

# Application Form - International Student

This application form is to be completed by overseas/ international students who hold or will apply for a student visa.

This form is to collect information about a prospective international student who intends to apply for an enrolment at Melbourne City College Australia (MCCA). MCCA uses the information and a Pre-Enrolment Assessment Form-International 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.

- Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

## A. PERSONAL DETAILS

Title: ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Other \_\_\_\_\_  
 Given Names: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Family Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other \_\_\_\_\_

1. Have you been enrolled at Melbourne City College Australia (MCCA) previously? ☐ Yes ☐ No Student No. (If known): \_\_\_\_\_
2. Are you currently enrolled with any other Education Provider? ☐ Yes ☐ No. If Yes, please include a copy of all eCoes with your application
3. Do you have a Unique Student Identifier Number (USI)? ☐ Yes ☐ No USI No. (if Yes) \_\_\_\_\_

Note - If No, you can create your own USI at the USI website [www.usi.gov.au](http://www.usi.gov.au) or fill out the College USI Application Form.  
 If you are a student undertaking nationally recognised training you **must** have a Unique Student Identifier (USI)

## 4. Australian Contact Details (If available) – Place of Residence:

Street Address: \_\_\_\_\_  
 Suburb/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Telephone (H): \_\_\_\_\_ Fax (H): \_\_\_\_\_  
 Telephone (W): \_\_\_\_\_ Fax (W): \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 5. International Contact Details: (Home Country)

Address (Line1): \_\_\_\_\_  
 Address (Line2): \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_  
 Post Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone (H): \_\_\_\_\_ Telephone (W): \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 6. Nationality Details:

Nationality: \_\_\_\_\_  
 Passport No: \_\_\_\_\_ Passport Issuing Country: \_\_\_\_\_  
 Passport Expiry Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Do you hold a current Australian Visa? ☐ Yes ☐ No Visa Number: \_\_\_\_\_ Visa Granted Date: \_\_\_\_\_

Visa Type: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

## 7. Next of Kin in Australia (Emergency Contact Details):

Relationship: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Address (Line1): \_\_\_\_\_  
 Address (Line2): \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Post Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## Next of Kin Overseas

Relationship: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Address (Line1): \_\_\_\_\_  
 Address (Line2): \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 State/Province/Region: \_\_\_\_\_  
 Post Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## 8. Extra/ Special Support Needs

Do you need extra support/ have a disability, medical condition, impairment or long term condition that should be considered which may interfere with undertaking the course or which requires special assistance from the College? (e.g. Hearing/visual impairment, mobility requirements) ☐ Yes ☐ No If you require assistance, please contact : +61 3 9614 8422

If yes, please indicate the areas of extra support, disability, medical condition, impairment or long term condition/ provide comments on details of special support/ assistance required:

☐ Hearing/Deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental Illness ☐ Aquired Brain Impairment ☐ Vision ☐ Medical Condition  
☐ Other, please specify \_\_\_\_\_

## 9. OVERSEAS STUDENT HEALTH COVER (OSHC) INSURANCE DETAILS

Do you hold any current Health Insurance? ☐ Yes ☐ No If No, do you want the College to organise this for you? ☐ Yes ☐ No  
Single cover ☐ Couple Cover ☐ Family Cover ☐

## 10. Other Details

In what country were you born? ☐ Australia ☐ Other, please specify \_\_\_\_\_  
Do you speak a language other than English at home ? ☐ No, English Only ☐ Other, please specify \_\_\_\_\_  
How well do you speak English (if you answered Yes above ? ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

### VSN 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:

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I do not know my VSN ☐ 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 \_\_\_\_\_

If you require accommodation or airport pick up arranged, please speak to the Student Services Department

## B. AGENT DETAILS:

Please stamp (if applicable) \_\_\_\_\_ Which country are you in when completing this form? \_\_\_\_\_  
\_\_\_\_\_ Australian Visa Processing Centre where you will apply for your visa \_\_\_\_\_  
\_\_\_\_\_ Country: \_\_\_\_\_ City: \_\_\_\_\_  
Employee's Name: \_\_\_\_\_  
Employee's Email: \_\_\_\_\_  
Employee's Migration Agents Registration Number: \_\_\_\_\_  
(if the employee is a registered migration agent)

Where should we send the notification of your application result?

☐ My Australian Contact Details ☐ My International Contact Details ☐ Agent

## C. COURSE DETAILS

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

CRICOS Code	Course	Course Duration	Tuition Fee AUD	Enrolment Fee AUD (Non-refundable)	Material & Services Fee AUD	Course Start Date (If you are not sure provide month/year)	Tuition Fees You Wish to Pay Before Course Commencement
<input type="checkbox"/> 097787B	General English	1-52 Weeks	\$400/Week	\$300	\$200/level	_____  Duration: _____ weeks	<input type="checkbox"/> Only up to 50% <input type="checkbox"/> More than 50%

<input type="checkbox"/>	097788A	English for Academic Purposes (EAP)	5-20 Weeks	\$400/Week	\$300	\$200/level	Duration: _____ weeks	
<input type="checkbox"/>	113396B	CHC33021 Certificate III in Individual Support	52 Weeks	\$10,000	\$300	\$300		<input type="checkbox"/> Only up to 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/>	110430G	CHC30121 Certificate III in Early Childhood Education and Care	48 Weeks	\$12,000	\$300	\$300		<input type="checkbox"/> Only up to 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/>	109865A	SIT30821 Certificate III in Commercial Cookery	52 Weeks	\$15,000	\$300	\$1,500 plus \$300 Knife Kits Fee & \$300 Uniform Fee		<input type="checkbox"/> Only up to 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/>	109533K	SIT40521 Certificate IV in Kitchen Management	78 Weeks	\$22,000	\$300	\$2,000 plus \$300 Knife Kits Fee & \$300 Uniform Fee		<input type="checkbox"/> Only up to 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/>	113397A	SIT50422 Diploma of Hospitality Management	92 Weeks	\$29,000	\$300	\$2,000 plus \$300 Knife Kits Fee & \$300 Uniform Fee		<input type="checkbox"/> Only up to 50% <input type="checkbox"/> More than 50%

