



APPLICATION FORM

This application form is to be completed by overseas/ international students who hold or will apply for a student visa.

This form is to collect information about a prospective student who intends to apply for an enrolment at Austcare International Corporation (AIC). AIC uses the information and a Pre-Enrolment Assessment Form-Student to assess the prospective student's suitability to the course and advise the student about the training product appropriate to meeting the student's needs, taking into account each student's existing skills and competency. AIC will apply this form to gain information from each applicant to determine suitability into the qualification/ course. A letter of offer and written agreement will be provided to the student if the form has been

• **Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.**

A. PERSONAL DETAILS

Title: Miss Mrs. Ms. Mr. Other _____

Given Names: _____ Date of Birth (dd/mm/yyyy): ____/____/____

Family Name: _____ Gender: Male Female Other

1. Have you been enrolled at any Australian Education Provider previously? Yes No Student No. (If known):

2. Are you currently enrolled with any Australian Education Provider? Yes No. If Yes, please include a copy of all eCoes with your application

3. Australian Contact Details (If available) – Place of Residence:

Street Address: _____

Suburb/ Town: _____ State: _____ Post Code: _____

Telephone (H): _____ Fax (H): _____

Telephone (W): _____ Fax (W): _____

Mobile Phone: _____ Email Address: _____



4. International Contact Details: (Home Country)

Address (Line1): _____

Address (Line2): _____

Suburb: _____ State/Province/Region: _____

Post Code: _____ Country: _____

Telephone (H): _____ Telephone (W): _____

Mobile Phone: _____ Email Address: _____

5. Nationality Details:

Nationality: _____

Passport No: _____

Passport Issuing Country: _____ Passport Expiry Date: _____

Country of Birth: _____

Do you hold a current Australian Visa? Yes No

Visa Number: _____ Visa Granted Date: _____

Visa Type: Visa Expiry Date: _____

6. Next of Kin in Australia (Emergency Contact Details):

Relationship: _____

Given Name: _____

Family Name: _____

Address (Line1): _____

Next of Kin Overseas

Relationship: _____

Given Name: _____

Family Name: _____

Address (Line1): _____



Address (Line2): _____

Address (Line2): _____

Suburb: _____

Suburb: _____

State: _____

State/Province/Region: _____

Post Code: _____

Post Code: _____

Telephone: _____

Country: _____

Mobile Phone: _____

Telephone: _____

Email Address: _____

Mobile Phone: _____

Email Address: _____

7. Extra/ Special Support Needs

Do you need extra support/ have a disability, medical condition, impairment or long-term condition that should be considered which may interfere with undertaking the course or which requires special assistance from the College? (e.g. Hearing/visual impairment, mobility requirements) Yes No If you require assistance:

If yes, please indicate the areas of extra support, disability, medical condition, impairment or long-term condition/ provide comments on details of special support/ assistance required:

- Hearing/Deaf Physical Intellectual Learning Mental Illness Acquired Brain Impairment Vision
 Medical Condition Other, please specify _____

8. Other Details

In what country were you born? Australia Other, please specify _____

Do you speak a language other than English at home? No, English Only Other, please specify _____

How well do you speak English (if you answered Yes above? Very Well Well Not Well Not at all