

2020 INTERNATIONAL APPLICATION FORM

PERSONAL INFORMATION

PLEASE SELECT YOUR PREFERRED TITLE

☐ Miss ☐ Mrs ☐ Ms ☐ Mr ☐ Other _____ Are you: ☐ Male ☐ Female

First name(s) _____

Last name _____

E-mail address _____

☐ I do not give permission for Imagine Education Australia to contact me by e-mail or SMS for marketing purposes

Date of Birth: Day _____ Month _____ Year _____ Current age _____

Passport number (please attach a copy of the PHOTO ID page of your passport) _____

Nationality (as shown on passport) _____

Country of birth _____

First language _____

Citizenship _____

Current occupation _____

Are you living in Australia? ☐ Yes ☐ No

Are you an Australian resident? ☐ Yes ☐ No

Do you currently hold an Australian visa? ☐ Yes ☐ No

If yes, please indicate visa type: ☐ Student ☐ Visitor ☐ Other

Visa expiry date: Day _____ Month _____ Year _____

Have you ever held a student visa for Australia? ☐ Yes ☐ No

Will you be lodging your Visa application in Australia? ☐ Yes ☐ No

If no, which country will you lodge the Visa application? _____

ADDRESS

YOUR ADDRESS IN AUSTRALIA

Street number _____ Street name _____

City _____ State _____ Postcode _____

Home phone number _____ Mobile phone number _____

YOUR ADDRESS IN YOUR HOME COUNTRY

Street number _____ Street name _____

City _____ Country _____ Postcode _____

Home phone number _____ Mobile phone number _____

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EDUCATIONAL BACKGROUND

SECONDARY SCHOOL STUDIES

What is your highest COMPLETED school level? (Tick ONE box only)

- | | |
|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 8 or equivalent |
| <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Never attended school |

In which year did you complete that school level (if applicable)? _____

Are you still attending secondary school? ☐ Yes ☐ No

OTHER STUDIES

Have you successfully completed any of the following qualifications? ☐ Yes ☐ No

If YES, tick ANY applicable boxes:

- ☐ Bachelor degree or higher 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
- ☐ Certificates other than the above

If YES, in which year did you attain the highest qualification above? _____

Do you wish to apply for Recognition of Prior Learning or Credit Transfer? ☐ Yes ☐ No

(If yes, please attach a copy of your academic transcripts or other evidence of your studies or work experience, and complete a copy of the Application for Recognition Form from our website (imagineeducation.com.au). If any documents are not in English, please include a certified translation.)

ENGLISH LANGUAGE PROFICIENCY

Are you applying to study English? ☐ Yes ☐ No

How would you describe your English ability?

- | | | | | |
|---------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Listening & speaking | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Reading & writing | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Have you undertaken a recognised English language test in the last two years? ☐ Yes ☐ No

If yes, please indicate the date you were tested and your score: Day _____ Month _____ Year _____ Test score _____

If yes, please indicate the English test completed: ☐ IELTS ☐ TOEFL ☐ ISLPR
☐ PTE ☐ CAE ☐ OTHER

AGENT INFORMATION

PLEASE INDICATE THE FOLLOWING:

Agent agreement number: _____

Name of representative: _____

Organisation: _____

E-mail address: _____

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ACCOMMODATION

Service type	Start date	No. of weeks	Fees \$
Individual student Homestay placement			
Twin share student Homestay placement			
Family Homestay placement (includes three meals, transport, and internet)			
Homestay (2 parents + 1 child)			
Homestay (2 parents + 2 children)			
Homestay (1 parent + 1 child)			
Homestay (1 parent + 2 children)			
Other Homestay options			
Room only accommodation			
Breakfast and dinner daily			
Breakfast and dinner weekdays, three meals Saturday and Sunday			
Three meals daily			
Full service (for 8 to 11 year olds; includes three meals and transport)			
Full service (for 12 to 18 year olds; includes three meals and transport)			
Transport (to and from school only)			
Halal meals			
WiFi internet			

AIRPORT TRANSPORT

Destination	Date required	Time required	Airport	Single or return	Fees \$
Private airport transfer from Brisbane airport					
Private airport transfer from Gold Coast airport					
Basic airport transfer from Brisbane airport					
Basic airport transfer from Gold Coast airport					
Unaccompanied minor service from Brisbane airport					
Unaccompanied minor service from Gold Coast airport					
Surcharge for transfers between 10:00pm and 5:00am					
Surcharge for surfboard collection					

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OVERSEAS STUDENT HEALTH COVER (OSHC*)

Health cover type	Start date	No. of weeks	Fees \$
Single			
Couple			
Family			

*It is not mandatory that your Overseas Student Health Cover (OSHC) is organised by your Education Provider (Imagine Education). You may choose to arrange your own OSHC.