**Note : Overseas Student Health Cover (OSHC) Fees will apply if you do not supply evidence of a current insurance certificate**

#### D. ENTRY REQUIREMENTS, PRIOR LEARNING & CAREER GOALS

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

#### ENGLISH PROFICIENCY

Do you hold a current certificate of English proficiency (e.g. IELTS)? ☐ Yes ☐ No  
English Test Type (e.g. IELTS) \_\_\_\_\_ English Test Score: \_\_\_\_\_

If you have not yet sat your exam, please indicate the exam date: \_\_\_\_\_

#### SCHOOLING

What is your highest COMPLETED school level? ☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐ Year 8 or lower

In which YEAR did you complete that school level? Please specify: \_\_\_\_\_

Are you still ATTENDING secondary school? ☐ Yes ☐ No

#### EDUCATION BACKGROUND – PREVIOUS QUALIFICATIONS ACHIEVED

Qualifications (Highest Qualification First)	Institution	Country	Date of Completion

#### WORK HISTORY

Do you have any experience that is relevant to your chosen course? ☐ Yes ☐ No. If yes, please specify your experience.  
\_\_\_\_\_

Company \_\_\_\_\_ Years of Service \_\_\_\_\_

Position Title \_\_\_\_\_

Do you intend to apply for a Credit Transfer or Recognition of Prior Learning (RPL)? ☐ Yes ☐ No. If yes, please fill in a Credit Transfer or Recognition of Prior Learning (RPL) Application Form. This is available from Student Services.

Do you have digital capability to participate in online training? ☐ Yes ☐ No

Do you have access to a laptop or desktop computer, relevant software and technology and understand the minimum IT requirements to enable you to participate in online training? ☐ Yes ☐ No

4. What do you expect to achieve after completion of the course?

5. What is your career plan?

## E. PAYMENT

A request for payment or tuition and other fees will be made if you receive a letter of offer. Please make your payment by bank cheque, credit card, telegraphic transfer or direct deposit into our account of Melbourne City College Australia. Melbourne City College Australia has no obligation until funds are cleared and an official receipt is issued.

1. Tuition fees are fees directly related to provision of a course.

2. A student can pay full fees if the student wishes to, but the student is not required to pay more than 50% of the total tuition fees up front for the course before the student commences the course that are more than 25 weeks. The College can require 100% of the total tuition fees for short courses of 25 weeks or less.

### Privacy Statement:

The information collected in this form is for the purpose of processing your application with Melbourne City College Australia. The information will be held by the College in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed/ engaged by the College. The information may be made available to government departments and agencies in relation to the College's obligations under law including the Education Services to Overseas Students (ESOS) Act 2000(Cth), the National Code 2018 and Standards for RTOs 2015 and the Australian Skills Quality Authority (ASQA) reported under the Australian Vocational Education and Training Management Information Statistical Standards (AVETMISS); and to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws through the Department of Home Affairs (DHA).

The Education and Training Reform Act 2006 requires Melbourne City College Australia to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number, Unique Student Identifier and updating my personal information on the Victorian Student Register. You have a right to access and correct your personal information in accordance with privacy legislation and the College's Privacy Policy and Procedures. For more information in relation to how student information may be used or disclosed please access the College's Privacy Policy at: <https://www.melbournecitycollege.edu.au/pdfs/privacy.pdf>

### Declaration:

I declare that the information provided by me in this Application Form, is correct. I confirm that I have read, fully understand, and accept the College TERMS AND CONDITIONS and Policies and Procedures available on the College Website, and agree to be bound by them including the Fees and Refund Policy, and that I have the financial capacity to meet tuition fees and agree to pay fees as they become due. I acknowledge and agree to the terms described in this privacy statement

Applicant Signature:

\_\_\_\_\_

Applicant Full Name:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PROVIDER OFFER (COLLEGE USE ONLY)

1. Applicant's ID is sighted and the copy is attached:

☐ Passport ☐ Birth Certificate

2. Applicants Education Certificate is attached (if applicable): ☐ Yes

3. Applicants IELTS or equivalent Certificate is attached (if applicable): ☐ Yes

Note: Documents that are not in English language must be accompanied by their English translations. Copies of documents must be certified.

## Pre-Enrolment Assessment Form

Please:

- review the student's comments in Section D.1 , 2, 3, 4 & 5 and Section A.8 of the Application Form; and assess the 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 using a Pre-Enrolment Assessment Form-International Student.
- attach the completed Pre-Enrolment Assessment Form with this form.

## Admission Checklist

Please:

- assess whether the student's English language proficiency, educational qualifications and/ or work experience is sufficient to enable them to enter the course using an Admission Checklist-International Student.
- attach the completed Admission Checklist with this form.

## Assessment Decision

### Enrolment Offered

☐ Yes ☐ No

Indicate course(s) to be offered below

- |   |   |
|---|---|
| <input type="checkbox"/> General English  | <input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery |
| <input type="checkbox"/> English for Academic Purposes (EAP)                            | <input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management  |
| <input type="checkbox"/> CHC33021 Certificate III in Individual Support                 | <input type="checkbox"/> SIT50422 Diploma of Hospitality Management     |
| <input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care |   |

**Comments:**

**Authorised Staff Name**

**Authorised Staff Signature**

**Date**

/ /