

INSTRUCTIONS

1. Complete all sections using BLOCK LETTERS.
2. Attach supporting documents, including CERTIFIED copies of your passport and academic documents.
3. Students will be charged AUD \$250.00 (non-refundable) Application Fee.

This confidential International Student Application Form asks for personal information about you. The primary purpose of collecting this information is for administrative, regulatory, and/or research purposes and to ensure our course suits your needs. All staff at Vocational Skills Australia (VSA) are required by law to protect the information provided on this Application Form. More privacy information is included in the notice at the end of this form.

Application for Enrolment: Which course(s) would you like to enroll in? If applying as a "package", please tick all courses.	Intake (Month/Year)								
Business									
<input type="checkbox"/> BSB540120 Certificate IV in Business (CRICOS code: 106746K)									
<input type="checkbox"/> BSB50120 Diploma of Business (CRICOS code: 106747J)									
<input type="checkbox"/> BSB60120 Advanced Diploma of Business (CRICOS code: 106748H)									
Accounting									
<input type="checkbox"/> FNS40222 Certificate IV in Accounting and Bookkeeping (CRICOS code: 112635M)									
<input type="checkbox"/> FNS50222 Diploma of Accounting (CRICOS code:110929B)									
Project Management									
<input type="checkbox"/> BSB50820 Diploma of Project Management (CRICOS code:106749G)									
Building and Construction									
<input type="checkbox"/> MSF30422 Certificate III in Glass and Glazing (CRICOS code: 118527M)									
<input type="checkbox"/> CPC31320 Certificate III in Wall and Floor Tiling (CRICOS code: 118524C)									
<input type="checkbox"/> MSF30322 Certificate III in Cabinet Making and Timber Technology (CRICOS code: 118526A)									
<input type="checkbox"/> CPC50220 Diploma of Building and Construction (Building) (CRICOS code: 118525B)									
Have you ever studied with Vocational Skills Australia before?	<input type="checkbox"/> Yes <input type="checkbox"/> NO								
Do you wish to apply for Credit Transfer? If YES, please refer to the course credit section of the Student Handbook for further details. Complete the course credit application form (available at) and submit it with this application. Certified copies of evidence of qualifications, statement of attainment and/or results must accompany your application. Failure to provide the completed course credit application form and evidence of qualifications, statement of attainment and/or results may result in the application being disapproved.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe- I'd like more information								
Personal details									
<p>1. Enter your full name *</p> <p style="margin-left: 40px;">Family name (surname) _____</p> <p style="margin-left: 40px;">First given name _____</p> <p style="margin-left: 40px;">Second given name (middle) _____</p> <p>Single name only <input type="checkbox"/> (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the Family name section).</p> <p><small>* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want [name of RTO] to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.</small></p>									
2. Enter your birth date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Day</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Year</td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Day	Month	Year					
Day	Month	Year							
<p>3. Gender (Tick ONE box only)</p> <p style="margin-left: 40px;">Male <input type="checkbox"/></p> <hr style="margin-left: 40px;"/> <p style="margin-left: 40px;">Female <input type="checkbox"/></p> <hr style="margin-left: 40px;"/> <p style="margin-left: 40px;">Other <input type="checkbox"/></p>									

4. Enter your contact details.

Home phone _____ Work phone _____

Mobile _____ Email address _____

Alternative email address (optional) _____

5. What is the address of your usual residence (In Australia)?

Building/property name		
Flat/unit details		Street or lot number
Street name		Suburb, locality or town
State/territory		Postcode

6. What is the address of your usual residence (Home country)?

Building/property name		
Flat/unit details		Street or lot number
Street name		Suburb, locality or town
State/territory		Postcode

7. What is your postal address (if different from above)?

Building/property name		
Flat/unit details		Street or lot number
Street name		Suburb, locality or town
State/territory		Postcode

8. Emergency Contact Details (in Australia):

Name of person: _____ Relationship to you _____

Email: _____ Phone No: _____

9. Emergency Contact Details (in Home Country):

Name of person: _____ Relationship to you _____

Email: _____ Phone No: _____

10. Education Agent YES NO

Name of Agent: _____ Address: _____

Phone: _____ Mobile: _____

Email: _____ Fax: _____

Agent Stamp (If applicable)

