

INTERNATIONAL APPLICATION FORM 2024



PERSONAL INFORMATION

PLEASE SELECT YOUR PREFERRED TITLE

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

First name(s) _____

Last name _____

E-mail address _____

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

Date of Birth _____

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

Nationality _____

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 Australia? Yes No

Will you be lodging your visa application in Australia? Yes No

If no, which country will you lodge the visa application? _____

YOUR CURRENT ADDRESS

Street number _____ Street name _____

City _____ State _____ Postcode _____

Home phone number _____ Mobile phone number _____

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				<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 Night

Please tick which course you choose to study and enter the duration in weeks.
Please indicate holiday period between courses if applicable.

* A minimum of 12 weeks per course if taking a holiday
* A maximum of 8 weeks holiday between courses

	GENERAL ENGLISH	DURATION
COURSE 1	<input type="checkbox"/>	____weeks
BREAK		____weeks
COURSE 2	<input type="checkbox"/>	____weeks
BREAK		____weeks
COURSE 3	<input type="checkbox"/>	____weeks
BREAK		____weeks
COURSE 4	<input type="checkbox"/>	____weeks

Any additional information:

VOCATIONAL COURSES

COURSE	START DATE	WEEKS	FEES \$	CAMPUS SELECTION	
				GOLD COAST	BRISBANE
AUR30620 Certificate III in Light Vehicle Mechanical Technology				<input type="checkbox"/>	<input type="checkbox"/>
AUR40216 Certificate IV in Automotive Mechanical Diagnosis				<input type="checkbox"/>	<input type="checkbox"/>
AUR50116 Diploma of Automotive Management				<input type="checkbox"/>	
SIT30821 Certificate III in Commercial Cookery				<input type="checkbox"/>	<input type="checkbox"/>
SIT40521 Certificate IV in Kitchen Management				<input type="checkbox"/>	<input type="checkbox"/>
SIT50422 Diploma of Hospitality Management (Commercial Cookery)				<input type="checkbox"/>	<input type="checkbox"/>
SIT50422 Diploma of Hospitality Management (Management)				<input type="checkbox"/>	
SIT60322 Advanced Diploma of Hospitality Management				<input type="checkbox"/>	
CHC30121 Certificate III in Early Childhood Education and Care				<input type="checkbox"/>	<input type="checkbox"/>
CHC50121 Diploma of Early Childhood Education and Care				<input type="checkbox"/>	<input type="checkbox"/>
CHC33021 Certificate III in Individual Support				<input type="checkbox"/>	<input type="checkbox"/>
CHC43015 Certificate IV in Ageing Support				<input type="checkbox"/>	<input type="checkbox"/>
CHC43015 Certificate IV in Ageing Support (upgrade)				<input type="checkbox"/>	<input type="checkbox"/>
BSB40820 Certificate IV in Marketing and Communication					<input type="checkbox"/>
BSB50620 Diploma of Marketing and Communication					<input type="checkbox"/>
BSB60520 Advanced Diploma of Marketing and Communication					<input type="checkbox"/>
BSB50420 Diploma of Leadership and Management				<input type="checkbox"/>	<input type="checkbox"/>

AGENT INFORMATION

PLEASE INDICATE THE FOLLOWING

Agent agreement number _____

Name of representative _____

Organisation _____

E-mail address _____

OVERSEAS STUDENT HEALTH COVER (OSHC*)

HEALTH COVER TYPE	START DATE	NO. OF WEEKS	FEE \$
Single			
Couple			
Family			

* It is not mandatory that your Overseas Student Health Cover (OSHC) is organised by your Education Provider (Imagine Education). You may choose to arrange your own OSHC.

** The OSHC start date is your expected arrival date into Australia. It is your responsibility to advise Imagine Education in writing if your expected entry date into Australia/visa start date changes so that your OSHC can be re-quoted and revised. Immigration requirements state that it is the student's responsibility to make sure they do not enter Australia before their OSHC begins, and that they maintain OSHC until they leave Australia.

ACCOMMODATION

SERVICE TYPE	START DATE	NO. OF WEEKS	FEES \$
Individual student Homestay placement			
Twin share student Homestay placement			
FAMILY HOMESTAY PLACEMENT <i>(includes three meals, transport, and internet)</i>			
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 8-11 year olds: includes three meals and transport)			
Full service (for 12-18 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/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					

HEALTH INFORMATION

Do you have any special needs or require any adjustments to accommodate you in your course?

Yes

No

You may wish to discuss this confidentially with your lecturer.

Do you suffer from any allergies or medical problems?

Yes

No

If yes, please provide further information below. This information is required so that we can accommodate you in the workplace and in your training.

Do you have any pre-existing injury, disability, or impairment that will require special assistance, including literacy support?

Yes

No

You may wish to discuss this confidentially with your lecturer.

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WHO WE SHOULD CONTACT

This is the legal person for Imagine Education Australia to contact in the event of an emergency. This person must be legally responsible for your welfare, i.e. a family member.

Contact's full name _____

Contact's telephone 1 _____ Contact's telephone 2 _____

Contact's address _____

Contact's e-mail _____

Contact's relationship to you _____

SUMMARY CHECKLIST

PLEASE ENSURE THAT YOU SUBMIT THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> Completed signed Application Form | <input type="checkbox"/> Copy of your school results |
| <input type="checkbox"/> Copy of your passport / or photo of applicant if no passport at time of application | <input type="checkbox"/> Proof of other studies or employment |
| <input type="checkbox"/> Financial evidence | <input type="checkbox"/> IELTS test results |

FEEDBACK

PLEASE SELECT ALL THAT APPLY:

Where did you hear about Imagine Education?

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Google | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Website | <input type="checkbox"/> School | <input type="checkbox"/> Agent e-mail |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Expo | <input type="checkbox"/> Student SMS |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Friend | <input type="checkbox"/> Internal memo |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other |

If other, please provide further information below:

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.