

Level 9, 120 Spencer Street Melbourne Victoria 3000, Australia Phone: +61 3 9614 8422

Email: info@melbournecitycollege.edu.au
Website: www.melbournecitycollege.edu.au

Application Form - Domestic Student

This application is to be completed by domestic students. You are considered a 'domestic' student for our application purposes if:

- You are an Australian citizen;
- You are a New Zealand citizen (or dual citizenship holders of either Australia or New Zealand);
- You are an Australian permanent resident; or
- You are an Australian humanitarian visa holder.

This form is to collect information about a prospective domestic student who intends to apply for an enrolment at Melbourne City College Australia (MCCA). MCCA uses the information and a Pre-Enrolment Assessment Form-Domestic/Other Temporary Visa Student to assess the prospective student's suitability to the course and advise the student about the training product appropriate to meeting the student's needs, taking into account each student's existing skills and competency. MCCA will apply this form to gain information from each applicant to determine suitability into the qualification/ course. A letter of offer and written agreement will be provided to the student if the form has been successfully completed and assessed.

A. PERSONAL DETAILS		
Γitle: ☐ Miss ☐ Mrs. ☐]Ms. □ Mr. □ Other	
Given Names: Family Name:		(dd/mm/yyyy): / / / lale
L. Have you been enrolled at Melbourne City	College Australia previously? ☐ Yes ☐ No Student N	o. (If known)
2. Do you have an Unique Student Identifier	Number (USI)? ☐ Yes ☐ No USI No. (if Yes)	
Note - If No, you can create your own USI at the U	ISI website www.usi.gov.au or fill out the College USI Application	on Form.
· ·	nised training you must have a Unique Student Identifier (USI)	
3. Contact Details – Place of Residence		
Street Address:		
Suburb/ Town:	State:	Post Code:
Felephone (H):	Fax (H):	
•	. ,	
Felephone (W): Mobile Phone:	Fax (W): Email Address:	
Felephone (W): Mobile Phone:	Fax (W):	
Telephone (W): Mobile Phone: 1. Next of Kin (Emergency Contact Details)	Fax (W):	
Telephone (W): Mobile Phone: I. Next of Kin (Emergency Contact Details) Relationship:	Fax (W): Email Address:	
Felephone (W): Mobile Phone: 3. Next of Kin (Emergency Contact Details) Relationship: Given Name:	Fax (W):	
Felephone (W): Mobile Phone: 1. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address	Fax (W): Email Address: Family Name:	Post Code:
Relephone (W): Mobile Phone: 1. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Suburb:	Fax (W): Email Address: Family Name: State:	Post Code:
Felephone (W): Mobile Phone: 1. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address	Fax (W): Email Address: Family Name:	Post Code:
Relephone (W): Mobile Phone: 1. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Suburb:	Fax (W): Email Address: Family Name: State:	Post Code:
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Telephone (W): Mobile Phone: I. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Suburb: Mobile Phone: I. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Suburb: Mobile Phone: I. Extra/ Special Support Needs Do you need extra support/ have a disability, nterfere with undertaking the course or whice	Fax (W): Email Address: Family Name: State: Email Address: medical condition, impairment or long term condition the requires special assistance from the College? (e.g. Hea	hat should be considered which ma
Relephone (W): Mobile Phone: I. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Suburb: Mobile Phone: I. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Suburb: Mobile Phone: I. Extra/ Special Support Needs I. O you need extra support/ have a disability,	Fax (W): Email Address: Family Name: State: Email Address: medical condition, impairment or long term condition the requires special assistance from the College? (e.g. Hea	hat should be considered which ma
Felephone (W): Mobile Phone: I. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Guburb: Mobile Phone: I. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Guburb: Mobile Phone: I. Extra/ Special Support Needs I. Oo you need extra support/ have a disability, nterfere with undertaking the course or which requirements) I. Next of Kin (Emergency Contact Details) Relationship: I. Next of Kin (Emergency Contact Details) I. Next of Kin (Emergency Contact Details)	Fax (W): Email Address: Family Name: State: Email Address: medical condition, impairment or long term condition the requires special assistance from the College? (e.g. Heapsistance, please contact: 03 9614 8422	hat should be considered which ma aring/visual impairment, mobility
Felephone (W): Mobile Phone: S. Next of Kin (Emergency Contact Details) Relationship: Given Name: Address Guburb: Mobile Phone: S. Extra/ Special Support Needs Do you need extra support/ have a disability, interfere with undertaking the course or whice requirements) Yes No If you require a	Fax (W): Email Address: Family Name: State: Email Address: medical condition, impairment or long term condition the requires special assistance from the College? (e.g. Heatssistance, please contact: 03 9614 8422 port, disability, medical condition, impairment or long term.	hat should be considered which ma aring/visual impairment, mobility



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6. Other Details

Are you new to the Victorian Education system or do not have your Victorian Student Number (VSN)? To be completed by all students aged up to 24 years.
☐ Yes. I am new to the Victorian Education System. I have never attended a Victorian school since 2009, TAFE or other VET training provider since 2011. (Students who are enrolling for the first time since the VSN was introduced will get a new VSN)
□ No:
If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:
I do not know my VSN \square but I have participated in training at a Victorian school since 2009, TAFE or other VET training provider since 2011 Please list the most recent training
B. AGENT DETAILS
Please stamp (if applicable)

C. COURSE DETAILS

Please indicate the course (s) you are applying for:

