

# **International Student Application Form**

## **Intended Course**

#### **Preferred Intake Month**

### **BUSINESS COURSES (BSB Package)**

- BSB50420 Diploma of Leadership and Management (CRICOS CODE 108642B)
- BSB60420 Advanced Diploma of Leadership and Management (CRICOS CODE 109078F)
- BSB40920 Certificate IV in Project Management Practice (CRICOS CODE 109074K)
- BSB50820 Diploma of Project Management (CRICOS CODE 109075J)
- BSB60720 Advanced Diploma of Program Management (CRICOS CODE 109076H)
- BSB80120 Graduate Diploma of Management (Learning) (CRICOS CODE 108648G)

### AUTOMOTIVE COURSES (AUR Package)

- AUR30620 Certificate III in Light Vehicle Mechanical Technology (CRICOS CODE 108643A)
- AUR40216 Certificate IV in Automotive Mechanical Diagnosis (CRICOS CODE 108644M)
- AUR50116 Diploma of Automotive Management (CRICOS CODE 112231J)

### HOSPITALITY COURSES (SIT Package)

- SIT30821 Certificate III in Commercial Cookery (CRICOS CODE 109919C)
- SIT40521 Certificate IV in Kitchen Management (CRICOS CODE 109619D)
- SIT50416 Diploma of Hospitality Management (CRICOS CODE 108647H)
- SIT60316 Advanced Diploma of Hospitality Management (CRICOS CODE 108648G)

### **CONSTRUCTION COURSES (CPC Package)**

- CPC30220 Certificate III in Carpentry (CRICOS CODE 110609G)
- CPC31020 Certificate III in Solid Plastering (CRICOS CODE 110610C)
- CPC31320 Certificate III in Wall and Floor Tiling (CRICOS CODE 110611B)
- CPC50220 Diploma of Building and Construction (Building) (CRICOS CODE 110612A)

### **ENGLISH LANGUAGE COURSES (ELICOS)**

General English (Please specify the number of weeks.....) (CRICOS CODE 110455J)

English for Academic Purposes (Please specify the number of weeks.....) (CRICOS CODE 110456H)

Personal Details	
Title: □Mr. □Mrs. □Ms. □Dr. □Other	Gender:  Male  Female
Family name (as in passport):	Given name(s):
Date of Birth (dd/mm/yy):	Nationality (as per passport):
Contact Details in Home country	
Address:	Country: Post Code:
Telephone/ Mobile:	Email:
Contact Details in Australia	
Address:	State: Post Code:
Telephone/ Mobile:	Email:

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Emergency Contact Details	
Name:	Phone Number:
Address:	Relationship to Applicant:
Visa Information	
Passport Number:	Expiry Date:
Visa Type: Subclas	ss: Expiry Date:
What type of visa will you be holding when you Student Working Holiday Have you applied to become a permanent res If yes, date of application (dd/mm/yy):	Tourist Other
USI Information (Unique Student Identifier)	
USI Number:	
	<u>usi.gov.au</u> to apply for it. If you are a new or continuing ning, you need a USI in order to receive your qualification
Language and Cultural Diversity	
In which country were you born?	
Do you speak a language other than English a	at home?   No
How well do you speak English? $\Box$ Very	well $\Box$ Well $\Box$ Not well $\Box$ Not at all
Are you of Aboriginal or Torres Strait Islander	origin?   No   Yes – Please specify:
Previous Education	
Have you done your schooling?   Yes Highest Qualification: Name of Institute:	S
Disability	
Do you have any of the following disabilities, in If ' <b>Yes'</b> , then please indicate the areas of disa Hearing/Deaf DPhysical Mental Illness DVision	
Employment	
Of the following categories, which BEST desc	
□ Full-time employee □ Part-time emp □ Employed in a family business □ Unempl	bloyee     Self-employed     Employer       loyed - seeking work     Not employed - not seeking employment
Study Reason	
Of the following categories, which BEST desc To get a job To start my own business To get a better job or promotion To get into another course of study Other reasons	ribes your main reason for undertaking this course? To develop my existing business To try for a different career It was a requirement of my job For personal interest or self-development
RPL/Credit	
Are you seeking recognition of prior learning ( If ' <b>Yes'</b> , then please contact training manager	
Transferring student information: (if applicab Are you transferring from another education p	
	controlled when printed 2 CRICOS: 03979E   RTO: 32243   ABN: 87 141 465 009



□Yes

If '**Yes'**, then have you completed the first 6 months of your principal course? Name of Institute:

□No

If you currently enrolled in another institute in Australia please provide release letter.

Education Agent Details		
If you were referred by an Education Agent, please provide details below.		
Agent Name/Business Name:	As an approved agent of Datum College, I am also certifying that I have verified all the original documents of the student. Signature	
	Signature	

### **Privacy Notice**

Under the Data Provision Requirements 2012, Datum College Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Datum College for statistical, regulatory and research purposes. Datum College may disclose your personal information for these purposes to third parties. This practice is also required by the ESOS Act and the ESOS National Code 2018. including:

- School: if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship
- Employer: if you are enrolled in training paid by your employer
- Commonwealth and State or Territory government departments and authorized agencies
- NCVER
- Researchers

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts
- Facilitating statistics and research relating to education, including surveys
- Understanding how the VET market operates, for policy, workforce planning and consumer information, and
- Administering VET, including program administration, regulation, monitoring and evaluation

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET data policy and all NCVER policies and protocols (including those published on NCVER's website at <u>www.ncver.edu.au</u>).

## Student Declaration and Consent

I , Declare that the information I have provided to the to the best of my knowledge is true and correct. I further declare that I have gone through the following policies and procedures available on <u>www.datum.edu.au</u>:

- Admissions Policy and Procedure
- Complaints and Appeals Policy and Procedure
- Course Progress Policy and Procedure
- Deferring, Suspending and Cancelling Overseas Student Enrolment Policy and Procedure
- **Refund Policy and Procedure** (All refunds will be in accordance with the policy and refund arrangements defined in Agreement)
- RPL and Credit Transfer Policy and Procedure
- Student Support Policy and Procedure
- Transfer Between Registered Providers Policy and Procedure



I Consent to the collection use and discloser of my personal information in accordance with the Privacy Notice Above.

Applicant Name	
Applicant Signature	

Date..... / ..... / .....

## **Document Checklist**

□ Passport bio-data pages

□ IELTS (or other English Language test) Results (if applicable)

- □ Evidence of highest academic qualifications
- □ Copy of current Australian Visa (if applicable)
- □ OSHC Certificate (if applicable)

#### FOR OFFICE USE ONLY

DATE Approved by:

D D M M Y Y Y Y

Signature: \_\_\_\_\_