

MAIN CAMPUS 13 Benowa Rd Southport Qld 4215
PHONE +617 5552 0900 • E-MAIL info@imagineeducation.com.au
POST PO Box 4931 Bundall BC Qld 4217

PERSONAL INFORMATION	N				
PLEASE SELECT YOUR PREFERRED TITL	.E				
Miss Mrs	Ms	☐ Mr	Other	Are you: Male	e Female
First name(s)					
Last name					
E-mail address					
I do not give permission for Imagi					
Date of Birth: Day	Month		Year	Current age	
Passport number (please attach a copy of the	ne PHOTO ID page	of your passpoi	rt)		
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 Aust	tralia?	Yes	☐ No		
Will you be lodging your Visa application in	n Australia?	Yes	□No		
If no, which country will you lodge the Visa	a application?				
CAMPUS SELECTION:					
I wish to study at	ld Coast Camp	us l	☐ Brisbane Campus	∐ Townsville Ca	ampus (HSP only)
YOUR ADDRESS IN AUSTRALIA					
Street number Street na	ame				
City	State	e		Postcode	
Home phone number			Mobile phone number		
YOUR ADDRESS IN YOUR HOME COUNT	RY				
Street number Street na	ame				
City	Cou	ntry		Postcode	
Homo phono number			Mobile phone number		



MAIN CAMPUS 13 Benowa Rd Southport Qld 4215
PHONE +617 5552 0900 • E-MAIL info@imagineeducation.com.au
POST PO Box 4931 Bundall BC Qld 4217

EDUCATIONAL BAG	CKGROUND							
SECONDARY SCHOOL STUDIE	s							
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 th	hat you have attempted or con	mpleted in the table	below:					
Name of institution	Name of course or qualific	ation	Year		Result		Completed	
							Yes	☐ No
							Yes	☐ No
					7			
Do you wish to apply for Recog (If yes, please attach a copy of yo	•		Yes studies or work ex] No d complete a co	opy of the App	lication for Re	cognition
Form from our website (imagineed	ducation.com.au). If any docur	ments are not in En	glish, please include	le a certified t	ransition.			
ENGLISH LANGUA	CE BROEICIENC	/						
Are you applying to study Engli	sn? Yes		No					
How would you describe your E	English ability?							
Listening & speakin	□ Ven	y good	Good	Fair		Poor		
Reading & writing	☐ Ven	y good	Good	Fair		Poor		
Have you undertaken a recogni	sed English language test in	the last two year	s?	Yes		No		
If yes, please indicate the date	you were tested and your so	core: Day	Month	Year		Test score		
	_				_	_		
If yes, please indicate the Engl	ish test completed: ELT	TS	TOEFL	ISLPR	' L	OTHER		
AGENT INFORMAT	ION							
PLEASE INDICATE THE FOLLO								
Agent agreement number:								
Name of representative:								
Organisation:								
E-mail address:								



MAIN CAMPUS 13 Benowa Rd Southport Qld 4215
PHONE +617 5552 0900 • E-MAIL info@imagineeducation.com.au
POST PO Box 4931 Bundall BC Qld 4217

2019 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					



MAIN CAMPUS 13 Benowa Rd Southport Qld 4215
PHONE +617 5552 0900 • E-MAIL info@imagineeducation.com.au
POST PO Box 4931 Bundall BC Qld 4217

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 OSHC.	s organised by your Educatio	on Provider (Imagine	e Education). You n	nay choose to a	arrange your own		
**The OSHC start date is your expected arrival date into Australia. It is y Visa start date changes so that your OSHC can be re-quoted and revis enter Australia before their OSHC begins, and that they maintain OSHC	ed. Immigration requirement						
ELICOS							
If you are applying for English studies only, do you intend to under If yes, please indicate the school name, course, and start date below:	take further studies at and	ther school in Aus	stralia? Yes		No		
Name of school	Course name			S	tart date		
Course		Start date	Weeks	Fees \$	State		
General English (Please tick): Standard Intensive Turbo)						
IELTS Preparation Course					Q U		
High School Preparation Course*					E E		
High School Preparation Course "The Cathedral School"*					N S		
Young Learners Program*					L		
English plus Volunteer					A N		
Parent and Child Program*					D		
Private Tuition							
PLEASE NOTE: *Not available at Brisbane Campus If selecting General English from the courses above, please also so PLEASE NOTE: ^Only available at Brisbane Campus USI	elect your required session	ı time:	g 🗌 Afternoon	☐ Evening/	^		
Do you have a USI number?	Yes	: LJ No	U				
If yes, please provide your USI number:							
If no. I give Imagine Education permission to seek a USI number of	n my behalf:	: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ω				



MAIN CAMPUS 13 Benowa Rd Southport Qld 4215
PHONE +617 5552 0900 • E-MAIL info@imagineeducation.com.au
POST PO Box 4931 Bundall BC Qld 4217

