

# TOURIST/WORKING HOLIDAY APPLICATION FORM 2024



## 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"/>	
Junior English				<input type="checkbox"/>	
English plus Volunteer (Maximum 4 weeks volunteer)				<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.