**The OSHC start date is your expected arrival date into Australia. It is your responsibility to advise Imagine Education in writing if your expected entry date into Australia/ Visa start date changes so that your OSHC can be re-quoted and revised. Immigration requirements state that it is the student's responsibility to make sure they do not enter Australia before their OSHC begins, and that they maintain OSHC until they leave Australia.

ELICOS

If you are applying for English studies only, do you intend to undertake further studies at another school in Australia? ☐ Yes ☐ No

If yes, please indicate the school name, course, and start date below:

Name of school	Course name	Start date

Course	Start date	Weeks	Fees \$	State
General English (Please tick): <input type="checkbox"/> Standard <input type="checkbox"/> Intensive <input type="checkbox"/> Turbo				Q U E E N S L A N D
IELTS Preparation Course				
High School Preparation Course *				
Young Learners Program *				
English plus Volunteer				
Parent and Child Program *				
Private Tuition				

We attempt to decrease the amount of stress and anxiety associated with starting a new school, especially in another country and hence do not test our Young Learner students on their first day. They will be tested during their first week, but if you require a formal test on Day 1, please check the box below

☐ I require an English level test for my son/daughter at Orientation

PLEASE NOTE: *Not available at Brisbane Campus

☐ Morning ☐ Afternoon ☐ Evening

If selecting General English from the courses above, please also select your required session time:

☐ 2½ Day (Gold Coast only)

USI

From 1 January 2015, Imagine Education 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). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/>.

Do you have a USI number? ☐ Yes ☐ No

If yes, please provide your USI number: _____

If no and you would like Imagine Education 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/documents/privacy-notice-when-rto-applies-their-behalf>

I authorise Imagine Education 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 pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

☐ Yes

☐ No

City of birth: _____

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VOCATIONAL COURSES

Course	Start date	Weeks	Fees \$	Campus Selection		
				Gold Coast	Brisbane	Offshore*
AUR30616 Certificate III in Light Vehicle Mechanical Technology				<input type="checkbox"/>	<input type="checkbox"/>	
AUR40216 Certificate IV in Automotive Mechanical Diagnosis				<input type="checkbox"/>	<input type="checkbox"/>	
AUR50116 Diploma of Automotive Management				<input type="checkbox"/>	<input type="checkbox"/>	
BSB30115 Certificate III in Business				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB40215 Certificate IV in Business				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB42415 Certificate IV in Marketing and Communication					<input type="checkbox"/>	<input type="checkbox"/>
BSB50215 Diploma of Business				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB50415 Diploma of Business Administration				<input type="checkbox"/>		<input type="checkbox"/>
BSB51918 Diploma of Leadership and Management				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB52415 Diploma of Marketing and Communication					<input type="checkbox"/>	<input type="checkbox"/>
BSB60215 Advanced Diploma of Business				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB61015 Advanced Diploma of Leadership and Management				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB61315 Advanced Diploma of Marketing and Communication					<input type="checkbox"/>	<input type="checkbox"/>
FNS40217 Certificate IV in Accounting and Bookkeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNS50217 Diploma of Accounting				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNS60217 Advanced Diploma of Accounting				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC33015 Certificate III in Individual Support (Ageing)				<input type="checkbox"/>		
CHC30113 Certificate III in Early Childhood Education and Care				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC50113 Diploma of Early Childhood Education and Care				<input type="checkbox"/>	<input type="checkbox"/>	
CHC50113 Diploma of Early Childhood Education and Care (QUT Pathway)				<input type="checkbox"/>		
CHC43015 Certificate IV in Ageing Support				<input type="checkbox"/>		
CHC43015 Certificate IV in Ageing Support (upgrade)				<input type="checkbox"/>		
SIT30816 Certificate III in Commercial Cookery				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIT40516 Certificate IV in Commercial Cookery				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIT50416 Diploma of Hospitality Management				<input type="checkbox"/>		<input type="checkbox"/>
SIT50416 Diploma of Hospitality Management (Commercial Cookery) (upgrade)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIT60316 Advanced Diploma of Hospitality Management				<input type="checkbox"/>		<input type="checkbox"/>

PLEASE NOTE: *Offshore commencement due to COVID-19 restrictions

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HEALTH INFORMATION

Do you have any special needs or require any adjustments to accommodate you in your course?

