



Agent Stamp

International Student Enrolment Application Form

Before completing this enrolment application form ensure you have read and understood the ASG Student Handbook, ASG Enrolment Terms and Conditions, Refund Policy, Grievance Procedure. These are available on the ASG website.

PERSONAL DETAILS (use block capital letters)			
Note: ASG do not enrol students under 18 years of age			
TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other- Please Specify:		
FAMILY NAME			
GIVEN NAME (S) <i>(as per passport)</i>			
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DATE OF BIRTH:
NATIONALITY		COUNTRY OF BIRTH	
Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other If yes other (please specify) _____ Are you an Aboriginal or Torres Strait Islander? YES <input type="checkbox"/> NO <input type="checkbox"/>			
STUDENT CONTACT DETAILS (please print clearly)			
HOME COUNTRY ADDRESS:			
HOME PHONE : <i>(include country code)</i>		MOBILE	
EMAIL			
ADDRESS IN AUSTRALIA <i>(if applicable)</i>			
PHONE NUMBER IN AUSTRALIA <i>(if applicable)</i>			
EMERGENCY CONTACT:	FULL NAME:		
	RELATIONSHIP:		
	ADDRESS:		
	CONTACT NUMBER	EMAIL:	
YOUR PREFERRED CONTACT METHOD:	<input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> In Person		
EDUCATION DETAILS			
What is your highest COMPLETED secondary school level? (please tick ONE box only)			
<input type="checkbox"/> Completed a Year 12 qualification or equivalent <input type="checkbox"/> Completed a Year 10 qualification or equivalent <input type="checkbox"/> Completed Year 8 or Lower		<input type="checkbox"/> Completed a Year 11 qualification or equivalent <input type="checkbox"/> Completed a Year 9 qualification or equivalent <input type="checkbox"/> Did not go to High School	
YEAR completed school level? _____		Are you still attending Secondary School? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Have you successfully completed any of the following qualifications? (please tick)

- Bachelor Degree or higher
- Diploma or Associate Diploma
- Certificate III (or Trade Certificate)
- Certificates other than the above (Please specify: _____)
- Advanced Diploma or Associate Degree
- Certificate IV (or Advanced Cert/Technical)
- Certificate I or II

Where was this qualification achieved? Australia Overseas: Specify country _____

ENGLISH PROFICIENCY

(Please note: certified copies of all qualifications and English results must accompany this application)

What is your English language level?

- English is my First language
- IELTS Score _____ Date Obtained _____
- Other Please specify _____ Score: _____ Date Obtained: _____

RECOGNITION OF PRIOR LEARNING/ CREDIT TRANSFER

Would you like to apply for Credit Transfer or Recognition of Prior Learning Yes No

If yes, your application form for CT/RPL along with the relevant supporting documentation must accompany this Enrolment Application Form. The application form for CT/RPL is available from our website www.asg.edu.au

COURSE SELECTION

Select the course you wish to study at ASG Brendale Campus and identify your preferred intake date:
(Refer to the ASG International Program Information booklet for full details of the courses we offer)

MEM50105 Diploma of Engineering – Advanced Trade 17JUL17 27SEP17 22JAN18 11APR18

UNIQUE STUDENT IDENTIFIER

It is an Australian government requirement that all international students studying in Australia with an Australian training organisation will need a USI from 1 January 2015.

Do you currently have a USI? No Yes If YES, what is your USI number? _____

If you do not have a USI number would like ASG to create one on your behalf? Yes No, I will create my own USI

All international students in Australia will have been issued with an Australian Visa. This will allow your passport to be used as proof of ID when creating your USI



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HEALTH COVER

Would you like ASG to arrange Overseas Student Health Cover?

- NO, I will arrange my own cover (provide evidence) Name of Insurer: _____ Member Number: _____
- YES, please arrange OSHC for me

If YES, what type of cover do you require?

- Single
- Spouse and child/children
- One dependant (spouse or child)
- Children only

(OSHC is arranged through BUPA – refer to www.bupa.com.au/oshc-info).

OTHER DETAILS

Are you currently in Australia? No - go to next section

Yes. If yes what is your passport number? _____ What is your visa expiry: ____/____/____

What type of visa will you be holding when you commence your studies? Student Working Holiday Tourist Other

If you will be applying/extending your student visa at which DIBP office or embassy will this take place? _____

Employment Status

- Full Time Employee
- Part Time Employee
- Employed (unpaid in family business)
- Employer
- Unemployed – seeking full time work
- Unemployed – seeking part-time work
- Self employed
- Not employed (not seeking work)

Special Needs

Do you consider yourself to have a disability, impairment or long term medical condition which may affect your studies?

- | | |
|--|--|
| <input type="checkbox"/> Yes (please indicate below the area/s of impairment) | <input type="checkbox"/> No |
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Physical/Mobility |

Other (please specify): _____

If yes, would you like to receive advice on support services, equipment and facilities which may assist you? Yes No

Reason for Study

From the following list, which best describes your main reason for undertaking this course?

- to get a job
- to develop my existing business
- to start my own business
- to try for a different career
- to get a better job/promotion
- it was a requirement of my job
- I wanted extra skills for my job
- to get into another course of study
- for personal interest or self-development
- Other



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APPLICATION process

Submit your completed Enrolment Application Form and supporting documentation by either:

EMAIL : info @ asg.edu.au

or

POST: Australian Skills Group, PO Box 7244, Brendale, QLD 4500

Supporting documentation must be certified and should include:

- Academic transcripts
- IELTS Certificate or proof of English
- Passport copy
- Copy of current Australian Visa (if applicable)

We will contact you with details on the Enrolment Process on receipt of your Application. You may be required to provide further documentation

HOW DID YOU HEAR ABOUT IS?

- ASG website
- Exhibition/Fair
- Social Media
- Family/Friend
- Education Agent

Other (please specify) _____

APPLICANT DECLARATION

I declare that, to the best of my knowledge, the information I have provided in this form and the supporting evidence supplied by me is true and correct in all regards.

- I understand that it is a criminal offence to provide false or misleading information
- I have read and understood the Privacy Notice
- I consent to the Marketing Authority Statement
- I understand that the cost of any loss or damage to a Learner Resource issued to me by Australian Skills Group , is my responsibility
- I have read the course brochure or ASG website and understand the requirements, content and duration of my course
- I am fully aware of and agree to the Enrolment Terms and Conditions of Australian Skills Group including Fees and Charges, Refund Policy, Grievance procedure
- I understand the Visa conditions that apply to my study in Australia

Signature: _____

Date: / /

Print Name: _____