



Application Form 2017

Personal Details

Family Name: _____ Given Name: _____ Date of Birth: ____/____/____
(day) (month) (year)

Gender: Male Female Nationality: _____ Country of Birth: _____

Are you married/In a de facto relationship? Yes No If Yes, please state date of marriage/de facto relationship: _____

Do you speak a language other than English at home?
(if more than one language, indicate the one that is spoken most often) No, English only Yes, other - Please specify: _____

How well do you speak English? Very Well Well Not Well Not at all

Are you of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes) No Yes, Aboriginal Yes, Torres Strait Islander

Student Contact Details

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

| | | |
|---|--|--|
| Address of your usual residence | Building/property name _____ Street/lot number (e.g. 205 or Lot 118) _____ Postal delivery information (e.g. PO Box 254) _____ State/territory _____ Country _____ | Flat/unit details _____ Street name _____ Suburb, locality or town _____ Postcode _____ |
| Contact No. (Include country code): _____ | | |
| Postal Address (if different from above) | Building/property name _____ Street/lot number (e.g. 205 or Lot 118) _____ Postal delivery information (e.g. PO Box 254) _____ State/territory _____ Country _____ | Flat/unit details _____ Street name _____ Suburb, locality or town _____ Postcode _____ |
| Address or intended address (if known) in Australia | Building/property name _____ Street/lot number (e.g. 205 or Lot 118) _____ Postal delivery information (e.g. PO Box 254) _____ State/territory _____ Country _____ | Flat/unit details _____ Street name _____ Suburb, locality or town _____ Postcode _____ |
| Email: _____ Mobile _____ | Provide details of the person the College could contact if there was an emergency: Name: _____ Relationship: _____ Mobile/Telephone: _____ | |

Other Details

Are you currently in Australia? No - If no, go to next section Yes, if yes, what is your passport number? _____

Visa Expiry Date : ____/____/____
(day) (month) (year) What type of visa will you be holding when you commence your studies?
 Student Working Holiday Tourist Other

If you will be applying/extending your student visa, at which DIBP office or embassy will you apply/extend your student visa: _____

Health Cover

Student visa applicants: Would you like Cambridge International College to arrange Overseas Student Health Cover for you?

No, I will arrange my own OSHC (provide evidence) Yes, please arrange OSHC for me

If yes, please select one of the following coverage types: Single Family One dependant (spouse or child)

More than one dependant, please select one of the following options: Spouse and child/children Children only

Do you consider yourself to have a permanent and significant disability? Yes No If yes, please indicate: _____

Hearing/Deaf Physical Intellectual Learning Medical Condition Mental Illness Vision Others

Schooling, Educational Qualifications and Work Experience

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

Year 12 or equivalent Year 10 or equivalent Year 8 or equivalent
 Year 11 or equivalent Year 9 or equivalent Never attended school

In which YEAR did you complete that school level? _____

Highest qualification achieved: _____ Where was this qualification achieved? Australia Overseas

Specify country: _____ Additional qualifications: _____

Total number's of years work experience _____ What is your English language level? IELTS: _____ Or other, specify _____

Recognition of Prior Learning/Credit Transfer:

English Courses - I wish to apply Yes No

Are you seeking Recognition of Prior Learning (RPL)? Yes No

If you ticked yes to any of the above, please submit your CT/RPL application form, along with your relevant supporting documents (certified academic transcripts and unit outlines), with your enrolment application form

Students applying to enrol into a course at the Melbourne campus

If you will be aged 24 or below on the course commencement date, please provide your Victorian Student Number _____

OR I am new to the Victorian education system. I have never attended a Victorian school, TAFE or other training provider.

OR I have studied at a Victorian education provider before but I do not know my Victorian Student Number.

