



Overseas Student application form

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

A - PERSONAL DETAILS

Family Name: _____ Given Name: _____

Gender: Male Female Nationality: _____

Country of Birth: _____ City of Birth: _____ Date of Birth*: _____

First Language: _____ Languages spoken at home: _____

*Student must be at least 18 years of age at the time of arrival in Australia.

Residential Address in Australia: (if known)

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: () _____ Mobile: _____ Fax: _____

Email: _____

Mailing Address in Australia: (if different & known)

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: () _____ Mobile: _____ Fax: _____

Email: _____

Address in Home Country:

Telephone: () _____ Mobile: _____ Fax: _____

Email: _____

Do you have any disabilities or medical condition? YES NO

If Yes; Please specify: _____

Will it impact your ability to study? YES NO

If Yes; Please specify: _____

Do you have a Unique Student Identifier Number? YES NO

If Yes; Please specify: _____

If NO: I will create myself I authorise IIA to create on my behalf

(If you wish to apply for USI (Unique Student Identifier), please follow this link to register: <https://www.usi.gov.au/>)



NEXT OF KIN/EMERGENCY CONTACT

Next of kin are people that PIC may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to PIC.

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____

B - PASSPORT AND VISA DETAILS

Passport Number: _____ Expiry Date: _____ Country of Citizenship: _____

Are you currently in Australia: YES NO

If Yes state, your visa type: _____

Do you have a valid overseas student health cover (OSHC)? YES NO

Have you applied for permanent residency in Australia? YES NO

Have you applied for any Australian visa in the past? YES NO

Have you ever had Australian visa refused in the past? YES NO

C- COURSE OF STUDY

Please tick the course/s you are applying for, to study at IIA.

- SIT30821 - Certificate III in Commercial Cookery
- SIT40521 - Certificate IV in Kitchen Management
- SIT50422 - Diploma of Hospitality Management

Please tick the intake date below: January April July Oct

Other (Please specify) _____

Do you wish to apply for Credit Transfer? YES NO

If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Transfer Application Form.

Do you wish to apply for Recognition of Prior Learning? YES NO

If you indicate YES, you will be contacted to discuss this further.

D - REASON FOR CHOOSING THIS COURSE/S TO STUDY

- to get a job
- to develop my existing skills
- to start my own business
- to try a different career
- to get a better job promotion
- it is a requirement of my job.
- I wanted extra skills for my job.
- To get into another course of study
- For personal interest
- Other reason: _____

Where did you hear about us? Website Agents Advertisements Friends

Other: _____ If Agent please specify name: _____

E - ENGLISH LANGUAGE PROFICIENCY

Please tick () which of the following applies to you. Attach relevant evidence / documentation to support your selections:

- English is my first language.



- English was the language of instruction in my secondary / tertiary studies.
- I have completed a recognised English language test.

Name of the test (e.g., IELTS / TOEFL / PTE): _____ Score: _____

- I intend to complete an ELICOS course in Australia.
- Other: _____

Please make sure you refer to the specific entry requirements that apply to the course you are applying for. These requirements are detailed in the student prospectus.

F - EDUCATION HISTORY

Please provide details and documentation of your past education including the highest qualification reached or completed.

Year Completed	Name of Institution	State / Country	Name of Qualification	Course Duration

G - EMPLOYMENT HISTORY

Please provide details and documents of your relevant employment. Attach a separate page if necessary.

Date Employed	Name of Employer	State / Country	Position	Duties

H - REQUESTS AND REFERENCES

Do you want IIA to organise your accommodation? YES NO

If yes, what type of accommodation do you need: _____

Would you like IIA to provide you an airport pick-up? YES NO

Please indicate your preference timetable choices for classes. Weekdays Weekends

(Note: Timetable choice is not guaranteed. IIA will do best to meet this request)

I - MEDIA CONSENT

From time to time, IIA staff may request to take photographs/videos or verbal/written interviews/testimonials of students at IIA campus or at places where the student is involved in an activity. These creations may be used in a classroom or on-the-job work activities or could be published by IIA in print, digital or broadcast media such as documents, student magazine, website, TV, newsletters, displays, journals, professional development materials for trainers and marketing collateral. Staff may also at times request students provide any of the above of the students' own creation for the same purposes.

- I do give consent to IIA using any of the above materials involving me for the purposes outlined above.
- I do not give consent to IIA using any of the above materials involving me for the purposes outlined above.

J - STUDENT DECLARATION

- I confirm that I have read and understood IIA's current Student Prospectus or information provided on IIA website (www.iaa.xxx.au) which details information about the ESOS framework, course entry requirements, English entry requirements, LLN requirements. I also understand fees payments and refund policy, including an explanation of what occurs, if for some unforeseen reason, the course is not delivered.



- I understand that I am not required to pay more than the initial tuition fee amount as stated on this offer letter (or 50% of the tuition fee) before the start of the course. However, I am also aware that I have a choice to pay more than 50% of the tuition fees or the full course fees upfront if I choose to do so. Any amount of fees paid before the start of the course will be reflected in my Confirmation of Enrolment (CoE).
- I confirm that I am fully aware of the fees and refund policy, conditions of enrolment and privacy statement as set out in Privacy Act 1988, which I agree to abide by as a student at IIA.
- I declare that all information provided in this application form is complete and correct. I understand that failure to provide correct information or documentation in relation to this application form may result in cancellation of my enrolment.

Student Name: _____

Student Signature: _____ Date: _____

OTHER REQUEST:

Do you require assistance with accommodation? YES NO
If you indicate YES, you will be contacted to discuss this further.

Do you require assistance with transport and/ or airport pick up? YES NO
If you indicate YES, you will be contacted to discuss this further.

Please Return this completed Application form with additional documents to:

Street Address: 10 Blissington Street Springvale VIC 3171

Phone: +61 430391777

Email: admin@iia.xxx.au

Web: www.iia.xxx.au

OFFICE USE ONLY (FOR STAFF ONLY)

Student File No: _____ Offer Number: _____

Application Assessed by: _____ Signature: _____ Date: _____

Application uploaded in SMS: YES NO