

Yes, please provide details:

the College.

No, please apply for USI on the USI website $(\underline{\text{usi.gov.au}})$ and provide details to

APPLICATION FOR ENROLMENT

			<u> </u>	ing your applic	zation, all sections must be	completed.		
STUDENT D	DETAILS (SAME	E AS YOUR PASSPOI	RT)		COURSE YOU ARE APP	LYING FOR		
Have you studied at Academies Australasia College(s) Yes No					English			
Given Name / Middle Name					Preferred Start Date		Ouration (in weeks)	***************************************
					Class preference (subject to av *Check the website for course timetable	- /	Day	Evening
		Marital Status			Academy of English (Sydney)			
Gender	Male	Female			General English (Beginne	er to Advanced)	CRICOS Course Code	0101722
Nationality					EAP/IELTS Preparation (I	ntermediate to A	Advanced) cricos	Course Code 0101723
					Discover English (Melbourne)			
Passport No.		Country of Issue			General English (Beginne	er to Advanced)	CRICOS Course Code	073679D
OVEDSEAS	ADDRESS				EAP/IELTS Preparation (I	ntermediate to A	Advanced) cricos	Course Code 108079B
OVERSEAS ADDRESS Address (Flat/Unit/House No., Street Address)					Other Course* *Please refer to course page: https://discoverenglish.vic.edu.au/			
					Language Links (Perth)			
					General English (Beginne	er to Advanced)	CRICOS Course Code	9 097129C
Suburb/Town/City/Municipality					EAP/IELTS Preparation (Intermediate to Advanced) CRICOS Course Code 097774G			
State/Province/Division/Region					Other Course*			
Country ZIP/Postal Code					*Please refer to course page: https://www.languagelinks.wa.edu.au/			
Telephone (+Country Code, Area Code)					High School (Sydney Only)			
Email					Preferred Start Date	Year		
AUSTRALIA	N ADDRESS (if	you are in Australia at the ti	me of your ap	oplication)	Year 11 & 12 (Combined	January d 2-year Course)	April CRICOS Course Coo	de 049221E
Address					Vocational Education Training	(VET)		
<u></u>					Please refer to our website h	ttps://academie	es.edu.au/ for th	ne offered courses
Suburb		State	Postcode		Course Name			
Telephone				<u>.</u>	Course Duration		erred Start Date	
					Academies Australasia		nov Dowl	A wasida la
Email					Preferred Campus Loc	•		
EMERCENC	SV CONTACT				Academies Australasia F			
EMERGENCY CONTACT					Australian College of Technology (Sydney) Clarendon Business College (Sydney)			
Name					Skills Training Australia (Melbourne)			
					Supreme Business Coll	,		
					·	ogo (cyanoy)		
Email					Higher Education Preferred Start Date	Voor		
VISA INFOR	MATION				Preferred Start Date	Year March	July	November
Visa Type	Student Visa	Visitor (Tourist)	Working H	loliday	Preferred Campus Locat	ion		
	Other				Course			
If you are apply	ing for a Student Vi	sa, are you applying						
Offshore (outside Australia)								
	Onshore (within A	Australia)						
UNIQUE ST	UDENT IDENT	IFIER (USI)						
Do you have a l	JSI?							

EDUCATIONAL BACKGROUND	SPECIAL NEEDS			
Name of Last School/College/University Attended	Do you consider yourself to have a disability, impairment or long-term medical condition that may affect your studies? Yes No			
Highest Qualification	If YES, please indicate the area/s of impairment.			
Date Achieved	Hearing Mobility Vision Learning Medical			
Certified copies of evidence of qualifications, statement of attainment and/or results must accompany your application. If you are currently studying in Australia, please attach your current electronic Confirmation of Enrolment (eCoE).	OtherSupport Requirements (if known)			
TRANSFERRING FROM ANOTHER SCHOOL (IF APPLICABLE)	CARER ARRANGEMENT			
Are you transferring from another School in Australia? Yes No	Students under the age of 18 must have a carer while they are in Australia. Please			
f YES, please submit a copy of your eCoE and certification documentation.	refer to the 'How to Enrol' section at www.academies.edu.au for further details. Do you require carer arrangement? Yes No			
Do you have evidence of release from previous School? Yes No	Do you require carer arrangement? Yes No			
If Yes, please provide evidence of release.	HOW DID YOU HEAR ABOUT US?			
APPLYING FOR CREDIT TRANSFER (IF APPLICABLE)	Friend Internet Exhibition/ Seminar Social Media			
Do you wish to apply for Credit Transfer (CT) or Recognition of Prior Learning (RPL)?	Advertisement Other			
Yes No	USE OF PERSONAL INFORMATION			
If YES, please refer to the course credit section of the Student Handbook for further details. Complete the course credit application form (available at) and submit it with this application. Certified copies of evidence of qualifications, statement of attainment and/or results must accompany your application. Failure to provide the completed course credit application form and evidence of qualifications, statement of attainment and/or results may result in the application being disapproved.	Student information may be shared between the College and the Australian Government and relevant regulatory authorities. This information includes personal details, contact information, course enrolment details and changes, and the circumstances of any suspected breach of student visa conditions.			
ENGLISH PROFICIENCY	APPLICANT DECLARATION			
Depending on the course of study, an English placement test may be required before we can offer a place for that course. English Examination: IELTS Score: PTE Score: OTHER (please specify) Score: Certified copies of English test result must accompany your application.	I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the withdrawal by the College of any place which may be offered. I agree to release and indemnify the College and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I acknowledge that I am bound by the statutes and regulations of the College and I agree to pay all fees charged directly to me arising from this enrolment.			
ACCOMMODATION	Applicant Name			
Do you require accommodation? Yes No	Applicant Signature Date			
If Yes, please specify the type of accommodation Homestay Hostel Shared Room Single Room Bookings will not be made until payment and flight details are received. Please ensure you complete the homestay form.	For applicants under the age of 18 (Parent/Guardian Consent is required for all applicants under the age of 18). Parent / Guardian Name			
riease ensure you complete the nomestay form.	Parent / Guardian Signature Date			
AIRPORT PICK-UP	AGENT DETAILS			
Do you require airport pick-up? Yes No	Are you applying through an education agent? Yes No			
f Yes, please provide flight details at least 2 weeks prior to arrival	Agent Legal Name			
Airline Company	Agent Trading Name (if different)			
Flight Number Arrival Date	Contact Number			
OVEDSEAS STUDENT HEALTH COVED (OSHE)	Email			
OVERSEAS STUDENT HEALTH COVER (OSHC) Student Visa applications are required to have visa length Overseas Student Health Cover (for at least 1 month longer than your course). Do you require OSHC? Yes No	Stamp of Agent			
If Yes, please specify the type of OSHC Single Couples Family				