



**Domestic Application Form**

**PERSONAL INFORMATION**

Miss / Mrs / Ms / Mr / Other <b>Given Name (s):</b>	<b>DATE OF BIRTH:</b> Day                      Month                      Year                      Age:
<b>Family /Surname:</b>	Nationality:                                      Country of Birth: as shown on your passport
Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you living in Australia?                      No      Yes
Email Address:	Are you an Australian Resident?                      No      Yes
<b>Do you give Imagine Education permission to contact you by email?</b> YES                      NO	Current Occupation:
Address in Australia: STREET NAME AND NUMBER	Citizenship:
	Phone : Home
CITY                                                              AUSTRALIA	Mobile

**RECOGNITION OF PRIOR LEARNING OR CREDIT TRANSFER**

Do you wish to apply for **Recognition of Prior Learning or Credit Transfer**:  
 NO  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 www.imagineeducation.com.au If any documents are not in English, please include a certified translation.

**VOCATIONAL**                                      Please tick your mode of study:  Fulltime  Part time  External  School Based

√	Course	Start Date	No. of Weeks	Fees \$	State
	AUR30405 Certificate III in Automotive Mechanical Technology (Light Vehicle)				QUEENSLAND
	BSB20107 Certificate II in Business				
	BSB30107 Certificate III in Business				
	BSB40207 Certificate IV in Business				
	BSB50207 Diploma of Business				
	BSB40807 Certificate IV in Frontline Management				
	BSB50407 Diploma of Business Administration				
	CHC30708 Certificate III in Children's Services				
	CHC50908 Diploma of Children's Services (Early Childhood Education and Care)				
	CHC60208 Advanced Diploma of Children's Services				
	SIT30807 Certificate III in Hospitality (Commercial Cookery)				
	SIT20307 Certificate II in Hospitality (Kitchen Operations)				
	SIT30707 Certificate III in Hospitality				
	SIT50307 Diploma of Hospitality				
	WRH20109 Certificate II in Hairdressing				
	WRH 30109 Certificate III in Hairdressing				
	WRH40109 Certificate IV in Hairdressing				
	WRH50109 Diploma of Hairdressing Salon Management				
	SIB2010 Certificate II in Retail Make-up and Skin Care				
	SIB20210 Certificate II in Nail Technology				
	SIB30110 Certificate III in Beauty Services				
	SIB40110 Certificate IV in Beauty Therapy				
	SIB50110 Diploma of Beauty Therapy				
	SRO20106 Certificate II in Sport and Recreation				
	SRO30106 Certificate III in Sport and Recreation				
	SRO40106 Certificate IV in Sport and Recreation				
	SIR30207 Certificate III in Retail				
	SIR40207 Certificate IV in Retail Management				
	SIR50107 Diploma of Retail Management				
	TAE40110 Certificate IV in Training and Assessment				
	40540SA Certificate IV in Teaching English to Speakers of Other Languages				

**EDUCATIONAL BACKGROUND– Used to determine if entry requirements have been met.**

Last School Level Achieved:  Did not go to school  Year 8 or below  Year 9 or equivalent  
 Completed Year 10  Completed Year 11  Completed Year 12 Yr \_\_\_\_\_

Secondary School Studies (Please outline your Secondary School studies in the table below):

Name of School	Name of Qualification	Date Completed

Other Studies (Please outline any other studies that you have attempted or completed in the table below):

Name of Institution	Name of Course or Qualification	Year	Result	Completed
				NO <input type="checkbox"/> YES <input type="checkbox"/>
				NO <input type="checkbox"/> YES <input type="checkbox"/>

Are you an Australian Permanent Resident aged 15-18 years in the **Compulsory Phase of Learning**? **NO** **YES** →  
 Learner Unique Identifier (LUI) number \_\_\_\_\_

Are you currently enrolled a school? **NO** **YES** → School Name: \_\_\_\_\_

**HEALTH INFORMATION**

Do you have any special needs or require any adjustments to accommodate you in your course (circle)? No  Yes   
 You may wish to discuss this confidentially with your lecturer at orientation.

So that we can accommodate you in the workplace and in your training, do you suffer any allergies or medical problems?

(Optional) No  YES  → Please attach and write further information \_\_\_\_\_

Do you have any pre-existing injury, disability or impairment that will require special assistance including literacy support? NO  YES  → Please attach further information \_\_\_\_\_

**CULTURAL**

Do you identify as any of the following:

**Indigenous**  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, Aboriginal and Torres Strait Islander  
 No, neither Aboriginal nor Torres Strait Islander

**Non-English Speaking Background**

Do you speak a language other than English at home? No, English Only  Yes, I speak: \_\_\_\_\_

Do you have any special cultural requirements? NO  YES  Prayer Room  Other : Please specify \_\_\_\_\_

**EMERGENCY CONTACT**

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**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 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 the parent/s 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 it 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.