



International Student Application Form

This Application is onshore ☐ or Offshore ☐

Intended Course	Duration	Intake
<input type="checkbox"/> BSB40520 Certificate IV in Leadership and Management	52 weeks	
<input type="checkbox"/> BSB50420 Diploma of Leadership and Management	52 weeks	
<input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management	78 weeks	
<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery	52 weeks	
<input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management	78/26 weeks	
<input type="checkbox"/> SIT50422 Diploma of Hospitality Management	104/26 weeks	
<input type="checkbox"/> SIT60322 Advanced Diploma of Hospitality Management	104/26 weeks	
<input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning)	104 weeks	

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:



Workforce Education Institute

RTO Number: 51161 CRICOS 03963B
Trading as Workforce Education Institute
Address: 372 Spencer St, West Melbourne VIC-3003

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? ☐ Yes ☐ No

If yes, date of application (dd/mm/yy):

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? ☐ Yes ☐ No

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?

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> Other reasons | |

RPL/Credit

Are you seeking recognition of prior learning (RPL) or course credit transfer? ☐ Yes ☐ No

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? ☐ Yes ☐ No

If 'Yes', then have you completed the first 6 months of your principal course? ☐ Yes ☐ No

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 WEI, I am also certifying that I have verified all the original documents of the student.

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.

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 Signature

Date..... / /

Document Checklist

- ☐ Passport bio-data pages
- ☐ IELTS (or other English Language test) Results (if applicable)
- ☐ Evidence of highest academic qualifications
- ☐ Copy of current Australian Visa (if applicable)
- ☐ OSHC Certificate (if applicable)

FOR OFFICE USE ONLY

DATE

D	D	M	M	Y	Y	Y	Y
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RECEIVED

DATE

D	D	M	M	Y	Y	Y	Y
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APPROVED

Approved by: _____

Signature: _____