

## STUDENT APPLICATION FORM

Please complete **ALL** details on this application form. This will be used to enrol you in the qualification you are seeking. Some of the information contained herein will be keyed into a database and used for statistical and other reporting purposes.

Please ask your agent for assistance; or contact Australian Training and Education College (ATEC) on (02) 5850 0300 for any help that you may require. **PLEASE USE BLACK PEN AND WRITE IN BLOCK LETTERS.**

PERSONAL DETAILS			
<b>1) Preferred Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>
Mr / Miss / Mrs / Ms			
<b>2) Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<b>3) Date of Birth (Day/month/year)</b>	/	/	
<b>4) Passport Number:</b> <i>(Copy of Passport to be provided with this application)</i>			
<b>5) Date Issued (Day/month/year)</b>	/	/	
<b>6) Do you currently hold an Australian Visa?</b> <i>(Copy of Visa to be provided with this application)</i>			
<input type="checkbox"/> Yes	Visa Type:	Expiry Date (Day/month/year)	
		/ /	
<input type="checkbox"/> No	Which Australian Embassy / High Commission will you lodge your visa application?		
	City:	Country:	
<b>7) Are you using an Education Agent?</b> <input type="checkbox"/> Yes <i>(Provide Agent details below)</i> <input type="checkbox"/> No			
Agent Name:		Contact Person:	
Email:		Contact Phone:	
<input type="checkbox"/> I nominate this agent to be my Education Agent in further dealings with FEG.			
<b>8) Contact Information</b>			
Contact Phone:		Mobile:	
Email Address:			
<b>9) Emergency Contact Information</b>			
Contact Name:	Relationship to you:		Contact Number:

<b>10) Overseas Home Address:</b>			
<b>11) Do you have a residential address in Australia?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Flat / Unit Number:	Street Number:	Street Name:	
Suburb:	State:	Postcode:	
<b>Is your postal address same as above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please fill in details below)</i>			
Flat / Unit Number:	Street Number:	Street Name:	
Suburb:	State:	Postcode:	

<b>COURSE SELECTION</b>
<b>1) Which campus/location you intend to study in?</b> <input type="checkbox"/> Parramatta Campus <input type="checkbox"/> Central Coast Campus (BSB Qualification only)
<b>2) Please select the course you would like to apply?</b> <input type="checkbox"/> BSB50120 Diploma of Business (CRICOS Code: 112841E) <input type="checkbox"/> BSB60120 Advanced Diploma of Business (CRICOS Code: 112842D) <input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management (CRICOS Code: 113353B) <input type="checkbox"/> SIT50422 Diploma of Hospitality Management (CRICOS Code: 113354A)
<b>3) Course Intake (Please refer to our website for more intake information)</b> <b>Year:</b> <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025 <input type="checkbox"/> 2026 <b>Please write down the intake date:</b>

<b>LANGUAGE AND CULTURAL DIVERSITY</b>
<b>1) Have you completed any English Test?</b> <i>(supporting evidence to be provided with this application)</i> <input type="checkbox"/> Yes <i>(Provide details below)</i> <input type="checkbox"/> No <b>(Go to Question 13)</b>
Name of English Test: <input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> OTHER _____
Result: _____ Date Undertaken (Day/month/year):    /    /
<b>2) Have you completed any English Course in Australia?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(supporting evidence to be provided with this application)</i>
Course Name: _____
Institution: _____ Date Completed (Day/month/year):    /    /
<b>3) Do you have special needs?</b> <input type="checkbox"/> Yes <i>(We will arrange a meeting to discuss with you)</i> <input type="checkbox"/> No
<input type="checkbox"/> Allergies <input type="checkbox"/> Medical condition <input type="checkbox"/> Literacy difficulties <input type="checkbox"/> Numeracy difficulties <input type="checkbox"/> Language difficulties <input type="checkbox"/> Other
If you ticked any of the above boxes, please provide details:



### STUDENT Self-Assessment Checklist

This self – assessment checklist will help ATEC to determine if the course you wish to enrol is the most suitable for you based on the information provided on your educational history, existing skills, study purpose, aspirations. This information will also provide ATEC to identify any learning needs you have and provide any support services to meet your individual needs.

#### Academic Suitability

All prospective students must meet ATEC’s course entry requirement to establish their suitability into the course. Tick the option that best applies to you. Attach evidences where needed.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I have successfully completed HSC (Australian Year 12) or its overseas equivalent qualification.               |
| <input type="checkbox"/> | I have successfully completed Certificate IV or higher – level qualification (taught in English) in Australia. |
| <input type="checkbox"/> | I have minimum IELTS score of 5.5 or equivalent.   |
| <input type="checkbox"/> | I have English proficiency of upper intermediate or above from an Australian Registered Provider.              |
| <input type="checkbox"/> | I will complete a Language Literacy & Numeracy (LLN) and any follow- up assessment required by ATEC.           |

**Student Signature:**

**Date:**    /    /

#### Admin Use Only

Application Handled by:.....

Enrolment approval:  Yes     No