

# Application Form - International Student

This application form is to be completed by overseas/ international students who hold or will apply for a student visa.

This form is to collect information about a prospective international student who intends to apply for an enrolment at Melbourne City College Australia (MCCA). MCCA uses the information and a Pre-Enrolment Assessment Form-International Student to assess the prospective student's suitability to the course and advise the student about the training product appropriate to meeting the student's needs, taking into account each student's existing skills and competency. MCCA will apply this form to gain information from each applicant to determine suitability into the qualification/ course. A letter of offer and written agreement will be provided to the student if the form has been successfully completed and assessed.

• Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

## A. PERSONAL DETAILS

Title:  Miss  Mrs.  Ms.  Mr.  Other \_\_\_\_\_  
 Given Names: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Family Name: \_\_\_\_\_ Gender:  Male  Female

1. Have you been enrolled at Melbourne City College Australia (MCCA) previously?  Yes  No Student No. (if known): \_\_\_\_\_
2. Are you currently enrolled with any other Education Provider?  Yes  No. If Yes, please include a copy of all eCoes with your application
3. Do you have a Unique Student Identifier Number (USI)?  Yes  No USI No. (if Yes) \_\_\_\_\_

Note - If No, you can create your own USI at the USI website [www.usi.gov.au](http://www.usi.gov.au) or fill out the College USI Application Form. If you are a student undertaking nationally recognised training you **must** have a Unique Student Identifier (USI)

## 4. Australian Contact Details (If available) – Place of Residence:

Street Address: \_\_\_\_\_  
 Suburb/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Telephone (H): \_\_\_\_\_ Fax (H): \_\_\_\_\_  
 Telephone (W): \_\_\_\_\_ Fax (W): \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 5. International Contact Details: (Home Country)

Address (Line1): \_\_\_\_\_  
 Address (Line2): \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_  
 Post Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone (H): \_\_\_\_\_ Telephone (W): \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 6. Nationality Details:

Nationality: \_\_\_\_\_  
 Passport No: \_\_\_\_\_ Passport Issuing Country: \_\_\_\_\_  
 Passport Expiry Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Do you hold a current Australian Visa?  Yes  No Visa Number: \_\_\_\_\_ Visa Granted Date: \_\_\_\_\_  
 Visa Type: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

## 7. Next of Kin in Australia (Emergency Contact Details):

Relationship: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Address (Line1): \_\_\_\_\_  
 Address (Line2): \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Post Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_

## Next of Kin Overseas

Relationship: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Address (Line1): \_\_\_\_\_  
 Address (Line2): \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 State/Province/Region: \_\_\_\_\_  
 Post Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 8. Extra/ Special Support Needs

Do you need extra support/ have a disability, medical condition, impairment or long term condition that should be considered which may interfere with undertaking the course or which requires special assistance from the College? (e.g. Hearing/visual impairment, mobility requirements)  Yes  No If you require assistance, please contact : +61 3 9614 8422

If yes, please indicate the areas of extra support, disability, medical condition, impairment or long term condition/ provide comments on details of special support/ assistance required:

- Hearing/Deaf Physical Intellectual Learning Mental Illness Acquired Brain Impairment Vision Medical Condition  
Other, please specify \_\_\_\_\_

### 9. Other Details

In what country were you born? Australia Other, please specify \_\_\_\_\_

Do you speak a language other than English at home ?No, English Only Other, please specify \_\_\_\_\_

How well do you speak English (if you answered Yes above ? Very WellWell Not Well Not at all

### VSN Details

Are you new to the Victorian Education system or do not have your Victorian Student Number (VSN)? To be completed by all students aged up to 24 years.

Yes. I am new to the Victorian Education System. I have never attended a Victorian school since 2009, TAFE or other VET training provider since 2011. (Students who are enrolling for the first time since the VSN was introduced will get a new VSN)

No:

If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

I do not know my VSN  but I have participated in training at a Victorian school since 2009, TAFE or other VET training provider since 2011. Please list the most recent training \_\_\_\_\_

If you require accommodation or airport pick up arranged, please speak to the Student Services Department

### B. AGENT DETAILS:

Please stamp (if applicable) \_\_\_\_\_

Which country are you in when completing this form? \_\_\_\_\_

Australian Visa Processing Centre where you will apply for your visa \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Email: \_\_\_\_\_

Employee's Migration Agents Registration Number:

(if the employee is a registered migration agent) \_\_\_\_\_

Where should we send the notification of your application result?

