BUSINESS AND TECHNOLOGY TRAINING

MartinCol	llege
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Representative's stamp HOMESTAY & EDUCATION AUSTRALIA Suite 103, Level 1, 379-383 Pitt Street, Sydney NSW

2000 Australia Telephone 02 9268 0933 Facsimile 02 9268 0399

PERSONAL DETAILS	FAMILY NAME		HOME ADDRESS				
	GIVEN NAMES			CITY			
	DATE OF BIRTH	AGE		COUNTRY / CODE			
	SEX			HOME TELEPHONE			
	COUNTRY OF RESIDENCE		MOBILE				
	COUNTRY OF BIRTH		FAX				
			EMAIL				
	ARE YOU A CITIZEN OR PERMANENT RESIDENT OF AUSTRALIA		TES NO				
PARENT/GUARDIAN	NAME			HOME ADDRESS			
	RELATIONSHIP TO STUDENT	TO STUDENT		CITY			
	EMAIL			COUNTRY / CODE			
RENT	MOBILE		HOME TELEPHONE				
	BUSINESS TELEPHONE		FAX				
ONS	PLEASE ATTACH CERTIFIED C	PLEASE ATTACH CERTIFIED COPIES OF ALL ACADEMIC TRANSCRIPTS OR REPORTS (TRANSLATED INTO ENGLISH)					
FICATI	NAME OF QUALIFICATION						
EDUCATIONAL QUALIFICATIONS	NAME OF SCHOOL/INSTITUT	NSTITUTION ATTENDED					
	YEAR AWARDED						
	COUNTRY/STATE						
	IF YOU ARE CURRENTLY COM	IF YOU ARE CURRENTLY COMPLETING A QUALIFICATION, PLEASE INDICATE WHEN YOU EXPECT TO COMPLETE THIS STUDY (MONTH/YEAR)					
_			ı				
COURSE SELECTION	LOCATION SYDNEY GOLD COAST		BRISBANE PERTH				
	COURSE 1 (E.G. CERTIFICATE IV)				LENGTH		
	COURSE 2 (E.G. DIPLOMA)				LENGTH		
	START DATE DAY MONTH		YEAR				
Z	DO YOU REQUIRE ASSISTANCE WITH ACCOMMODATION YES NO						
DATIC	LENGTH OF STAY						
ACCOM MODATION	WHAT TYPE OF ACCOMMODA	/HAT TYPE OF ACCOMMODATION DO YOU REQUIRE HOMESTAY (SINGLE)		(TWIN SHARE) CURRIE HALL MONTPELIER HOUSE (SINGLE) MONTPELIER HOUSE (TWIN SHARE)			
ACCO	DO YOU REQUIRE AIRPORT COLLECTION YES NO						
	(FLIGHT DETAILS INCLUDING DATE, TIME AND FLIGHT NUMBER SHOULD BE SENT TO THE INTERNATIONAL ADMISSIONS CENTRE AS SOON AS POSSIBLE TO ARRANGE THE AIRPORT COLLECTION)				RPORT COLLECTION)		
	PASSPORT NUMBER			PLEASE PROVIDE EVIDENCE OF Y	OUR ENGLISH LANGUAGE QUALIFIC	CATION.	
				REFER TO THE ACADEMIC ENTRY REQUIREMENTS ON PAGE 43 FOR FURTHER INFORMATION.			
	PASSPORT EXPIRY DATE		IELTS SCORE				
	DO YOU HAVE A CURRENT AUSTRALIAN VISA ? YES NO		TOEFL SCORE				
ONAL	VISA TYPE		OTHER				
	VISA NUMBER		STUDY GROUP ENGLISH TEST SCO	ND.F.			
N T E	OSHC MEMBERSHIP NUMBER						
	OSHC EXPIRY DATE			RECOMMENDED WEEKS OF ENGL	.15H		
DECLARATION	I HAVE READ, UNDERSTOOD AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS AS STATED IN THIS BROCHURE. I HAVE READ THE CANCELLATION, GRIEVANCES AND REFUND POLICIES AND AGREE TO ABIDE BY THESE TERMS. I HEREBY DECLARE THAT THE INFORMATION SUPPLIED BY ME IS TRUE AND CORRECT. I AGREE TO PAY ALL FEES OWING AND BY THE DUE DATE. I AGREE THAT ON ACCEPTANCE OF ENROLMENT BY THE COLLEGE, THE APPLICATION FOR ADMISSION FORM WILL BECOME THE CONTRACT OF ENROLMENT.		Application Checklist. Check that you have: Completed all sections of the Application form Read and understood the Terms and Conditions, including the Cancellation, Grievances and Refund Polici Included a detailed résumé (if you are a mature age applicant) Attached certified copies of your academic qualifications (translated into English) Attached evidence of English language proficiency (international students only) Included a copy of your passport, visa or birth certificate if required.				
DECLA	SIGNED (STUDENT) SIGNED (PARENT OR LEGAL			Fund Manager of the ESOS	y be made available to Commonwealt Assurance Fund, pursuant to obligatic		
	GUARDIAN IF APPLICANT UNDER 18)						
	DATE			to pay full fees if they are e	nrolled in either a government or non-	government school	