

# INTERNATIONAL STUDENT APPLICATION FORM

Please complete all details on this enrolment form. Some of the information contained here will be used for statistical and other reporting to State/Territory Registering Authorities and the National Centre for Vocational Education Research (NCVER).

## 1. Training required

<b>Qualification</b> <input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care <input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care <u>and</u> CHC50113 Diploma of Early Childhood Education and Care (pathway program) <input type="checkbox"/> CHC33015 Certificate III in Individual Support <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support		<input type="checkbox"/> CHC33015 Certificate III in Individual Support <u>and</u> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> CHC52015 Diploma of Community Services <input type="checkbox"/> BSB51918 Diploma of Leadership and Management <input type="checkbox"/> BSB61015 Advanced Diploma of Leadership and Management <input type="checkbox"/> BSB41515 Certificate IV in Project Management Practice <input type="checkbox"/> BSB51415 Diploma of Project Management	
<b>Course intake:</b> <input type="checkbox"/> July 2020 <input type="checkbox"/> October 2020 <input type="checkbox"/> January 2021 <input type="checkbox"/> April 2021 <input type="checkbox"/> January 2021 <input type="checkbox"/> April 2021 <input type="checkbox"/> July 2021			
<b>Recognition of Prior Learning (RPL) / Credit Transfer (CT) Application</b> Are you seeking Recognition of Prior Learning (RPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you ticked yes above, please submit your CT/RPL application form, along with your relevant supporting documents (certified academic transcripts and unit outlines), with your enrolment application form.			

## 2. Personal Details

<b>First Name:</b>		<b>Middle Name:</b>	
<b>Family Name (Surname):</b>		<b>Title: (Dr/Mr/Mrs/Ms/Miss)</b>	
<b>Date of Birth:</b>	DD/MM/YYYY	<b>Nationality:</b>	
<b>Passport Number:</b>		<b>Date of issue:</b>	<b>Expiry Date:</b>
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X (Indeterminate/Intersex/Unspecified)		

**You will need to attach a certified true copy of your passport with this application form**

## 3. Visa details

Have you held an Australian Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, visa subclass _____  <b>Attach a certified copy of your visa with this application form</b>
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## 4. Overseas Student Health Cover (OSHC)

<b>Do you have current Overseas Student Health Cover (OSHC)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is your OSHC Membership Number? _____  <b>Attach a copy of your OSHC with this application form</b>
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**5. Unique Student Identifier**

All students studying in Australia will require a Unique Student Identifier (USI). If you are in Australia, please apply for a USI directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please enter your USI below.

Enter your Unique Student Identifier (USI) \_\_\_\_\_

**6. Contact Details**

Home phone:		Work email:	
Work phone:		Personal email:	
Mobile:		Town/City of birth:	

**7. Home Country Address**

Please provide your home country physical address where you usually reside rather than any temporary address at which you reside for training, work or other purposes.

Building/property name					
Flat/unit details		Street or lot number (eg. 205 or Lot 118)			
Street name					
Suburb, locality or town		State / Territory		Postcode	

**8. Local address in Australia (if known)**

Please provide the physical address where you will or currently reside in Australia.

Building/property name					
Flat/unit details		Street or lot number (eg. 205 or Lot 118)			
Street name					
Suburb, locality or town		State / Territory		Postcode	

**9. Postal address (if different from above)**

Building/property name					
Flat/unit details		Street or lot number (eg. 205 or Lot 118)			
Street name					
Suburb, locality or town		State / Territory		Postcode	

**10. Emergency Contact Details**

Name:					
Relationship:					
Home phone number		Mobile phone			
E-mail					

**11. Australian Study Details**

<p>Have you studied or are you currently studying in Australia?</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p> <p>Please list name of Training Organisation</p> <p>_____</p> <p>Year of study: _____</p> <p><i>Note: If you are currently studying in Australia and you want to study at Alana Kaye College, you may need a Letter of Release from your Training Organisation.</i></p>
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**12. English Language Proficiency**

All international students must demonstrate an acceptable level of English proficiency to gain admission into an Alana Kaye College program. An overall 5.5 IELTS (with no lower than a 5.0 in any one area) or equivalent is required for all courses. Please tick the appropriate box to indicate any English test have completed within the last 2 years.

