

OVERSEAS STUDENT APPLICATION

Phone: +617 4042 2429 Fax: +617 4042 2622
Email: international.tnqit@detq.qld.gov.au

1. HOW DID YOU HEAR ABOUT US?					
<input type="checkbox"/> Friend/Family		<input type="checkbox"/> Education exhibition		<input type="checkbox"/> Education or migration agent	
<input type="checkbox"/> TAFE website		<input type="checkbox"/> Advertisement – where? _____		<input type="checkbox"/> Other - please specify: _____	
2. PERSONAL DETAILS AS THEY APPEAR IN PASSPORT					
Title (Mr/Mrs/Ms): _____		Family name: _____			
Given names: _____		Preferred name: _____			
Gender (male/female): _____		Age (in years): _____		Date of birth (dd/mm/yy) / /	
Do you have any disability, illnesses or special learning needs that will affect your studies? <input type="checkbox"/> Yes - please attach details <input type="checkbox"/> No					
3. CONTACT DETAILS			4. EMERGENCY CONTACT INFORMATION		
Home Address: _____			Name: _____		
_____			Address: _____		
_____			_____		
Email: _____			Phone: _____		
Phone: _____			Email: _____		
Fax: _____			Relationship: _____		
5. PASSPORT AND VISA DETAILS					
Country of citizenship (as shown on passport): _____			Country of birth: _____		
Passport Number: _____			Please attach a clear photocopy of the photo page of your passport.		
Do you hold a current Australian visa? <input type="checkbox"/> Yes <input type="checkbox"/> No			Visa expiry date (dd/mm/yy) / /		
What type of visa do you hold? <input type="checkbox"/> Student <input type="checkbox"/> Tourist <input type="checkbox"/> Working Holiday <input type="checkbox"/> Business <input type="checkbox"/> Other _____					
Where will you apply for your visa: Country: _____			City: _____		
6. CONFIRMATION OF ENROLMENT DETAILS					
Have you been studying with another registered education provider? <input type="checkbox"/> Yes, institution's name: _____ <input type="checkbox"/> No					
Do you have a letter of release from your current registered education provider? <input type="checkbox"/> Yes - please attach to application <input type="checkbox"/> No					
Have you studied in a TAFE Queensland institute before? <input type="checkbox"/> Yes, please provide student number: _____ <input type="checkbox"/> No					
7. ENGLISH LANGUAGE					
First language: _____			Language spoken at home: _____		
Have you completed a recognised English language test in the past 12 months? e.g. IELTS <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, attach copy of your results and provide the following details:			Test: _____		
Date taken (dd/mm/yy) / /			Score: _____		
8. OVERSEAS STUDENT HEALTH COVER (OSHC)					
Do you want us to arrange Overseas Student Health Cover? <input type="checkbox"/> Yes: <input type="checkbox"/> Single cover or <input type="checkbox"/> Family cover <input type="checkbox"/> No					
9. ACCOMMODATION					
Do you want the Institute to arrange homestay accommodation (additional fees will apply)? <input type="checkbox"/> Yes: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> No					
Do you want the Institute to arrange someone to meet you up at the airport (additional fees will apply)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. FAMILY DETAILS					
Will there be dependents on your visa application? <input type="checkbox"/> Yes, how many dependents? _____ <input type="checkbox"/> No					
If Yes, please complete details below. If more than 3 dependents, please attach extra information.					
Family name	Given names	Relationship	Date of birth	Studying in Australia?	Institution

11. COURSE ENROLMENT: ENGLISH LANGUAGE					
Where would you like to study? City: _____					
When do you want to start? (dd/mm/yy) / /			Duration (number of weeks or end date): _____		
<input type="checkbox"/> English for Academic Purposes (EAP)			<input type="checkbox"/> General English (Beginner to Advanced)		
<input type="checkbox"/> English for Academic Purposes (Nursing) (EAP for Nursing)			<input type="checkbox"/> Certificates in Spoken and Written English		
Do you intend to undertake further study in Australia at the completion of your English language course? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. COURSE ENROLMENT: CERTIFICATE / DIPLOMA					
Course name				City	Start date
13. EDUCATION HISTORY					
Details of past education and training, including highest levels reached				Are certified copies of all records attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year	School/College/University	State/country	Name of qualification	Course weeks	Language of instruction
Do you want to apply for course credit (Recognition of Prior Learning (RPL) or academic credit for studies previously undertaken in Australia)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. SCHOLARSHIP DETAILS					
Will you receive a scholarship?		<input type="checkbox"/> Yes- please attach details		<input type="checkbox"/> No	
If yes, please indicate who will provide the scholarship:		<input type="checkbox"/> Aus Aid		<input type="checkbox"/> Your government <input type="checkbox"/> Other _____	
15. PRIVACY OF INFORMATION					
TAFE Queensland is collecting the information on this form to determine student selection eligibility. Only authorised departmental officers have access to this information. TAFE Queensland regional institutes may access sensitive personal information for each student which is placed on the PRISMS database and VEVO. Under the ESOS Act (i) any information provided to the provider may be made available to Commonwealth and State agencies and (ii) the provider is required to tell DIAC about changes to the student's enrolment (Standards 10,11,12,13 – The National Code 2007) and any breaches of a student visa condition relating to attendance or satisfactory academic performance (Standards 10,11,12,13 The National Code 2007). Your personal information will not be disclosed to any other third party without your consent, or unless authorised by law. Officers of TAFE Queensland regional institutes will act in accordance with the requirements of the ESOS Act, VETE Act and Privacy Acts and Regulations.					
Applicants who wish to study an English course at Tropical North Queensland TAFE English Language Centre, Cairns Campus authorise TAFE Queensland to share the information contained on this application form and supporting documents with Union Institute of Language and Union Institute of Language to share results and progress with TAFE Queensland regional institutes.					
16. DECLARATION					
For your application to be valid, you must complete Part 1 Declaration by Applicant.					
If you are under 18 years your parent or guardian must complete Part 2 Declaration by Parent or Guardian.					
<u>PART 1 - DECLARATION BY APPLICANT</u>					
I certify that the information on this form and the supporting documentation are correct and complete. I authorise TAFE Queensland regional institutes and/or Tropical North Queensland TAFE English Language Centre, operated by Union Institute of Language to obtain other details relating to my academic record. I acknowledge that the provision of incorrect information or documentation relating to my application may result in the cancellation of my enrolment. I further acknowledge that the Provider may make available this information to Australian Commonwealth and State Agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and Standard 3 of the National Code.					
Student signature _____		Date (dd/mm/yy) / /			
<u>PART 2 - DECLARATION BY PARENT OR GUARDIAN (if student under 18 years of age)</u>					
I have read the information on this form and the details of the applicant are complete and correct. I hereby apply for the entry of my child/ward to study with TAFE and/or Tropical North English Language Centre (Union Institute of Language) in Australia and declare that I have financial capacity to meet the tuition fees and expenses in Australia. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to the application may result in the cancellation of the enrolment.					
Name _____		Relationship to student _____			
Signed _____		Date (dd/mm/yy) / /			

Please return this Overseas Student Application Form and all supporting documents to your agent or by fax to Tropical North Queensland TAFE: +617 4042 2622 or email to international.tnqit@deta.qld.gov.au

Form Author:	Manager, International Business Development
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