

## INTERNATIONAL STUDENT APPLICATION FORM

### APPLICANT INFORMATION

Title Mr. Mrs. Ms.

First Name:

Last Name:

Date of birth (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male Female

Country of birth:

Citizenship:

Unique Student Identifier Number: (USI):

Have you applied for a USI? Yes No

Do you require Key 2 Learning College to apply for the USI on your Behalf? Yes No

*If Yes, you will need to complete a form giving permission to Key 2 Learning College to apply for a USI on your behalf.*

### CONTACT DETAILS

Current Address:

Suburb:

Postcode:

State:

Home phone:

Mobile phone:

Email address:

### LANGUAGE AND CULTURAL DIVERSITY

**Is English your first language?** Yes No If not, what is your first Language?:

If not, please indicate the English test you completed. IELTS TOEFL PTE(A) CAE(A) *(Attach evidence)*

Registration number: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Average score: Listening: Reading: Writing: Speaking:

### HIGHEST LEVEL OF EDUCATION ACHIEVED

|                                              |                                                                                                                              |     |    |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Qualification name:                          | Are you currently enrolled with another CRICOS provider? If not, skip to the next section                                    | Yes | No |
| Name of institution:                         |                                                                                                                              | Yes | No |
| Country:                                     | Do you require a Letter of Offer to be released by your current provider?                                                    | Yes | No |
| Year completed:                              |                                                                                                                              | Yes | No |
| Language of instruction: English Other _____ | Why are you leaving your current course provider?                                                                            |     |    |
| Qualification name:                          | Do you owe fees to your previous provider?                                                                                   | Yes | No |
| Name of institution:                         | Did you abide by the conditions of your student visa with your previous provider?<br><i>(Attendance and course progress)</i> | Yes | No |
| Country:                                     |                                                                                                                              | Yes | No |
| Year completed:                              | <b>When did you complete your course with your previous provider in Australia?</b> <i>(Attach evidence)</i>                  |     |    |
| Language of instruction: English Other _____ |                                                                                                                              |     |    |

### EMPLOYMENT HISTORY

**Please attach a copy of your resume.** Ensure you provide your employment history starting with the latest on the top.

| PASSPORT AND VISA DETAILS                                                                                  |  | COURSE SELECTION                                           |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|
| Passport No:                                                                                               |  | CHC33021- Individual Support (Ageing)                      |  |
| Country of Passport:                                                                                       |  | CHC42021 - Certificate IV Community Services               |  |
| Student Visa, subclass                                                                                     |  | CHC52021 - Diploma of Community Services (Case Management) |  |
| Visitor Visa                                                                                               |  | CHC62015 - Advanced Diploma of Community Sector Management |  |
| Working Holiday Visa                                                                                       |  | BSB50420 - Diploma of Leadership and Management            |  |
| Other, please specify:                                                                                     |  | HLT54121 - Diploma of Nursing                              |  |
| If applying for student visa, where will you apply:                                                        |  |                                                            |  |
| In Australia                                                                                               |  |                                                            |  |
| Outside Australia                                                                                          |  |                                                            |  |
| Please tick <input checked="" type="checkbox"/> answer YES or NO                                           |  | YES NO                                                     |  |
| Have you been refused entry into Australia?                                                                |  |                                                            |  |
| Have you ever breached any VISA conditions?                                                                |  |                                                            |  |
| Have you ever had a visa application rejected including countries such as UK, USA, Canada and New Zealand? |  |                                                            |  |
| Have you been convicted of any crime or offence in any country?                                            |  |                                                            |  |
| Have you been issued a protection visa in any country to date?                                             |  |                                                            |  |
| Are you planning to apply for a protection visa in Australia?                                              |  |                                                            |  |
| Are you aware of work restrictions while studying in Australia?                                            |  |                                                            |  |
| Are you planning to stay back in Australia after completion of your study?                                 |  |                                                            |  |
| Are you bringing parent(s)/spouse/guardian with you while studying in Australia?                           |  |                                                            |  |
|                                                                                                            |  | <b>Campus Location:</b> <b>Canberra:</b> <b>Sydney:</b>    |  |
|                                                                                                            |  | <b>COMMENCEMENT:</b> <b>Month:</b> <b>Year:</b>            |  |

| DISABILITIES                                                                                                                                |                                       |                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------|--|
| Do you consider yourself to have a disability, impairment, or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |                                                                |  |
| If yes, please indicate the areas of disability, impairment or long-term condition (tick all that applies)                                  |                                       |                                                                |  |
| <input type="checkbox"/> Hearing/deafness                                                                                                   | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition                     |  |
| <input type="checkbox"/> Vision                                                                                                             | <input type="checkbox"/> Learning     | <input type="checkbox"/> Acquired brain impairment             |  |
| <input type="checkbox"/> Physical                                                                                                           | <input type="checkbox"/> Mental       | <input type="checkbox"/> Other ( <i>please specify</i> ) _____ |  |

| EMERGENCY CONTACT DETAILS               |  |
|-----------------------------------------|--|
| Person to call in an emergency          |  |
| First Name: _____ Family Name: _____    |  |
| Relationship: _____                     |  |
| Address: _____                          |  |
| Phone/Mobile Number: _____ Email: _____ |  |

## STUDY PLAN

Please attach a personal statement with your application.

What made you choose Australia as a study destination and why not other countries such as the USA, UK, Canada, NZ etc.?

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How did you hear about Key 2 Learning College, have you considered any other providers in Australia? What made you choose Key 2 Learning College?

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Why do you want to study at Key 2 Learning College and how relevant is your current qualification to the course/s that you have chosen to study at Key 2 Learning College?

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Are similar courses available in your country? If yes, please explain why you chose to study at Key 2 Learning College and not your home country?

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What is your career goal and how do you think studying this course at Key 2 Learning College would help you in achieving your career goal?

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What sort of job opportunities do you think you have after completing the course and where do you see yourself in the next years?

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Have you commenced any course but haven't completed?

☐ Yes

☐ No

Did you have any COE cancellation or application refused by other Australian Provider?

☐ Yes

☐ No

[illegible]

Has your application ever been refused by any Australia Provider?    Yes      No

## APPLICANT AND FAMILY BACKGROUND

| Name | Relationship | Country of Residence | Occupation |
|------|--------------|----------------------|------------|
|------|--------------|----------------------|------------|

[illegible]

## FINANCIAL DECLARATION

|                                                               |     |    |
|---------------------------------------------------------------|-----|----|
| Do you wish to pay more than 50% of the course/s tuition fee? | Yes | No |
|---------------------------------------------------------------|-----|----|

## OSHC

Do you currently hold Overseas Student Health Cover (OSHC)? Yes No

Name of OSHC provider:

Membership no:

Expiration date (dd/mm/yyyy):

## STUDENT DECLARATION AND SIGNATURE

- I declare that the information I have supplied on this form is correct and complete.
- I understand that giving false or incomplete information may lead to refusal of my application or cancellation of enrolment.
- I give permission to obtain official records from an educational institution that I have attended.
- I understand that Key 2 Learning College collects stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I understand that if I have applied through an approved agent, all correspondence relating to my application will be forwarded to that agent.
- I understand that any vocational placement undertaken as a part of any of the courses offered will be unpaid for.
- I have read, understood and agree to abide by the College Refund Policy found in the Student Handbook on the website of the College; [www.key2learning.edu.au](http://www.key2learning.edu.au).
- I understand that by signing this application form, I will be sent a letter(s) of offer if all admission requirements are met.
- I agree that on acceptance of enrolment, I must sign and return an Acceptance to my Letter of Offer which will be the contract of Enrolment.
- I agree that I may choose to pay more than 50% of the total tuition fees up front for the course before I commence the course that is more than 25 weeks. The College can request 100% of the total tuition fees for short courses of 25 weeks or less.

Signature of applicant:

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

.....  
Key 2 Learning College does not enrol students who are under 18 years of age.

## EDUCATION AGENT DECLARATION AND SIGNATURE

As a result of an interview and counselling session undertaken at \_\_\_\_\_, I hereby declare that;

- The applicant, to the best of my knowledge, has a full and clear understanding of the Genuine Temporary Entrant (GTE) requirements to undertake study in Australia
- All information and documentation to support this application has been sighted and verified to be true and genuine

I hereby recommend the College proceeds with the assessment of this application

**AUTHORISED SIGNATORY ON**

**BEHALF OF EDUCATION AGENT**

Name of the assessing officer:

Education Agent Business Details

\_\_\_\_\_

Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

Signature of assessing officer:

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

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## Application Checklist

|                            |                                               |                    |                                   |
|----------------------------|-----------------------------------------------|--------------------|-----------------------------------|
| Completed Application Form | Academic certificate(s)                       | Resume             | Proof of Immigration History      |
| Copy of Passport           | TOEFL/IELTS Certificate                       | Personal Statement | Letter of Release (if applicable) |
| Copy of Visa               | English Course Certificate (where applicable) | Proof of Finances  | OSHC Details (if applicable)      |