☐ Yes

☐ No

You may wish to discuss this confidentially with your lecturer.

Do you suffer from any allergies or medical problems?

☐ Yes

☐ No

If yes, please provide further information below. This information is required so that we can accommodate you in the workplace and in your training.

Do you have any pre-existing injury, disability, or impairment that will require special assistance, including literacy support? *You may wish to discuss this confidentially with your lecturer.*

☐ Yes

☐ No

CULTURAL INFORMATION

Do you come from a non-English speaking background?

☐ Yes

☐ No

Do you speak a language other than English at home?

☐ Yes

☐ No

If yes, which language other than English do you speak at home?

Do you have any special cultural requirements?

☐ Yes

☐ No

If yes, please specify below:

NEXT OF KIN

WHO WE SHOULD CONTACT IN CASE OF EMERGENCY

This is the legal person for Imagine Education Australia to contact in the event of an emergency. This person must be legally responsible for your welfare, i.e. a family member.

Contact's full name

Contact's telephone 1

 Contact's telephone 2

Contact's address

Contact's e-mail

Contact's relationship to you

SUMMARY CHECKLIST

PLEASE ENSURE THAT YOU SUBMIT THE FOLLOWING:

- ☐ Completed signed Application Form
- ☐ Copy of your passport / or photo of applicant if no passport at time of application
- ☐ Financial evidence
- ☐ Copy of your school results
- ☐ Proof of other studies or employment
- ☐ IELTS test results

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FEEDBACK

PLEASE SELECT ALL THAT APPLY:

Where did you hear about Imagine Education?

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Google | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Website | <input type="checkbox"/> School | <input type="checkbox"/> Agent e-mail |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Expo | <input type="checkbox"/> Student SMS |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Friend | <input type="checkbox"/> Internal memo |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other <i>If other, please provide further information below:</i> |

EMPLOYMENT STATUS

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

- ☐ Full-time employee
- ☐ Part-time employee
- ☐ Self employed - not employing others
- ☐ Employer
- ☐ Employed - unpaid worker in a family business
- ☐ Unemployed - seeking full-time work
- ☐ Unemployed - seeking part-time work
- ☐ Not employed - not seeking employment

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

- ☐ To get a job
- ☐ To develop my existing business
- ☐ To start my own business
- ☐ To try for a different career
- ☐ To get a better job or promotion
- ☐ It was a requirement of my job
- ☐ I wanted extra skills for my job
- ☐ To get into another course of study
- ☐ For personal interest or self-development
- ☐ Other reasons

DECLARATION

I declare that the information provided by me on this application form is true and correct, and that it relates specifically and solely to me as an individual. I accept that Imagine Education Australia makes decisions based on this information and may seek further information or clarification as required. I understand that if offered a place in a course of training I will be required to pay fees and meet requirements specific to that course before my enrolment is confirmed. I accept that failure to attend the scheduled sessions may compromise my ability to satisfy some or all of the course requirements. I further accept that any additional training may be required if I do not meet the course requirements, that this training is at an additional cost to myself, and that any requirement to undertake this extra training is at the discretion of Imagine Education Australia.

Name: _____ Signature: _____ Date: _____
Day Month Year

For students under 18 years of age, this form must be signed by a parent or legal guardian.

Guardian name: _____ Signature: _____ Date: _____
Day Month Year

Imagine Education Australia reserves the right in its absolute discretion to reject any application for enrolment, and shall be under no obligation whatsoever to give reasons for its decision. Enrolments at Imagine Education Australia must be completed prior to the commencement date of the program/ courses and a non-refundable fee must be paid to secure the enrolment. Imagine Education Australia does not accept students who have not enrolled prior to the commencement of programs or courses.