



2022 TOURIST/WORKING HOLIDAY VISA APPLICATION FORM

PERSONAL INFORMATION

PLEASE SELECT YOUR PREFERRED TITLE

Miss [] Mrs [] Ms [] Mr [] Other []

Are you: Male [] Female []

First name(s): _____ Email 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: _____ Country: _____ Postcode: _____

Home phone number: _____ Mobile phone number: _____

ELICOS COURSE AND CAMPUS SELECTION

Table with 5 columns: Course, Start date, Weeks, Fees \$, State. Rows include General English, IELTS Preparation Course, High School Preparation Course, Young Learners Program, English plus Volunteer, Parent and Child Program, Private Tuition.

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 [] 2.5 Day (Gold Coast only)

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.

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.