



Representative /Agent Stamp

INTERNATIONAL STUDENT APPLICATION FORM

PERSONAL DETAILS

First Name: _____ Last Name: _____ Date of birth: ___/___/_____
 Sex: Male Female Other
 Are you Married? Yes No
 Nationality: _____ Country of birth: _____
 Do you speak a language other than English at home? (if more than one language indicate the most spoken one)
 No, English only Yes, other - Please specify _____
 Are you of Aboriginal or Torres Strait Islander origin? (for both Aboriginal and Torres Strait Islander origin mark both boxes)
 No Yes, Aboriginal Yes, Torres Strait Islander

PERSONAL DETAILS

Address: _____ Unit Number: _____
 Suburb: _____ State: _____ Postcode: _____
 Mobile Number: _____ Email: _____
 Emergency contact details Name: _____
 Relationship: _____ Mobile number: _____

OTHER DETAILS

Are you currently in Australia? No Yes, if so, specify passport number: _____
 Visa expiry date: ___/___/_____
 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 Department of Home Affairs office or embassy will you apply?
 City: _____ Country: _____

HEALTH COVER

Student visa applicants: would you like Strathfield College to arrange Overseas Student Health Cover (OSHC)?
 No, I will arrange my own OSHC (provide evidence) Yes, please arrange OSHC for me
 If yes, please select one of the following coverage types:
 Single Family Couple

DISABILITY

Do you consider yourself to have a permanent and significant disability? No Yes, please specify below
 Hearing Physical Intellectual Learning Mental illness
 Mental condition Vision Acquired brain impairment
 Other: _____

EDUCATION

What is your highest COMPLETED school level? (Tick ONE box only)
 Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or equivalent
 Never attended school In which year did you completed the selected school level? _____
 Highest qualification achieved: _____ Where was this qualification achieved: Australia Overseas
 If overseas please specify Country: _____ Additional qualifications: _____

PREVIOUS EDUCATION

Previous qualifications achieved:

- Bachelor degree Advanced diploma or associate degree Diploma (or associate diploma)
 Certificate IV (or advanced certificate/technician) Certificate III (or trade certificate) Certificate II
 Certificate I Other, please specify: _____

EMPLOYMENT

Work experience (number of years): _____ Position held: _____

Of the following categories, which BEST describes your current employment status?

- Full-time employed Part-time employed Self-employed Employed - unpaid in family business
 Employer Unemployed - seeking part-time work Unemployed - seeking full-time work
 Unemployed - not seeking employment

ENGLISH PROFICIENCY

Please provide details of your English Proficiency results and/or training & attach supporting documentation.

- IELTS TOEFL PTE Other (including EAP)

Date of English test: ____/____/____ Result: _____ Test Report Number: _____

- I require a placement test

RECOGNITION OF PRIOR LEARNING / CREDIT TRANSFER

Refer to Recognition of Prior Learning in the Student Pre-enrolment Handbook on www.strathfieldcollege.edu.au

Are you seeking Recognition of Prior Learning (RPL) or Credit Transfer (CT) Yes No

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 are currently enrolled in another institute in Australia please provide release letter.

COURSE SELECTION

Please select the campus, the course, and the intake date you wish to apply for.

- Sydney Melbourne

- AUR30616 Certificate III in Light Vehicle Mechanical Technology
 AUR40216 Certificate IV in Automotive Mechanical Diagnosis
 BSB40515 Certificate IV in Business Administration
 BSB50415 Diploma of Business Administration
 BSB60215 Advanced Diploma of Business
 BSB51918 Diploma of Leadership and Management
 BSB61015 Advanced Diploma of Leadership and Management
 SIT50416 Diploma of Hospitality Management
 SIT60316 Advanced Diploma of Hospitality Management
 ICT50120 Diploma of Information Technology
 ICT60120 Advanced Diploma of Information Technology
 ICT50120 Diploma of Information Technology (Cyber Security)
 ICT60120 Advanced Diploma of Information Technology (Cyber Security)
 BSB42415 Certificate IV in Marketing and Communication (Leading to Digital)
 BSB52415 Diploma of Marketing and Communication (Leading to Digital)
 BSB80515 Graduate Certificate in Management (Learning)
 BSB80615 Graduate Diploma of Management (Learning)

2021 Intake Dates

11 January
15 February
22 March
12 April
17 May
21 June
12 July
16 August
20 September
4 October
8 November

2022 Intake Dates

10 January
14 February
14 March
11 April
16 May
13 June
11 July
15 August
12 September
3 October
7 November

UNIQUE STUDENT IDENTIFIER (USI)

Please provide your USI number here _____ (for further information please refer to www.usi.gov.au/students).