<p><input type="checkbox"/> International English Language Testing System (IELTS) IELTS score: _____</p> <p><input type="checkbox"/> Test of English as a Foreign Language (TOEFL) TOEFL score: _____</p> <p><input type="checkbox"/> Cambridge English: Advanced (Certificate in Advanced English) score: _____</p>	<p><input type="checkbox"/> Pearson Test of English Academic score: _____</p> <p><input type="checkbox"/> Other (i.e. Upper Intermediate General English Course) Please list name of Course, Training provider, Completion Date and results</p> <p>_____</p> <p>_____</p>
<p>Is English the language spoken at your permanent home address?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No Other- please specify which language _____</p>

**You will need to attach a certified copy of your result with this application form.**

**13. Employment Status**

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)	
<p><input type="checkbox"/> Full time employee</p> <p><input type="checkbox"/> Part – time employee</p> <p><input type="checkbox"/> Self-employed not employing others</p> <p><input type="checkbox"/> Employer</p>	<p><input type="checkbox"/> Employed – unpaid worker in a family business</p> <p><input type="checkbox"/> Unemployed – seeking full time work</p> <p><input type="checkbox"/> Unemployed seeking part-time work</p> <p><input type="checkbox"/> Not employed – not seeking employment</p>

**14. Schooling**

<p>What was the highest COMPLETED level of schooling?</p> <p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 11 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Year 9 or equivalent</p> <p><input type="checkbox"/> Year 8 or below</p> <p><input type="checkbox"/> Never attended school</p>	<p>In which year did you complete that level of schooling?</p> <p>_____</p> <p>Are you still attending school?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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**15. Disability**

<p>Do you consider yourself to have a disability, impairment or a long-term health condition?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – go to next question 17.</p> <p>Do you require adjustment to your training or assessment due to your disability? Please note that this information is only asked for the purpose to offer support and arrange reasonable adjustment.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please describe:</p> <p>_____</p>	<p>If yes, please indicate the area(s) of disability, impairment or long-term conditions: (You may indicate more than one area)</p> <p><input type="checkbox"/> Hearing/Deaf    <input type="checkbox"/> Mental illness</p> <p><input type="checkbox"/> Physical        <input type="checkbox"/> Acquired brain impairment</p> <p><input type="checkbox"/> Intellectual     <input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Learning        <input type="checkbox"/> Medical condition</p> <p><input type="checkbox"/> Other            <input type="checkbox"/> Food allergies</p>
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**16. Previous qualifications achieved**

<p>Have you successfully completed any of the qualifications listed?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – select the applicable boxes.</p> <p>In which country did you complete your qualification?</p> <p>_____</p>	<p>If yes, select the applicable boxes</p> <p><input type="checkbox"/> Bachelor degree or higher</p> <p><input type="checkbox"/> Advanced Diploma or associate degree</p> <p><input type="checkbox"/> Diploma or associate diploma</p> <p><input type="checkbox"/> Certificate IV or advanced certificate/technician</p> <p><input type="checkbox"/> Certificate III or trade certificate</p> <p><input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> Certificate other than above</p>
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**17. Study reason**

Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)	
<p><input type="checkbox"/> To get a job</p> <p><input type="checkbox"/> To develop my existing business</p> <p><input type="checkbox"/> To start my own business</p> <p><input type="checkbox"/> To try for a different career</p> <p><input type="checkbox"/> To get a better job or promotion</p>	<p><input type="checkbox"/> It was a requirement of my job</p> <p><input type="checkbox"/> I wanted extra skills for my job</p> <p><input type="checkbox"/> To get into another course of study</p> <p><input type="checkbox"/> For personal interest or self-development</p> <p><input type="checkbox"/> Other reasons – Please explain</p>

**18. Education Agent**

Is an education agent assisting you with application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below:
Counsellor's name:		
Agency's name:		
Email address:		
Phone number:		

