



INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT

<input type="checkbox"/>	Sydney	<input type="checkbox"/>	Brisbane	<input type="checkbox"/>	Melbourne	<input type="checkbox"/>	Adelaide
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Application for Enrolment					
Which course would you like to enroll into?					
Select	CRICOS Code	Course Code	Course name	Weeks	Intake date
<input type="checkbox"/>	0101613		General English (GE)	76	
<input type="checkbox"/>	0101614		English for Academic Purposes (EAP)	24	
<input type="checkbox"/>	104096M	BSB50820	Diploma of Project Management	52	
<input type="checkbox"/>	109576K	SIT40521	Certificate IV in Kitchen Management	86	
<input type="checkbox"/>	114852H	SIT50422	Diploma of Hospitality Management	58	
Have you ever studied with Stellar College before?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to apply for Credit ? If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information	
Do you wish to apply for Recognition of Prior Learning ? If you indicate YES, you will be contacted to discuss this further.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information	

Personal Details			
1. Enter your full name*			
Surname:			
Given names:			
*Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Stellar College to apply for a USI on your behalf, <u>you must write your name, including any middle names, exactly as written in the identity document</u> you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.			
2. Enter your birth date	Day/month/year: ___/___/___		
3. Gender (Tick ONE box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
4. Country of Birth		Nationality	

Enter your contact details			
Home phone:	()	Work phone:	()

Mobile:			
Email address:			
Alternative email address (optional)			
5. What is your Australian address (If you are already living in Australia)			
House Number			
Street Name			
Suburb	State:		Post Code:
6. What is your overseas address			
Building/ property name			
Flat/unit details:	Street or Lot Number (e.g. 205 or Lot 118):		
Suburb, locality or town:			
State/territory:	Postcode:		
Country			
7. Passport and Visa Details			
Passport issued by (Country)			
Passport Number	Passport Expiry Date		
Do you have current Australian Visa	Yes	No	
If yes, what is the visa type?	Visa Subclass:	Visa Expiry Date:	
8. Health Cover			
Do you have current Overseas Student Health Cover (OSHC)	Yes	No	
If yes, please provide Name of the insurance company			
What is your membership number?	OSHC Expiry Date		
If no, what type of OSHC will you require?	Single (Student only)	Dual Family (Student plus spouse or children)	Multi Family (Student plus spouse and children)
9. English language level			
Provide details and documentation confirming your English language level:			
<input type="checkbox"/> I have taken a recognised English language test in the last two years (e.g., IELTS, PTE, TOFEL and/or Cambridge)			
Name of the test _____ Score _____ Date of test _____			
<input type="checkbox"/> I have successfully completed an English course in Australia (Please attach certificate)			
<input type="checkbox"/> English is my first language			
<input type="checkbox"/> Other _____			

10. Academic record and Previous Qualification Achieved			
1. Are you currently enrolled in any course in Australia for which you received your current student visa, if yes, please answer question 2 and 3 in this section	Yes		No
2. Are you doing this course as a concurrent course?	Yes		No
3. The student in concurrent course will need to comply with visa and instituterequirements of all courses in which they are enrolled, such as maintaining satisfactory course progress and attendance. To agree, tick Yes	Yes		NA
4. Are you transferring from another education provider in Australia? If yes, please provide details _____	Yes		No

Language and cultural diversity	
11. In which country were you born?	<input type="checkbox"/> Australia [1101] <input type="checkbox"/> Other, please specify: _____
12. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only [1201] <input type="checkbox"/> Yes, other, please specify: _____
13. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Support Services		
14. Do you consider yourself to have a disability, impairment or long-term condition which may affect your studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <u>go to question 16</u>	
15. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)		
<input type="checkbox"/> Hearing/deaf [11]	<input type="checkbox"/> Physical [12]	<input type="checkbox"/> Intellectual [13]
<input type="checkbox"/> Learning [14]	<input type="checkbox"/> Mental Illness [15]	<input type="checkbox"/> Acquired brain impairment [16]
<input type="checkbox"/> Vision [17]	<input type="checkbox"/> Medical Condition [18]	<input type="checkbox"/> Other [19]

Schooling		
16. What is your highest COMPLETED school level (tick one box only) If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.		
<input type="checkbox"/> Year 12 or equivalent [12]	<input type="checkbox"/> Year 11 or equivalent [11]	<input type="checkbox"/> Year 10 or equivalent [10]
<input type="checkbox"/> Year 9 or equivalent [09]	<input type="checkbox"/> Year 8 or below [08]	<input type="checkbox"/> Never attended school [02]
17. Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous qualification achieved		
18. Have you SUCCESSFULLY completed any of the qualifications listed in question 19?		<input type="checkbox"/> Yes – <u>indicate below Question 19</u> <input type="checkbox"/> No – <u>Go to Question 20</u>
19. If yes, tick ANY applicable boxes		
<input type="checkbox"/> Bachelor's degree or Higher Degree	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Diploma
<input type="checkbox"/> Certificate – IV	<input type="checkbox"/> Certificate – III	<input type="checkbox"/> Certificate – II or Certificate – I