Marketing

11. How did you find out about this course?

Advertisement Newspaper

Internet Friends

Search engines/google Other, specify: _____

Passport and Visa Details
<p>12. Passport Number * Expiry Date *</p> <p>Country of Passport *</p>
<p>13. What type of visa are you currently holding (if currently holding a visa)</p> <p>If currently enrolled with any other education provider, please provide a copy of your current student visa and all CoEs that you are holding with your application *</p> <p><input type="checkbox"/> Student <input type="checkbox"/> Visa Visitor <input type="checkbox"/> Visa Working Holiday <input type="checkbox"/> Visa Work and <input type="checkbox"/> Travel Visa <input type="checkbox"/> Other.</p> <p>Visa Expiry Date *</p>
<p>14. If you are applying for a Student Visa, are you applying.</p> <p><input type="checkbox"/> Offshore (outside Australia)</p> <p><input type="checkbox"/> Onshore (within Australia)</p>
Language and cultural diversity
<p>15. Name of English Test Taken—Please choose an option—</p> <p><input type="checkbox"/> IELTS (Academic) <input type="checkbox"/> TOEFL PBT <input type="checkbox"/> TOEFL IBT <input type="checkbox"/> CAE <input type="checkbox"/> PTE</p> <p>Test Score _____ Date Test Taken _____</p>
<p>16. In which country were you born?</p> <p><input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify _____</p>
<p>17. Do you speak a language other than English at home?</p> <p>(If more than one language, indicate the one that is spoken most often)</p> <p><input type="checkbox"/> No, English only</p> <p><input type="checkbox"/> Yes, other – please specify _____</p>
<p>18. Are you of Aboriginal or Torres Strait Islander origin?</p> <p>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</p> <p><input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>
Overseas Student Health Cover (OSHC)*
<p>19. OSHC Arranged Yes (Part A) <input type="checkbox"/> No (Part B) <input type="checkbox"/></p> <p>Part A –</p> <p>Insurer Details</p> <p>Name of Insurer: _____ Member Number: _____ Date of</p> <p>Expiry: _____</p> <p>Part B –</p> <p>Vocation (VSA) to arrange:</p> <p>Cover Type – Single/ Double/ Family from Date: / / Date: / /</p> <p>*The Australian Government requires all persons entering Australia on a Student Visa to have OSHC.</p> <p>*The length of your OSHC MUST cover the total length of your course(s)</p>

Disability													
<p>20. Do you consider yourself to have a disability, impairment or long-term condition?</p> <p style="text-align: center;"> Yes <input type="checkbox"/> Y No <input type="checkbox"/> N </p> <p style="text-align: right;">No – Go to question 22</p>													
<p>21. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Hearing/deaf <input type="checkbox"/></td> <td style="width: 50%; border-bottom: 1px solid black;">Acquired brain impairment <input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Physical <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Vision <input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Intellectual <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Medical condition <input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Learning <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mental illness <input type="checkbox"/></td> <td></td> </tr> </table>		Hearing/deaf <input type="checkbox"/>	Acquired brain impairment <input type="checkbox"/>	Physical <input type="checkbox"/>	Vision <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Medical condition <input type="checkbox"/>	Learning <input type="checkbox"/>	Other <input type="checkbox"/>	Mental illness <input type="checkbox"/>			
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Mental illness <input type="checkbox"/>													
Schooling													
<p>22. What is your highest COMPLETED school level? (Tick ONE box only)</p> <p>If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the <i>Highest school level completed</i> is Year 9.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Year 12 or equivalent <input type="checkbox"/></td> <td style="width: 50%; border-bottom: 1px solid black;">Passout year _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Year 11 or equivalent <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Passout year _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Year 10 or equivalent <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Passout year _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Year 9 or equivalent <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Passout year _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Year 8 or below <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Passout year _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Never attended school <input type="checkbox"/></td> <td></td> </tr> </table>		Year 12 or equivalent <input type="checkbox"/>	Passout year _____	Year 11 or equivalent <input type="checkbox"/>	Passout year _____	Year 10 or equivalent <input type="checkbox"/>	Passout year _____	Year 9 or equivalent <input type="checkbox"/>	Passout year _____	Year 8 or below <input type="checkbox"/>	Passout year _____	Never attended school <input type="checkbox"/>	
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Year 8 or below <input type="checkbox"/>	Passout year _____												
Never attended school <input type="checkbox"/>													
<p>23. Are you still enrolled in secondary or senior secondary education?</p> <p style="text-align: center;"> Yes <input type="checkbox"/> Y No <input type="checkbox"/> N </p>													
Previous qualifications achieved													
<p>24. Have you SUCCESSFULLY completed any of the qualifications listed in question 22?</p> <p style="text-align: center;"> Yes <input type="checkbox"/> Y No <input type="checkbox"/> N </p>													
<p>25. If YES, tick ANY applicable boxes.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Bachelor degree or higher degree <input type="checkbox"/></td> <td style="width: 50%; border-bottom: 1px solid black;">Certificate III (or trade certificate) <input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Advanced diploma or associate degree <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Certificate II <input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Diploma (or associate diploma) <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Certificate I <input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Certificate IV (or advanced certificate/technician) <input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Other education (including certificates or overseas qualifications not listed above) <input type="checkbox"/></td> </tr> </table>		Bachelor degree or higher degree <input type="checkbox"/>	Certificate III (or trade certificate) <input type="checkbox"/>	Advanced diploma or associate degree <input type="checkbox"/>	Certificate II <input type="checkbox"/>	Diploma (or associate diploma) <input type="checkbox"/>	Certificate I <input type="checkbox"/>	Certificate IV (or advanced certificate/technician) <input type="checkbox"/>	Other education (including certificates or overseas qualifications not listed above) <input type="checkbox"/>				
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Employment