**19. Applicant Declaration and signature**

Please tick	By ticking these boxes below, I confirm the following:
<input type="checkbox"/>	I wish to be considered for admission to the course(s) I have shown on this application form. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete.
<input type="checkbox"/>	I acknowledge that I have read and understood the information provided above and certify that the details are accurate and complete
<input type="checkbox"/>	I acknowledge that I have read and understood Alana Kaye's International Student Handbook and information available on <a href="http://www.alanakaye.edu.au/international">www.alanakaye.edu.au/international</a> and the requirements of the course including Student Fee Refund information.
<input type="checkbox"/>	I acknowledge that the provision of false or misleading information may result in non-acceptance of the application and forfeiture of any tuition fees paid to Alana Kaye College
<input type="checkbox"/>	I declare that I am aware of and understand my financial obligations relating to studying in Australia, and certify that I have access to the total funds required to cover all cost associated with my study at Alana Kaye College
<input type="checkbox"/>	I authorise Alana Kaye College, where necessary to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application
<input type="checkbox"/>	I am aware that I can choose between paying half (or more) of the tuition fees before commencement. Please tick below: <input type="checkbox"/> I wish to pay half of the tuition fees before commencement. <input type="checkbox"/> I wish to pay more than half of the tuition fees before commencement
<input type="checkbox"/>	I also understand that Alana Kaye College is required under Section 19 of the ESOS Act 2000, to inform the Department of Home Affairs about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory attendance and academic performance. I also understand that under the provision of the ESOS Act 2000 Alana Kaye College may release my information to Commonwealth and State agencies and as required under the ESOS Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students, Tuition Assurance Fund Manager and ESOS Fund Manager. For more information, visit <a href="https://international.education.gov.au">https://international.education.gov.au</a>
<input type="checkbox"/>	Alana Kaye College is bound by the Australian Privacy Principles. It collects and uses any personal information you provide us in accordance with those Principles. The type of information it collects, the use made of the information and the disclosure of that information without your prior approval is set out in the detailed privacy Policy which can be found at the <a href="http://www.alanakaye.edu.au/international">www.alanakaye.edu.au/international</a> webpage. By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.
Signature:	Date:

**20. How did you hear about Alana Kaye College?**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Alana Kaye staff | <input type="checkbox"/> Education Agent     | <input type="checkbox"/> Conference or event | <input type="checkbox"/> TV, radio or other media |
| <input type="checkbox"/> Internet         | <input type="checkbox"/> Employer or manager | <input type="checkbox"/> Friend or family    | <input type="checkbox"/> Facebook                 |
| <input type="checkbox"/> LinkedIn         | <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Other referral      | <input type="checkbox"/> Other referral           |

**21. Application Checklist**

Have you:

- completed all sections of this Application?
- attached a true certified copy of your passport?
- attached certified copy of your visa, if available?
- attached a certified copy of your English Language Proficiency result?
- read and understood Terms and Conditions of Enrolment including Refund Policy?

**22. Supporting documents**

Thank you for completing your application form. Please submit the completed form along with the supporting documents listed below to [international@alanakaye.edu.au](mailto:international@alanakaye.edu.au). OR GPO Box 105, Darwin, Northern Territory 01 Australia. Note: documents 1-3 must be certified or notarized copies of the originals.

1. PASSPORT – Your photo ID page
2. ENGLISH LANGUAGE TEST SCORE – IELTS test results or evidence of English language equivalent to an IELTS 5.5 Competency
3. TRANSCRIPTS – All education transcripts and certificates equivalent to Australia Year 12 or higher.
4. APPLICATION ASSESSMENT FORM
5. RESUME/CURRICULUM VITAE
6. EVIDENCE OF FINANCIAL CAPACITY (offshore applicants)

If you are applying from within Australia, you will also need to provide copies of the following documents:

7. VISA – a copy of your Australian visa grant letter
8. OSHC – If you have Overseas Student Health Cover (OSHC), proof of insurance such as a copy of your insurance card or receipt of payment for coverage.

Once your complete application has been received (form and supporting documents) it will be processed by our admission team. You/your agent will receive notification of your application status and outcome by email. If you have any questions regarding this form or the application process, please contact our international programs division at [international@alanakaye.edu.au](mailto:international@alanakaye.edu.au)

**Office Use Only**

Date Application Received

Received by:

Decision on Application: Accepted/Rejected

Staff member name:

Staff member signature: