

2018 INTERNATIONAL APPLICATION FORM

PERSONAL INFORMATION

PLEASE SELECT YOUR PREFERRED TITLE

Miss Mrs Ms Mr Other Are you: Male Female

First name(s) _____

Last name _____

E-mail address _____

I do not give permission for Imagine Education Australia to contact me by e-mail or SMS for marketing purposes

Date of Birth: Day _____ Month _____ Year _____ Current age _____

Passport number (please attach a copy of the PHOTO ID page of your passport) _____

Nationality (as shown on passport) _____

Country of birth _____

First language _____

Citizenship _____

Current occupation _____

Are you living in Australia? Yes No

Are you an Australian resident? Yes No

Do you currently hold an Australian visa? Yes No

If yes, please indicate visa type: Student Visitor Other

Visa expiry date: Day _____ Month _____ Year _____

Have you ever held a student visa for Australia? Yes No

Will you be lodging your Visa application in Australia? Yes No

If no, which country will you lodge the Visa application? _____

CAMPUS SELECTION: I wish to study at

Gold Coast Campus

Brisbane Campus

YOUR ADDRESS IN AUSTRALIA

Street number _____ Street name _____

City _____ State _____ Postcode _____

Home phone number _____ Mobile phone number _____

YOUR ADDRESS IN YOUR HOME COUNTRY

Street number _____ Street name _____

City _____ Country _____ Postcode _____

Home phone number _____ Mobile phone number _____

2018 INTERNATIONAL APPLICATION FORM

EDUCATIONAL BACKGROUND

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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to apply for Recognition of Prior Learning or Credit Transfer? Yes No

(If 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 (imagineeducation.com.au). If any documents are not in English, please include a certified translation.)

ENGLISH LANGUAGE PROFICIENCY

Are you applying to study English? Yes No

How would you describe your English ability?

Listening & speaking Very good Good Fair Poor

Reading & writing Very good Good Fair Poor

Have you undertaken a recognised English language test in the last two years? Yes No

If yes, please indicate the date you were tested and your score: Day _____ Month _____ Year _____ Test score _____

If yes, please indicate the English test completed: IELTS TOEFL ISLPR OTHER

AGENT INFORMATION

PLEASE INDICATE THE FOLLOWING:

Agent agreement number: _____

Name of representative: _____

Organisation: _____

E-mail address: _____

2018 INTERNATIONAL APPLICATION FORM

ACCOMMODATION

Service type	Start date	No. of weeks	Fees \$
Individual student Homestay placement			
Twin share student Homestay placement			
Family Homestay placement (includes three meals, transport, and internet)			
Homestay (2 parents + 1 child)			
Homestay (2 parents + 2 children)			
Homestay (1 parent + 1 child)			
Homestay (1 parent + 2 children)			
Other Homestay options			
Room only accommodation			
Breakfast and dinner daily			
Breakfast and dinner weekdays, three meals Saturday and Sunday			
Three meals daily			
Full service (for 8 to 11 year olds; includes three meals and transport)			
Full service (for 12 to 18 year olds; includes three meals and transport)			
Transport (to and from school only)			
Halal meals			
WiFi internet			

AIRPORT TRANSPORT

Destination	Date required	Time required	Airport	Single or return	Fees \$
Private airport transfer from Brisbane airport					
Private airport transfer from Gold Coast airport					
Basic airport transfer from Brisbane airport					
Basic airport transfer from Gold Coast airport					
Unaccompanied minor service from Brisbane airport					
Unaccompanied minor service from Gold Coast airport					
Surcharge for transfers between 10:00pm and 5:00am					
Surcharge for surfboard collection					

2018 INTERNATIONAL APPLICATION FORM

OVERSEAS STUDENT HEALTH COVER (OSHC*)

Health cover type	Start date	No. of weeks	Fees \$
Single			
Couple			
Family			

*It is not mandatory that your Overseas Student Health Cover (OSHC) is organised by your Education Provider (Imagine Education). You may choose to arrange your own OSHC.

**The OSHC start date is your expected arrival date into Australia. It is your responsibility to advise Imagine Education in writing if your expected entry date into Australia/ Visa start date changes so that your OSHC can be re-quoted and revised. Immigration requirements state that it is the student's responsibility to make sure they do not enter Australia before their OSHC begins, and that they maintain OSHC until they leave Australia.