I do not have a USI number and I give permission for the VET Coordinator at Strathfield College to make an application on my behalf.

DOCUMENTS ATTACHED TO THIS APPLICATION

- Academic transcripts IELTS Certificate or equivalent proof of English Release Letter from previous provider (if transferring)
 Passport copy Copy of current Australian visa, if applicable Relevant work experience, if applicable

HOW DID YOU HEAR ABOUT STRATHFIELD COLLEGE

- Current/former student Agency _____

PRE-TRAINING QUESTIONNAIRE

The answers to the questions below determine the appropriateness of the qualification/s you are seeking to enrol in for meeting your future career plans. This will assist us in providing you advice about whether the selected training product is appropriate to your needs, taking into account your existing skills and competencies.

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

- For personal interest To start/develop my own business To change course of study
 To get a job To try for a different career It was a requirement of my job
 Other: _____

What are your career goals? (List at least two)

• Short-term (next 6-18 months)

1. _____
2. _____
3. _____

• Long-term (next 5 years)

4. _____
5. _____
6. _____

Are you aware of the learning outcomes of this course? Yes No

How do you think this course will benefit you?

What employment/career outcomes do you hope to gain from undertaking this qualification(s)? Select all relevant options.

- | | | |
|---|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop/start my own business | <input type="checkbox"/> To change career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It is a requirement of my job | |
| <input type="checkbox"/> To improve my general education skills | <input type="checkbox"/> To get skills for community/voluntary work | |
| <input type="checkbox"/> To increase my self-esteem | Other: _____ | |

In your past learning experiences, have you encountered any barriers or difficulties to learning?

Select all the relevant ones, wherever applicable.

- | | | |
|--|---|--|
| <input type="checkbox"/> Computer skills (including Word, Excel, Etc.) | <input type="checkbox"/> Speaking/Listening | <input type="checkbox"/> Reading/Writing |
| <input type="checkbox"/> Group Discussions/Interactions with others | <input type="checkbox"/> Working through real examples such as a case study or scenario | |
| <input type="checkbox"/> Practical application of skills and knowledge in a workplace or simulated environment | <input type="checkbox"/> None | |
| Other: _____ | | |

From the information you currently have about the course, do you have any concerns that might prevent you from progressing through this training and assessment program? Please select the appropriate support that you might think would be required during your course.

- | | | |
|---|---|--|
| <input type="checkbox"/> English language support | <input type="checkbox"/> Reading support | <input type="checkbox"/> Writing support |
| <input type="checkbox"/> One-on-one guidance | <input type="checkbox"/> Additional resources | <input type="checkbox"/> None |
| Other: _____ | | |

STUDENT DECLARATION

I, _____ acknowledge that I have read and understood the information provided above. I also acknowledge that I have read the Strathfield College Student Handbook, Study Guide, website and other marketing materials, and have received full information from a Strathfield College educational agent (for enrolment through an educational agent) before making the decision to enrol in the course. The information and documents provided by me are true, genuine and correct in all respects.

Signature: _____

Date: ___/___/_____

OFFICE USE ONLY

Application received by: _____ Date received: ___/___/_____
Decision on application: Accepted Rejected
Name: _____ Applicant information entered in EP by: _____
Signature: _____

Strathfield College collects personal information about you for the purposes of enrolling you into your chosen course(s) or program(s) of study. It is essential that you supply us with current and accurate details in order to process your enrolment. We may also collect and use your information to improve our products and services. Strathfield College will ensure that your personal information is always stored securely and will not be traded improperly. Any disclosure of your data and personal information will be done in strict adherence to the Privacy Act 1988. Please contact our student services if you have any concerns or make a privacy complaint at info@strathfieldcollege.edu.au.