Select Course	Course	Course Duration (Weeks)	Tuition Fee AUD	Enrolment Fee (Non-refundable)	Materials & Services Fee	Course Start Date (If you are not sure provide month/ year)
	CHC33021 Certificate III in Individual Support	26 Weeks	\$2,500	\$300	\$300	
	CHC30121 Certificate III Early Childhood Education and Care	28 Weeks	\$3,000	\$300	\$300	
	SIT30821 Certificate III in Commercial Cookery	52 Weeks	\$12,000	\$300	\$1,500 plus \$300 Knife Kits Fee & \$300 Uniform Fee	
	SIT40521 Certificate IV in Kitchen Management	78 Weeks	\$15,000	\$300	\$2,000 plus \$300 Knife Kits Fee & \$300 Uniform Fee	
	SIT50422 Diploma of Hospitality Management	92 Weeks	\$20,000	\$300	\$2,000 plus \$300 Knife Kits Fee & \$300 Uniform Fee	
	BSB50120 Diploma of Business	52 Weeks	\$7,000	\$300	\$300	
	BSB60420 Advanced Diploma of Leadership and Management	52 Weeks	\$7,000	\$300	\$300	

D. ENTRY REQUIREMENTS, PRIOR LEARNING & CAREER GOALS

1.	Why did you choose to enrol at MCCA?	
2.	Why do you wish to undertake the course?	
3.	Do you meet the course entry requirements? \square Yes	☐ No. Please provide details below.



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Qualifications (Highest Qualification First)	Institution	Country	Date of Completion
Qualifications (Figures): Qualification (First)	mstitution	Country	Date of Completion
NORK HISTORY			
Oo you have any experience that is relevant to your	chosen course? ☐ Yes [☐ No. If yes, please specify your	experience.
Company	Years of Service	e	
Position Title			
anguage, Literacy and Numeracy (LLN)			
Are you willing to complete a Language, Literacy an	d Numeracy (LLN) assessm	ent by the College? ☐ Yes ☐	No
Oo you intend to request for a Credit Transfer of Re	_		ease fill in a Credit Transfer
or Recognition of Prior Learning Application Form. 1		ent services	
What do you expect to achieve after completing	on of the course?		
. What is your career plan?			
E. PAYMENT METHOD			
A request for payment or tuition and other fees will	be made if you receive a	etter of offer. Payment of fees y	will need to be made to
Melbourne City College Australia. Please make your			
account. Melbourne City College Australia has no ol			
account. Welsouthe city conege hastrana has no of	singucion arten ranas are en	carea aria ari orriciar receipe io io	, , , , , , , , , , , , , , , , , , , ,
Malhaurna City Callaga Australia assents naumant	of no more than \$1 FOO f	ram aash individual studant nri	ar to the commonsement o
Melbourne City College Australia accepts payment			
he course. Following course commencement, it ma			
any given time, the total amount required to be pa	id which is attributable to	tuition or other services yet to	be delivered to the studer
does not exceed \$1,500.			
F. FEEDBACK			
How did you hear about Melbourne City College Au	stralia:		
☐ Relative/Friend ☐ Internet ☐ Social Media ☐ Ag	gent/JSA □ Centrelink □	Other Please specify	
	,	• • •	
Privacy Statement:	D	eclaration:	
Theinformation collectedin this form is for the purpose of		declare that the information provide	ed by me in this Application
application with the Melbourne City College Australia. The		orm, is correct. I confirm that I have	
held by the Collegein accordance with its Privacy Policy an		ccept the CollegeTERMS AND CONDI	
naybe accessed and used by people employed/ engaged		rocedures available on the College V	
he information maybe made available to government de	partments and b	y them including the Fee and Refund	Policy, and that I have the
genciesin relation to the College's obligations under law	including the Australian fi	nancial capacity to meet tuition fees	and agree to pay fees as they
kills Quality Authority (ASQA) reported under the Austral		ecome due.I acknowledge and agree	
Education and Training Management Information Statistic	al Standards p	rivacy statement	
AVETMISS).			
The Education and Training Reform Act 2006 requires the		pplicant Signature:	
disclose my personal information for a number of purpose	-		
allocation to me of a Victorian Student Number, Unique Si			
updating my personal information on the Victorian Studer	-		
ight to access and correct your personal information in accession and the College's Privacy Policy and Procedures	_ ' '	anligant Full Names	
egislation and the College's Privacy Policy and Procudures n relation to how student information may be used or dis		pplicant Full Name:	
Colleges Privacy Policy at:	ciosed piease access tile		
https://www.melbournecitycollege.edu.au/pdfs/privacy.p	odf.		
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	D	ate:/	



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Provider Offer (College Use Only)					
Applicant's ID is sighted and the copy is attached: □ Drivers Licence □ Passport □ Birth Certificate □ Proof o	f Age Card □ Keypass Card □ Other Please specify				
Pre-Enrolme	nt Assessment Form				
	1 ,				
Admis	sion Checklist				
Please: 1. assess whether the student's Language, Literacy and Numeracy skills and/ or work experience is sufficient to enable the student to enter the course using an Admission Checklist-Domestic/ Other Temporary Visa Student. 2. attach the completed Admission Checklist with this form. Assessment Decision					
Enrolment Offered	e(s) to be offered below				
☐ CHC33021 Certificate III in Individual Support	Indicate course(s) to be offered below ☐ CHC33021 Certificate III in Individual Support ☐ SIT50422 Diploma of Hospitality Management				
☐ CHC30121 Certificate III in Early Childhood Education and Care ☐ BSB50120 Diploma of Business					
☐ SIT30821 Certificate III in Commercial Cookery ☐ BSB60420 Advanced Diploma of Leadership and Management					
☐ SIT40521 Certificate IV in Kitchen Management					
Comments: Authorised Staff Name					
Authorised Staff Name Authorised Staff Signature	Date / /				
Authorised staff signature	Date / /				