

DOMESTIC APPLICATION FORM



PERSONAL INFORMATION

PLEASE SELECT YOUR PREFERRED TITLE

Miss Mrs Ms Mr Other: _____ **Are you:** Male Female Other

First name(s) _____

Last name _____

E-mail address _____

I do not give permission for Imagine Education Australia to contact me by e-mail or SMS for marketing purposes

Date of Birth _____

Passport number (please attach a copy of the PHOTO ID page of your passport) _____

Nationality _____

Country of birth _____

First language _____

Citizenship _____

Current occupation _____

Are you living in Australia? Yes No

Are you an Australian resident? Yes No

Do you currently hold an Australian visa? Yes No

If yes, please indicate visa type: Student Visitor Other

Visa expiry date: Day _____ Month _____ Year _____

Have you ever held a student visa for Australia? Yes No

Will you be lodging your visa application in Australia? Yes No

If no, which country will you lodge the visa application? _____

YOUR CURRENT ADDRESS

Street number _____ Street name _____

City _____ State _____ Postcode _____

Home phone number _____ Mobile phone number _____

RECOGNITION OF PRIOR LEARNING OR CREDIT TRANSFER

Do you wish to apply for Recognition of Prior Learning or Credit Transfer?

No

Yes *Please attach a copy of your academic transcripts or other evidence of your studies or work experience, and complete a copy of the Application for Recognition Form from our website (imagineeducation.com.au). If any documents are not in English, please include a certified translation.*

Imagine Education Australia

Main Campus: 13 Benowa Rd, Southport, Qld 4215

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CRICOS Provider: 02695C | National Provider: 31302 | Imagine Education Australia Pty Ltd

VOCATIONAL COURSES

COURSE	START DATE	WEEKS	FEES \$	CAMPUS SELECTION	
				GOLD COAST	BRISBANE
AUR30620 Certificate III in Light Vehicle Mechanical Technology				<input type="checkbox"/>	<input type="checkbox"/>
AUR40216 Certificate IV in Automotive Mechanical Diagnosis				<input type="checkbox"/>	<input type="checkbox"/>
AUR50116 Diploma of Automotive Management				<input type="checkbox"/>	
SIT30821 Certificate III in Commercial Cookery				<input type="checkbox"/>	<input type="checkbox"/>
SIT40521 Certificate IV in Kitchen Management				<input type="checkbox"/>	<input type="checkbox"/>
SIT50422 Diploma of Hospitality Management (Commercial Cookery)				<input type="checkbox"/>	<input type="checkbox"/>
SIT50422 Diploma of Hospitality Management (Management)				<input type="checkbox"/>	
SIT60322 Advanced Diploma of Hospitality Management				<input type="checkbox"/>	
CHC30121 Certificate III in Early Childhood Education and Care				<input type="checkbox"/>	<input type="checkbox"/>
CHC50121 Diploma of Early Childhood Education and Care				<input type="checkbox"/>	<input type="checkbox"/>
CHC33021 Certificate III in Individual Support				<input type="checkbox"/>	<input type="checkbox"/>
CHC43015 Certificate IV in Ageing Support				<input type="checkbox"/>	<input type="checkbox"/>
CHC43015 Certificate IV in Ageing Support (upgrade)				<input type="checkbox"/>	<input type="checkbox"/>
BSB40820 Certificate IV in Marketing and Communication					<input type="checkbox"/>
BSB50620 Diploma of Marketing and Communication					<input type="checkbox"/>
BSB60520 Advanced Diploma of Marketing and Communication					<input type="checkbox"/>
BSB50420 Diploma of Leadership and Management				<input type="checkbox"/>	<input type="checkbox"/>

HEALTH INFORMATION

Do you have any special needs or require any adjustments to accommodate you in your course?

Yes

No

You may wish to discuss this confidentially with your lecturer.

Do you suffer from any allergies or medical problems?

Yes

No

If yes, please provide further information below. This information is required so that we can accommodate you in the workplace and in your training.

Do you have any pre-existing injury, disability, or impairment that will require special assistance, including literacy support?

Yes

No

You may wish to discuss this confidentially with your lecturer.

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WHO WE SHOULD CONTACT

This is the legal person for Imagine Education Australia to contact in the event of an emergency. This person must be legally responsible for your welfare, i.e. a family member.

Contact's full name _____

Contact's telephone 1 _____ Contact's telephone 2 _____

Contact's address _____

Contact's e-mail _____

Contact's relationship to you _____

SUMMARY CHECKLIST

PLEASE ENSURE THAT YOU SUBMIT THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> Completed signed Application Form | <input type="checkbox"/> Copy of your school results |
| <input type="checkbox"/> Copy of your passport / or photo of applicant if no passport at time of application | <input type="checkbox"/> Proof of other studies or employment |
| <input type="checkbox"/> Financial evidence | <input type="checkbox"/> IELTS test results |

FEEDBACK

PLEASE SELECT ALL THAT APPLY:

Where did you hear about Imagine Education?

- | | | |
|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> School | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Expo | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Friend | <input type="checkbox"/> Other |

If other, please provide further information below:

DECLARATION

I declare that the information provided by me on this application is true and correct, and that it relates specifically and solely to me as an individual. I accept that Imagine Education Australia makes decisions based on this information and may seek further information or clarification as required. I understand that if offered a place in a course of training I will be required to pay fees and meet requirements specific to that course before my enrolment is confirmed. I accept that failure to attend the scheduled sessions may compromise my ability to satisfy some or all of the course requirements. I further accept that any additional training may be required if I do not meet the course requirements, that this training is at an additional cost to myself, and that any requirement to undertake this extra training is at the additional cost to myself, and that any requirements to undertake this extra training is at the discretion of Imagine Education Australia.

Name _____ Signature _____ Date _____
Day Month Year

For students under 18 years of age, this form must be signed by a parent or legal guardian.

Guardian name _____ Signature _____ Date _____
Day Month Year

Imagine Education reserves the right in its absolute discretion to reject any application for enrolment, and shall be under no obligation whatsoever to give reasons for its decision. Enrolments at Imagine Education Australia must be completed prior to the commencement date of the program / courses and non-refundable fees must be paid to secure the enrolment. Imagine Education Australia does not accept students who have not enrolled prior to the commencement of programs or courses.