- My Australian Contact Details  My International Contact Details  Agent

### C. COURSE DETAILS

Please indicate the course (s) you are applying for:

| CRICOS Code                      | Course                              | Course Duration | Tuition Fee AUD | Enrolment Fee AUD (Non-refundable) | Material & Services Fee AUD                                 | Course Start Date (If you are not sure provide month/year) | Tuition Fees You Wish to Pay Before Course Commencement                     |
|----------------------------------|-------------------------------------|-----------------|-----------------|------------------------------------|---|--|---|
| <input type="checkbox"/> 097787B | General English                     | 1-52 Weeks      | \$300/Week      | \$200                              | \$15/ week, max \$500 (may include textbooks if applicable) |  | <input type="checkbox"/> Only 50%<br><input type="checkbox"/> More than 50% |
| <input type="checkbox"/> 097788A | English for Academic Purposes (EAP) | 5-20 Weeks      | \$300/Week      | \$200                              | \$25/ week (may include textbooks if applicable)            |  |   |
| <input type="checkbox"/> 096182F | CHC33015 Certificate III            | 43 Weeks        | \$7,000         | \$200                              | \$200   |  | <input type="checkbox"/> Only 50%<br><input type="checkbox"/> More than 50% |

|                          |         |  |          |          |       |   |  |   |
|--------------------------|---------|--|----------|----------|-------|---|--|---|
|                          |         | in Individual Support  |          |          |       |   |  |   |
| <input type="checkbox"/> | 110430G | CHC30121 Certificate III in Early Childhood Education and Care | 48 Weeks | \$7,000  | \$200 | \$200   |  | <input type="checkbox"/> Only 50%<br><input type="checkbox"/> More than 50% |
| <input type="checkbox"/> | 0100013 | SIT30816 Certificate III in Commercial Cookery                 | 52 Weeks | \$13,000 | \$200 | \$1,000 plus \$300 Knife Kits Fee & \$200 Uniform Fee |  | <input type="checkbox"/> Only 50%<br><input type="checkbox"/> More than 50% |
| <input type="checkbox"/> | 0100014 | SIT40516 Certificate IV in Commercial Cookery                  | 78 Weeks | \$19,000 | \$200 | \$1,000 plus \$300 Knife Kits Fee & \$200 Uniform Fee |  | <input type="checkbox"/> Only 50%<br><input type="checkbox"/> More than 50% |
| <input type="checkbox"/> | 0100015 | SIT50416 Diploma of Hospitality Management                     | 85 Weeks | \$23,000 | \$200 | \$1,000 plus \$300 Knife Kits Fee & \$200 Uniform Fee |  | <input type="checkbox"/> Only 50%<br><input type="checkbox"/> More than 50% |
| <input type="checkbox"/> | 108269G | BSB50120 Diploma of Business                                   | 52 Weeks | \$8,000  | \$200 | \$200   |  | <input type="checkbox"/> Only 50%<br><input type="checkbox"/> More than 50% |
| <input type="checkbox"/> | 108270C | BSB60420 Advanced Diploma of Leadership and Management         | 52 Weeks | \$8,000  | \$200 | \$200   |  | <input type="checkbox"/> Only 50%<br><input type="checkbox"/> More than 50% |

**Note : Overseas Student Health Cover (OSHC) Fees will apply if you do not supply evidence of a current insurance certificate**

#### D. ENTRY REQUIREMENTS, PRIOR LEARNING & CAREER GOALS

- Why did you choose to enrol at MCCA? \_\_\_\_\_
- Why do you wish to undertake the course? \_\_\_\_\_
- Do you meet the course entry requirements?  Yes  No. Please provide details below.

#### ENGLISH PROFICIENCY

Do you hold a current certificate of English proficiency (e.g. IELTS)?  Yes  No  
English Test Type (e.g. IELTS) \_\_\_\_\_ English Test Score: \_\_\_\_\_

If you have not yet sat your exam, please indicate the exam date: \_\_\_\_\_

#### OVERSEAS STUDENT HEALTH COVER (OSHC) INSURANCE DETAILS

Do you hold any current Health Insurance?  Yes  No If No, do you want the College to organise this for you?  Yes  No  
Single cover  Couple Cover  Family Cover

#### SCHOOLING

What is your highest COMPLETED school level?  Year 12  Year 11  Year 10  Year 9  Year 8 or lower  
In which YEAR did you complete that school level? Please specify: \_\_\_\_\_  
Are you still ATTENDING secondary school?  Yes  No

#### EDUCATION BACKGROUND – PREVIOUS QUALIFICATIONS ACHIEVED

| Qualifications<br>(Highest Qualification First) | Institution | Country | Date of Completion |
|---|-------------|---------|--------------------|
|   |             |         |                    |
|   |             |         |                    |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
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### WORK HISTORY

Do you have any experience that is relevant to your chosen course?  Yes  No. If yes, please specify your experience.

