English at home? No, English Only Yes, I speak: Do you have any special cultural requirements? NO YES Prayer Room Other: Please specify						
DECLARATION						
I declare that the information provided by me on this application form is true and correct, and that it relates specifically and solely to me as an individual. I accept that Imagine Education Australia makes decisions based on this information and may seek further information or clarification as required. I understand that if offered a place in a course of training I will be required to pay fees and meet requirements specific to that course before my enrolment is confirmed. I accept that failure to attend the scheduled sessions may compromise my ability to satisfy some or all of the course requirements. I further accept that additional training may be required if I do not meet the course requirements, that this training is at an additional cost to myself and that any requirement to undertake this extra training is at the discretion of Imagine Education Australia.						
Name:	Signature: _	Da	ate: Day Mo	onth	Year	
For students under 18 years of age, this form must be signed by the parent/s or legal guardian.						
Guardian Name:	Signature:	Dar	te: Day Mo	nth	Year	
Imagine Education Australia reserves the right in its absolute discretion to reject any application for enrolment, and it shall be under no obligation what soever to give reasons for its decision. Enrolments at Imagine Education Australia must be completed prior to the commencement date of the program/courses and a non-refundable fee must be paid to secure the enrolment. Imagine Education Australia does not accept students who have not enrolled prior to the commencement of programs or courses.						

FEEDBACK	SUMMARY CHECKLIST
□ Website □ Agent □ Friend □ Magazine □ Internet Other	Submit the following: Completed signed Application Form A copy of Passport A copy of Visa (if available) A copy of Letter of Release (if required) A copy of School Results (if required) Proof of other studies or employment (if required) English test results (if required) Translations of the above documents (if required)