

IMAGINE EDUCATION AUSTRALIA PTY LTD

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2022 TOURIST/WORKING HOLIDAY VISA APPLICATION FORM

PERSONAL INFORMATION						
PLEASE SELECT YOUR PREFERRED TITLE						
Miss Mrs Ms Mr Other Mr		Are you: Male Female				
First name(s):		Email address:				
Last name:		Date of Birth: Day MonthYear 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): (please attach a copy of the PHOTO ID page of your passport)		Country of birth: Citizenship:				
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:				
ELICOS COURSE AND CAMPUS S	SELECTION					
Course			Start date	Weeks	Fees \$	State
General English (Please tick): Standard Intensive	e 🗌 Turbo					Q
IELTS Preparation Course						U
High School Preparation Course*						– E E
Young Learners Program*						N S
English plus Volunteer						L
Parent and Child Program*						A N
Private Tuition						D
We attempt to decrease the amount of stress and anxiety associated with starting a new school, especially in another country and hence do not test our Young Learner students on their first day. They will be tested during their first week, but if you require a formal test on Day 1, please check the box below I require an English level test for my son/daughter at Orientation						
If selecting General English from the courses above, please also select your required session time: Morning Afternoon Evening						
Please select the Campus you wish to study at: Gold Coast Campus Brisbane Campus						
PLEASE NOTE: *Not available at Brisbane Campus						
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:		
For students under 18 years of age, this form must be signe	ed by a parent or legal (guardian.		Da <u>y</u>	<u>Month</u>	Year
Guardian name:	Signature	:		Date:	<u>Month</u>	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.