Company \_\_\_\_\_ Years of Service \_\_\_\_\_

Position Title \_\_\_\_\_

Do you intend to apply for a Credit Transfer or Recognition of Prior Learning (RPL)?  Yes  No. If yes, please fill in a Credit Transfer or Recognition of Prior Learning (RPL) Application Form. This is available from Student Services.

4. What do you expect to achieve after completion of the course? \_\_\_\_\_
5. What is your career plan? \_\_\_\_\_

### E. PAYMENT

A request for payment or tuition and other fees will be made if you receive a letter of Offer. Please make your payment by bank cheque, credit card, telegraphic transfer or direct deposit into our account of Melbourne City College Australia. Melbourne City College Australia has no obligation until funds are cleared and an official receipt is issued.

1. Tuition fees are fees directly related to provision of a course.
2. A student can pay full fees if the student wishes to, but the student is not required to pay more than 50% of the total tuition fees up front for the course before the student commences the course that are more than 25 weeks. The College can require 100% of the total tuition fees for short courses of 25 weeks or less.

#### Privacy Statement:

The information collected in this form is for the purpose of processing your application with Melbourne City College Australia. The information will be held by the College in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed/ engaged by the College. The information may be made available to government departments and agencies in relation to the College's obligations under law including the Education Services to Overseas Students (ESOS) Act 2000(Cth), the National Code 2018 and Standards for RTOs 2015 and the Australian Skills Quality Authority (ASQA) reported under the Australian Vocational Education and Training Management Information Statistical Standards (AVETMISS); and to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws through the Department of Home Affairs (DHA).

The Education and Training Reform Act 2006 requires Melbourne City College Australia to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number, Unique Student Identifier and updating my personal information on the Victorian Student Register. You have a right to access and correct your personal information in accordance with privacy legislation and the College's Privacy Policy and Procedures. For more information in relation to how student information may be used or disclosed please access the College's Privacy Policy at: <https://www.melbournecitycollege.edu.au/pdfs/privacy.pdf>

#### Declaration:

I declare that the information provided by me in this Application Form, is correct. I confirm that I have read, fully understand, and accept the College TERMS AND CONDITIONS and Policies and Procedures available on the College Website, and agree to be bound by them including the Fee and Refund Policy, and that I have the financial capacity to meet tuition fees and agree to pay fees as they become due. I acknowledge and agree to the terms described in this privacy statement

Applicant Signature:

\_\_\_\_\_

Applicant Full Name:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PROVIDER OFFER (COLLEGE USE ONLY)

1. Applicant's ID is sighted and the copy is attached:  
 Passport  Birth Certificate
  2. Applicant's Education Certificate is attached (if applicable):  Yes
  3. Applicant's IELTS or equivalent Certificate is attached (if applicable):  Yes
- Note: Documents that are not in English language must be accompanied by their English translations. Copies of documents must be certified.

### Pre-Enrolment Assessment Form

Please:

1. see the student's comments in Section D.1, 2, 3, 4 & 5 and Section A.8 of the Application Form; and assess the student's suitability to the course and advise the student about the training product appropriate to meeting the student's needs, taking into account each student's existing skills and

- competency using a Pre-Enrolment Assessment Form-International Student.
- attach the completed Pre-Enrolment Assessment Form with this form.

### Admission Checklist

Please:

- assess whether the student's English language proficiency, educational qualifications and/ or work experience is sufficient to enable them to enter the course using an Admission Checklist-International Student.
- attach the completed Admission Checklist with this form.

#### Assessment Decision

|   |   |             |     |
|---|---|-------------|-----|
| <b>Enrolment Offered</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |             |     |
| Indicate course(s) to be offered below  |   |             |     |
| <input type="checkbox"/> General English  | <input type="checkbox"/> SIT40516 Certificate IV in Commercial Cookery          |             |     |
| <input type="checkbox"/> English for Academic Purposes (EAP)                            | <input type="checkbox"/> SIT50416 Diploma of Hospitality Management             |             |     |
| <input type="checkbox"/> CHC33015 Certificate III in Individual Support                 | <input type="checkbox"/> BSB50120 Diploma of Business                           |             |     |
| <input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care | <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management |             |     |
| <input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery                 |   |             |     |
| <b>Comments:</b><br><br><br>  |   |             |     |
| <b>Authorised Staff Name</b>  |   |             |     |
| <b>Authorised Staff Signature</b>   |   | <b>Date</b> | / / |