ELICOS

If you are applying for English studies only, do you intend to undertake further studies at another school in Australia? Yes No

If yes, please indicate the school name, course, and start date below:

Name of school	Course name	Start date

Course	Start date	Weeks	Fees \$	State
General English (Please tick): <input type="checkbox"/> Standard <input type="checkbox"/> Intensive <input type="checkbox"/> Turbo				Q U E E N S L A N D
IELTS Preparation Course				
High School Preparation Course*				
Young Learners Program*				
English plus Volunteer				
Parent and Child Program*				
Private Tuition				

PLEASE NOTE: *Not available at Brisbane Campus

If selecting General English from the courses above, please also select your required session time: Morning Afternoon Evening^

PLEASE NOTE: ^Only available at Brisbane Campus

USI

Do you have a USI number? Yes No

If yes, please provide your USI number: _____

If no, I give Imagine Education permission to seek a USI number on my behalf: Yes No

2018 INTERNATIONAL APPLICATION FORM

VOCATIONAL COURSES

Course	Start date	Weeks	Fees \$	State
AUR30616 Certificate III in Light Vehicle Mechanical Technology*				Q U E E N S L A N D
AUR40216 Certificate IV in Automotive Mechanical Diagnosis*				
BSB30115 Certificate III in Business				
BSB40215 Certificate IV in Business				
BSB42415 Certificate IV in Marketing and Communications				
BSB50215 Diploma of Business				
BSB50415 Diploma of Business Administration*				
BSB51915 Diploma of Leadership and Management*				
BSB52415 Diploma of Marketing and Communications				
BSB60215 Advanced Diploma of Business				
BSB61015 Advanced Diploma of Leadership and Management*				
BSB61315 Advanced Diploma of Marketing and Communications				
FNS40217 Certificate IV in Accounting and Bookkeeping				
FNS50217 Diploma of Accounting				
FNS60217 Advanced Diploma of Accounting				
CHC33015 Certificate III in Individual Support (Ageing)*				
CHC33015 Certificate III in Individual Support (Home and Community)*				
CHC30113 Certificate III in Early Childhood Education and Care				
CHC50113 Diploma of Early Childhood Education and Care				
CHC43015 Certificate IV in Ageing Support*				
CHC43015 Certificate IV in Ageing Support (upgrade)*				
SIS30315 Certificate III in Fitness*				
SIS40215 Certificate IV in Fitness*				
SIT30616 Certificate III in Hospitality*				
SIT30816 Certificate III in Commercial Cookery				
SIT40516 Certificate IV in Commercial Cookery				
SIT50416M Diploma of Hospitality Management*				
SIT50416C Diploma of Hospitality Management (Commercial Cookery)				
SIT60316 Advanced Diploma of Hospitality Management*				

PLEASE NOTE: *Not available at Brisbane Campus



2018 INTERNATIONAL APPLICATION FORM

HEALTH INFORMATION

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

Do you suffer from any allergies or medical problems? Yes No
If yes, please provide further information below. This information is required so that we can accommodate you in the workplace and in your training.

Do you have any pre-existing injury, disability, or impairment that will require special assistance, including literacy support? Yes No
You may wish to discuss this confidentially with your lecturer.

Do you suffer from any allergies or medical problems? Yes No
If yes, please provide further information below.

CULTURAL INFORMATION

Do you come from a non-English speaking background? Yes No

Do you speak a language other than English at home? Yes No

If yes, which language other than English do you speak at home? _____

Do you have any special cultural requirements? Yes No

If yes, please specify below:

NEXT OF KIN

WHO WE SHOULD CONTACT IN CASE OF EMERGENCY

This is the legal person for Imagine Education Australia to contact in the event of an emergency. This person must be legally responsible for your welfare, i.e. a family member.

Contact's full name _____

Contact's telephone 1 _____ Contact's telephone 2 _____

Contact's address _____

Contact's e-mail _____

Contact's relationship to you _____

2018 INTERNATIONAL APPLICATION FORM

SUMMARY CHECKLIST

PLEASE ENSURE THAT YOU SUBMIT THE FOLLOWING:

- Completed signed Application Form
- Copy of your passport / or photo of applicant if no passport at time of application
- Financial evidence
- Copy of your school results
- Proof of other studies or employment
- IELTS test results

FEEDBACK

PLEASE SELECT ALL THAT APPLY:

Where did you hear about Imagine Education?

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Google | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Website | <input type="checkbox"/> School | <input type="checkbox"/> Agent e-mail |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Expo | <input type="checkbox"/> Student SMS |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Friend | <input type="checkbox"/> Internal memo |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other <i>If other, please provide further information below:</i> |

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 any 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 a parent 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 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.