Employment		
20. Of the following categories, which BEST describes your current employment status? <i>(Tick one box only)</i> For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).		
<input type="checkbox"/> Full-time employee [01]	<input type="checkbox"/> Part-time employee [02]	<input type="checkbox"/> Self-employed – not employing others [03]
<input type="checkbox"/> Self-employed – employing others [04]	<input type="checkbox"/> Employed – unpaid worker in a family business [05]	<input type="checkbox"/> Unemployed – seeking full-time work [06]
<input type="checkbox"/> Unemployed – seeking part-time work [07]	<input type="checkbox"/> Not employed – not seeking employment [08]	

Study reason	
21. Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? <i>(Tick one box only)</i>	
<input type="checkbox"/> To get a job [01]	<input type="checkbox"/> It was a requirement of my job [06]
<input type="checkbox"/> To develop my existing business [02]	<input type="checkbox"/> I wanted extra skills for my job [07]
<input type="checkbox"/> To start my own business [03]	<input type="checkbox"/> To get into another course of study [08]
<input type="checkbox"/> To try for a different career [04]	<input type="checkbox"/> For personal interest or self-development [12]
<input type="checkbox"/> To get a better job or promotion [05]	<input type="checkbox"/> Other reasons [11]

Answer the following questions
22.
a. Why do you want to enrol in this course?
b. What is your future career/study goals?
c. Do you have any existing skills and knowledge that relate to this course?

Unique Student Identifier (USI)

From 1 January 2015, Organisation> can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI).
If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

23. Enter your unique student identifier <i>If you already have one</i>	
24. If you do not have a USI, would you like us to apply for a USI on your behalf?	<input type="checkbox"/> Yes – <u>please complete 'Applying o your behalf' questions and declaration.</u> <input type="checkbox"/> No – <u>skip to next section</u>

APPLYING ON YOUR BEHALF Delete highlighted if you do not apply for USIs on behalf of students.
If you would like Stellar College to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>
You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf. Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is the same as written in the document you provide below.
In accordance with section 11 of the *Student Identifiers Act 2014*, Stellar College will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

25. Town/City of Birth (please write the name of the Australian or overseas town or city where you were born)	
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26. We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below (numbered 1 to 8).

<p>1. Australian Driver's Licence State: _____ Licence Number: _____</p> <p>2. Medicare Card Medicare card number _____ Individual reference number (next to your name on Medicare card): Card colour (circle one): Green / Yellow / Blue Expiry date ____/____/____ (format DD/MM/YYYY)</p> <p>3. Australian Passport Passport number _____</p>	<p>4. Non-Australian Passport (with Australian Visa) Passport number _____ Country of issue _____</p> <p>5. Immicard Immicard Number _____</p> <p>6. Citizenship Certificate Stock number _____ Acquisition date (day/month/year) ____/____/____</p> <p>7. Certificate of Registration by Descent Acquisition date (day/month/year) ____/____/____</p>
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USI APPLICATION DECLARATION
 I authorise Stellar College to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.
 I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

Student Signature:		Date:	/ /
Student Name:			

Next of kin/emergency contact

These are people that Stellar College may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Stellar College.

Name:		Relationship to you:	
Address:			
Home phone:	()	Work:	()
Mobile:		Email:	

Agent Details: (Please complete this section if you are using education agent or representative)	
Agent name	
Agent email	
Agent telephone number	

Document Check list	
<input type="checkbox"/> Have you completed all sections of this application	<input type="checkbox"/> Attached certified true copies of your qualifications
<input type="checkbox"/> Attached certified true copies of visa (if available)	<input type="checkbox"/> Attached certified true copies of your English proficiency (if available)
<input type="checkbox"/> Attached certified true copies of passport	<input type="checkbox"/> Read and signed the declaration

PRIVACY NOTICE

Why we collect your personal information

As a registered training organization (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If you do not provide this information, we will be unable to process your enrolment.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients. For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy

If you would like to seek access to or correct your information, in the first instance, please contact us using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

Surveys

You may receive a student survey which may be run by a government department or an NCVET employee, agent, third-party contractor, or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Stellar College to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Student Declaration and Consent, please tick all			
	<input type="checkbox"/>	I declare that the information I have provided to the best of my knowledge is true and correct.	
	<input type="checkbox"/>	I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.	
	<input type="checkbox"/>	I give consent for my photograph to be clicked and used on college social media and newsletters.	
Student Signature:		Date:	/ /
Student Name:			