



Application Form - International Student

This application form is to be completed by international students who hold a student visa.

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

PERSONAL DETAILS

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

Have you been enrolled at Melbourne City College Australia previously? Yes No Student No. (If known): _____

Are you currently enrolled with any other Education Provider? Yes No. If Yes, please include a copy of all eCoes with your application

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 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)

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: _____

International Contact Details: (Home Country)

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

Nationality Details:

Nationality: _____
 Passport No: _____ Passport Issuing Country: _____
 Passport Expiry Date: _____ Country of Birth: _____
 Do you hold a current Australian Visa? Yes No VisaNumber: _____ Visa Granted Date: _____
 Visa Type: _____ Visa Expiry Date: _____

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: _____



Other Details:

Do you have a disability, medical condition, impairment or long term condition which requires special assistance from the College? (eg. Hearing/visual impairment, mobility requirements)? Yes No If you require assistance, please contact : +61 3 9614 8422

If yes, please indicate the areas of disability, medical condition, impairment or long term condition:

- Hearing/Deaf Physical Intellectual Learning Mental Illness Acquired Brain Impairment Vision Medical Condition
Other, please specify _____

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 _____

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 _____

Counselor Name: _____

Country: _____ City: _____

Where should we send the notification of your application result?

- My Australian Contact Details My International Contact Details Agent

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	\$300/Week	\$200	Max. \$500 (Min. \$100/course level)		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/> 097788A	English for Academic Purposes (EAP)	5-20 Weeks	\$300/Week	\$200	Max. \$500 (Min. \$100/course level)		
<input type="checkbox"/> 096182F	CHC33015 Certificate III in Individual Support	43 Weeks	\$7,000	\$200	\$200		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/> 096183E	CHC30113 Certificate III in Early Childhood Education and Care	48 Weeks	\$7,000	\$200	\$200		<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%



<input type="checkbox"/>	094865F	BSB50215 Diploma of Business	52 Weeks	\$8,000	\$200	\$200	<input type="checkbox"/> Only 50% <input type="checkbox"/> More than 50%
<input type="checkbox"/>	095640D	BSB61015 Advanced Diploma of Leadership and Management	52 Weeks	\$8,000	\$200	\$200	<input type="checkbox"/> Only 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

Does your chosen course meet your career needs and/ or goals? Yes No

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: _____

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

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

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

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

WORK HISTORY

Company _____ Years of Service _____
 Position Title _____

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.

<p>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).</p> <p>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 Colleges Privacy Policy at: https://www.melbournecitycollege.edu.au/pdfs/privacy.pdf</p>	<p>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 Fee 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</p> <p>Applicant Signature: _____</p> <p>Applicant Full Name: _____</p> <p>Date: ____ / ____ / ____</p>
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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.

Provider Offer (College Use Only)
 No Offer or Offer (indicate course (s) to be offered below)

<input type="checkbox"/> General English	<input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care
<input type="checkbox"/> English for Academic Purposes (EAP)	<input type="checkbox"/> BSB50215 Diploma of Business
<input type="checkbox"/> CHC33015 Certificate III in Individual Support	<input type="checkbox"/> BSB61015 Advanced Diploma of Leadership and Management

Authorised Staff Name: _____	Signature: _____	Date: ____ / ____ / ____
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