26. Of the following categories, which BEST describes your current employment status?
 (Tick ONE box only) For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>	Unemployed – seeking full-time work	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking part-time work	<input type="checkbox"/>
Self employed – employing others	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>

Study reason

27. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

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

Unique Student Identifier (USI)

From 1 January 2015, we Vocational Skills Australia (VSA) can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI, you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device.

28. Enter your Unique Student Identifier (USI) (if you already have one)

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

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Unique Student Identifier (USI)

USI application through your RTO (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like us Vocational Skills Australia (VSA) to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/about-us/privacy>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME]authorise Melbourne College of Business and Technology to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/about-us/privacy>.

Town/City of Birth _____
 (please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

Please provide details for one of the forms of identity below (numbered 1 to 8).

Please ensure that the name written in 'Personal Details' section is the same as written in the document you provide below.

1. Australian Driver's Licence

State: _____ Licence Number: _____

2. Medicare Card

Medicare card number _____

Individual reference number (next to your name on Medicare card):

Card colour: (select which applies)

Green Expiry date ____/____/____ (format MM/YYYY)
(month/year)

Yellow Blue Expiry date ____/____/____ (format DD/MM/YYYY)
(day/month/year)

3. Australian Birth Certificate

State/Territory _____

Details vary according to State/Territory (see note above) -

4. Australian Passport

Passport number _____

5. Non-Australian Passport (with Australian Visa)

Passport number _____

6. Immi card

Immi card Number _____

7. Citizenship Certificate

Stock number _____ Acquisition date ____/____/____
day/month/year

8. Certificate of Registration by Descent

Acquisition date ____/____/____
(day/month/year)

In accordance with section 11 of the *Student Identifiers Act 2014*, Vocational Skills Australia will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as practicable after we have made the application, or the information is no longer needed for that purpose.

Disability supplement
<p>Introduction</p> <p>The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.</p> <p>If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:</p> <p>Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.</p> <p>'11 – Hearing/deaf'</p> <p>Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.</p> <p>'12 – Physical'</p> <p>A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.</p> <p>'13 – Intellectual'</p> <p>In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behavior, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.</p> <p>'14 – Learning'</p> <p>A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.</p> <p>'15 – Mental illness'</p> <p>Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.</p> <p>'16 – Acquired brain impairment'</p> <p>Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.</p> <p>'17 – Vision'</p> <p>This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.</p> <p>'18 – Medical condition'</p> <p>Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.</p> <p>19 – Other</p> <p>A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.</p>
Privacy Notice
<p><u>Why we collect your personal information.</u></p> <p>As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.</p> <p><u>How we use your personal information</u></p> <p>We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.</p> <p><u>How we disclose your personal information</u></p> <p>We are required by law (under the <i>National Vocational Education and Training Regulator Act 2011</i> (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.</p> <p>We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.</p> <p><u>How NCVER and other bodies handle your personal information.</u></p> <p>NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the <i>Privacy Act 1988</i> (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.</p> <p>NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), Commonwealth authorities, state and territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:</p>

- administration of VET, including program administration, regulation, monitoring and evaluation
 - facilitation of statistics and research relating to education, including surveys and data linkage
 - understanding how the VET market operates, for policy, workforce planning and consumer information.
- NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Vocational Skills Australia (VSA) to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Email: admissions@vsa.sa.edu.au

In person Innovation House, 50 Mawson Lakes Boulevard,

Mawson Lakes, SA 5095

Phone no- +61 451112991

19. Application Checklist

- Completed all sections of this application
- Attached certified copies of your English Proficiency
- Attached Health Insurance
- Attached certified copies of your qualifications
- Attached Visa Copy
- Attached any relevant documents
- Attached certified copies of your Passport

Student Declaration and Consent

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I have read and understood the Entry Requirements, the Privacy Policy and the Cancellation and Refund Policy of Vocational Skills Australia (VSA) provided to me along with this application. I confirm that I have been fully advised of the fees, cancellation and refund conditions and I agree to be a student at VSA. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of my enrolment.

Name: _____

STUDENT SIGNATURE [or electronic acknowledgement] _____ DATE _____

PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement] * _____ DATE _____

*Parental/guardian consent is required for all students under the age of 18.