Vocational Courses - I wish to apply for the following course at the following campus

| Melbourne (CRICOS No. 01459A, Melbourne Campus) | |
|---|---------------------------------|
| Vocational Courses | Intake Dates |
| <input type="checkbox"/> Certificate IV in Accounting | 2017 |
| <input type="checkbox"/> Diploma of Accounting (direct entry) | <input type="checkbox"/> 6 Feb |
| <input type="checkbox"/> Diploma of Accounting (1.5 year combined course) | <input type="checkbox"/> 1 May |
| <input type="checkbox"/> Certificate IV in Leadership and Management | <input type="checkbox"/> 24 Jul |
| <input type="checkbox"/> Diploma of Leadership and Management | <input type="checkbox"/> 16 Oct |
| <input type="checkbox"/> Advanced Diploma of Leadership and Management | |
| <input type="checkbox"/> Advanced Diploma in Translating | |
| <input type="checkbox"/> Certificate IV in Marketing and Communication | |
| <input type="checkbox"/> Diploma of Marketing and Communication | |
| <input type="checkbox"/> Advanced Diploma of Marketing and Communication | |

| Perth (CRICOS No. 01459A, RTO: No. 2325) | |
|---|---------------------------------|
| Vocational Courses | Intake Dates |
| <input type="checkbox"/> Certificate IV in Accounting | 2017 |
| <input type="checkbox"/> Diploma of Accounting (direct entry) | <input type="checkbox"/> 6 Feb |
| <input type="checkbox"/> Diploma of Accounting (1.5 year combined course) | <input type="checkbox"/> 1 May |
| <input type="checkbox"/> Certificate IV in Leadership and Management | <input type="checkbox"/> 24 Jul |
| <input type="checkbox"/> Diploma of Leadership and Management | <input type="checkbox"/> 16 Oct |
| <input type="checkbox"/> Advanced Diploma of Leadership and Management | |
| <input type="checkbox"/> Certificate III in Commercial Cookery | |
| <input type="checkbox"/> Certificate IV in Commercial Cookery | |
| <input type="checkbox"/> Diploma of Hospitality Management (direct entry) | |
| <input type="checkbox"/> Diploma of Hospitality (with Cert IV Commercial Cookery) | |
| <input type="checkbox"/> Certificate IV in Marketing and Communication | |
| <input type="checkbox"/> Diploma of Marketing and Communication | |
| <input type="checkbox"/> Advanced Diploma of Marketing and Communication | |

I wish to commence my enrolment on: _____ / _____ / _____
(day) (month) (year)

Employment

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

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

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

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

Unique Student Identifier (For VET students only)

Please provide your USI Number here _____ (for further information please refer to www.usi.gov.au/students)

Application for USI to be made on campus at orientation.

Documents attached to this application:

(Certified or verified)

Academic transcripts

Passport copy

IELTS Certificate or equivalent proof of English

Copy of current Australian visa, if applicable

Relevant work experience, if applicable

Applications:

MELBOURNE CAMPUS

Email: admissions@cambridgecollege.com.au

Fax: +61396634922

Post: Admissions, Level 8, 108 Lonsdale Street
Melbourne 3000

PERTH CAMPUS

Email: admissions@cambridgecollege.com.au

Fax: +61892219993

Post: Admissions, Level 2, 297 Hay Street,
East Perth, WA 6004

CIC will contact you with the details of the enrolment process upon receipt of this application.
You may need to provide CIC with further details or documents.

How did you hear about CIC?

Cambridge International College website

Newspaper/Magazine

Exhibition/Fair

Facebook/Twitter

- Is the friend/family member a current or former CIC student?

Yes

No

Recommended by an education agent Other, please specify: _____

Student Declaration

I, _____
acknowledge that I have read and understood the information provided above. I also acknowledge that I have read CIC's student prospectus, website, marketing material and received full information from CIC's Educational Agent (for enrolment through an educational agent) before making the decision to enrol in the course. The information and documents provided by me are true, genuine and correct in all respects.

Signature: _____

Date of Birth: _____ / _____ / _____
(day) (month) (year)

Office Use Only

Date Application Received: _____ / _____ / _____
(day) (month) (year)

Received By: _____

Decision on Application: Accepted Rejected

Name: _____

Signature: _____

Applicant information entered in TEAMS by: _____