2019 INTERNATIONAL APPLICATION FORM

VOCATIONAL COURSES

Course	Start date	Weeks	Fees \$	State
AUR30616 Certificate III in Light Vehicle Mechanical Technology				
AUR40216 Certificate IV in Automotive Mechanical Diagnosis				
BSB30115 Certificate III in Business				Q
BSB40215 Certificate IV in Business				
BSB42415 Certificate IV in Marketing and Communication				
BSB50215 Diploma of Business				U
BSB50415 Diploma of Business Administration*				
BSB51918 Diploma of Leadership and Management*				
BSB52415 Diploma of Marketing and Communication				
BSB60215 Advanced Diploma of Business				
BSB61015 Advanced Diploma of Leadership and Management*				F
BSB61315 Advanced Diploma of Marketing and Communication				
FNS40217 Certificate IV in Accounting and Bookkeeping				
FNS50217 Diploma of Accounting				N
FNS60217 Advanced Diploma of Accounting				
CHC33015 Certificate III in Individual Support (Ageing)*				
CHC33015 Certificate III in Individual Support (Home and Community)*				S
CHC30113 Certificate III in Early Childhood Education and Care				
CHC50113 Diploma of Early Childhood Education and Care				
CHC50113 Diploma of Early Childhood Education and Care (QUT Pathway)*				L
CHC43015 Certificate IV in Ageing Support*				
CHC43015 Certificate IV in Ageing Support (upgrade) [★]				Α
SIS30315 Certificate III in Fitness*				
SIS40215 Certificate IV in Fitness*				
SIT30616 Certificate III in Hospitality*				N
SIT30816 Certificate III in Commercial Cookery				
SIT40516 Certificate IV in Commercial Cookery				\Box
SIT50416 Diploma of Hospitality Management*				U
SIT50416 Diploma of Hospitality Management (Commercial Cookery) (upgrade)				
SIT60316 Advanced Diploma of Hospitality Management*				

PLEASE NOTE: *Not available at Brisbane Campus



MAIN CAMPUS 13 Benowa Rd Southport Qld 4215
PHONE +617 5552 0900 • E-MAIL info@imagineeducation.com.au
POST PO Box 4931 Bundall BC Qld 4217

HEALTH INFORMATION				
Do you have any special needs or require any adjustments to accommy You may wish to discuss this confidentially with your lecturer.	nodate you in your	course?	Yes	□ No
Do you suffer from any allergies or medical problems? If yes, please provide further information below. This information is required	so that we can acc	ommodate you in t	Yes the workplace and	☐ No in your training.
Do you have any pre-existing injury, disability, or impairment that will r	equire special assi	stance,	Yes	□ No
including literacy support? You may wish to discuss this confidentially wit			_	_
Do you suffer from any allergies or medical problems? If yes, please provide further information below.			Yes	□ No
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 ever i.e. a family member.	ent of an emergency	. This person musi	t be legally respons	sible for your welfare,
Contact's full name				
Contact's telephone 1	Contact's	telephone 2		
Contact's address				
Contact's e-mail				
Contact's relationship to you				



MAIN CAMPUS 13 Benowa Rd Southport Qld 4215
PHONE +617 5552 0900 • E-MAIL info@imagineeducation.com.au
POST PO Box 4931 Bundall BC Qld 4217

2019 INTERNATIONAL APPLICATION FORM

SUMMARY CHECKLIS	Т					
PLEASE ENSURE THAT YOU SUBM	IIT THE FOLLOWING:					
Completed signed Applica	ution Form					
Copy of your passport / or	r photo of applicant if no passp	port at time of applicatio	n			
Financial evidence						
Copy of your school results	S					
Proof of other studies or er	mployment					
☐ IELTS test results						
FEEDBACK						
PLEASE SELECT ALL THAT APPLY:						
Where did you hear about Imagine E	Education?					
Google	Newspaper	Parent				
Website	School	☐ Agent e-	mail			
Facebook	Expo	Student				
Internet	Friend	☐ Internal r				
Magazine	Teacher	Other If other, please provide further information below:				
			,, ,			
DECLARATION						
I declare that the information provided						
Imagine Education Australia makes der in a course of training I will be required	I to pay fees and meet requirer	ments specific to that co	ourse before my enrolment is confirmed	d. I acce	ept that failure to	o attend the
scheduled sessions may compromise meet the course requirements, that this						
Education Australia.	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	- 0		
Name:		Signature:	Date:			
		-		Day	Month	Year
For students under 18 years of age, the	is form must be signed by a p	parent or legal guardian.				
0 "		0:	.			
Guardian name:		Signature:		Day	- Month	Year
Imagina Education Australia recorves the rig	aht in its absolute discretion to rois	oct any application for appli	ment, and shall be under no obligation wha	teoover t	o divo reasons for	r ite decision

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.