

RTO Number: 51161; CRICOS Code: TBA Trading as Workforce Education Institute

Address: Level 1, 382 Lonsdale Street Melbourne VIC 3000 W: www.workforce.edu.au: E: work4thedu@amail.com

International Student Application Form

Intended Course
☐ BSB40520 Certificate IV in Leadership and Management
☐ BSB50420 Diploma of Leadership and Management
☐ BSB60420 Advanced Diploma of Leadership and Management
Proposed Start Date (dd/mm/yy): End Date (dd/mm/yy):
Personal Details
Title: □Mr. □Mrs. □Ms. □Dr. □Other Gender: □Male □Female
Family name (as in passport): Given name(s):
Date of Birth (dd/mm/yy): Nationality (as per passport):
Contact Details in Home country
Address: Country: Post Code:
Telephone/ Mobile: Email:
Contact Details in Australia
Address: State: Post Code:
Telephone/ Mobile: Email:
Emergency Contact Details
Name: Phone Number:
Address: Relationship to Applicant:
Visa Information
Passport Number: Expiry Date:
Visa Type: Subclass:Expiry Date:
What type of visa will you be holding when you commence your studies?
☐Student ☐Working Holiday ☐ Tourist ☐ Other
Have you applied to become a permanent residence of Australia?
If yes, date of application (dd/mm/yy):



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USI Information (Unique Student Identifier) USI Number:
If you do not have USI yet, please go to www.usi.gov.au to apply for it. If you are a new or continuing student undertaking nationally recognised training, you need a USI in order to receive your qualification or statement of attainment.
Language and Cultural Diversity
In which country were you born? Australia Other – Please specify:
Do you speak a language other than English at home? ⊠No □Yes – Please specify:
How well do you speak English? □Very well □Well □Not well □Not at all
Are you of Aboriginal or Torres Strait Islander origin? No Yes – Please specify:
Previous Education
Have you done your schooling? □Yes □No
Highest Qualification:
Name of Institute: Completed Year:
Disability
Do you have any of the following disabilities, impairments or long-term conditions?
If 'Yes', then please indicate the areas of disability, impairment or long-term condition:
☐ Hearing/Deaf ☐ Physical ☐ Intellectual ☐ Acquired Brain Impairment
□Mental Illness □Vision □Medical Condition □Other
Employment
Of the following categories, which BEST describes your current employment status?
□Full-time employee □Part-time employee □Self-employed □Employer
□Employed in a family business □Unemployed - seeking work □Not employed - not seeking employment
Study Reason
Of the following categories, 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 or promotion ☐ It was a requirement of my job
☐ To get into another course of study ☐ For personal interest or self-development
□Other reasons



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Are you seeking recognition of prior learning (RPL) or course credit transfer?	W. WWW.Workforde.edu.dd. E. V	vonctine date di naniconi			
If 'Yes', then please contact training manager for further details about the RPL/CT process Transferring student information: (if applicable) Are you transferring from another education provider in Australia?	RPL/Credit				
Transferring student information: (if applicable) Are you transferring from another education provider in Australia?	Are you seeking recognition of prior learning (R	PL) or course credit transfer?	□Yes	□No	
Are you transferring from another education provider in Australia?	If 'Yes', then please contact training manager for	or further details about the RPL/C	T process		
If 'Yes', then have you completed the first 6 months of your principal course? Name of Institute: If you currently enrolled in another institute in Australia please provide release letter. Education Agent Details If you were referred by an Education Agent, please provide details below. Agent Name/Business Name: As an approved agent of NC, I am also certifying that I have verified all the original documents of the student.	Transferring student information: (if applicable	e)			
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Signature		As an approved agent of NC, I am	, ,		
		Signature			

Privacy Notice

Under the Data Provision Requirements 2012, Workforce Education Institute Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Workforce Education Institute for statistical, regulatory and research purposes. Workforce Education Institute may disclose your personal information for these purposes to third parties. This practice is also required by the ESOS Act and the ESOS National Code 2018. including:

- School: if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship
- Employer: if you are enrolled in training paid by your employer
- Commonwealth and State or Territory government departments and authorized agencies
- NCVER
- Researchers

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts
- Facilitating statistics and research relating to education, including surveys
- Understanding how the VET market operates, for policy, workforce planning and consumer information, and
- Administering VET, including program administration, regulation, monitoring and evaluation

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.



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NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET data policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Declaration and Consent

I , Declare that the information I have provided to the to the best of my knowledge is true and correct. I further declare that I have gone through the following policies and procedures available on www.workforce.edu.au:

- Admissions Policy and Procedure
- Complaints and Appeals Policy and Procedure
- Course Progress Policy and Procedure
- Deferring, Suspending and Cancelling Overseas Student Enrolment Policy and Procedure
- Refund Policy and Procedure (All refunds will be in accordance with the policy and refund arrangements defined in Agreement)
- RPL and Credit Transfer Policy and Procedure
- Student Support Policy and Procedure
- Transfer Between Registered Providers Policy and Procedure

I Consent to the collection use and discloser of my personal information in accordance with the Privacy Notice Above.

Applicant Name	
Applicant Signar Date / / Document Ch Passport bio	/ecklist
□ Evidence of□ Copy of curr	highest academic qualifications rent Australian Visa (if applicable) icate (if applicable)
FOR OFFICE U	SE ONLY
DATE	D D M M Y Y Y Y RECEIVED
DATE	D D M M Y Y Y Y APPROVED
Approved by: _	Signature: