

TOURIST/WORKING HOLIDAY APPLICATION FORM 2025



PERSONAL INFORMATION

PLEASE SELECT YOUR PREFERRED TITLE

Miss Mrs Ms Mr Other: _____ **Are you:** Male Female Other

First name(s) _____ E-mail address _____

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

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

Passport number _____ Nationality (as shown on passport) _____ Country of birth _____ Citizenship _____

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

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 _____ State _____ Postcode _____

Home phone number _____ Mobile phone number _____

ELICOS COURSE AND CAMPUS SELECTION

COURSES	START DATE	WEEKS	FEES \$	CAMPUS SELECTION	
				GOLD COAST	BRISBANE
General English				<input type="checkbox"/>	<input type="checkbox"/>
Demi Pair English Program				<input type="checkbox"/>	<input type="checkbox"/>
Barista English Program				<input type="checkbox"/>	<input type="checkbox"/>
Junior English <i>Shuttlebus required: Yes <input type="checkbox"/> No <input type="checkbox"/></i>				<input type="checkbox"/>	<input type="checkbox"/>
English plus Volunteer <i>(Maximum 4 weeks volunteer)</i>				<input type="checkbox"/>	<input type="checkbox"/>
Private Tuition				<input type="checkbox"/>	<input type="checkbox"/>

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

For Demi Pair application only: Line Kakao Whatsapp Messenger ID/number: _____

DECLARATION

I declare that the information provided by me on this application 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 additional cost to myself, and that any requirements 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 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 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.