



## INTERNATIONAL STUDENT ENROLMENT FORM

### Applicant's Personal Details

(Please read and complete all of the information in clear, block writing).

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Gender Male ☐ Female ☐

Date of Birth DAY MONTH YEAR

Overseas  
Address

State \_\_\_\_\_ Country \_\_\_\_\_ City \_\_\_\_\_ Postcode \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile No \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Education Agent (if applicable) \_\_\_\_\_

Australian  
Address

Street Number \_\_\_\_\_

Street Name \_\_\_\_\_

Suburb \_\_\_\_\_ State/Territory \_\_\_\_\_ Postcode \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile No \_\_\_\_\_ Email Address \_\_\_\_\_

### For onshore students who are on student visa only

Are you currently enrolled in any course in Australia: Yes ☐ If Yes please mention the College name No ☐

Name of the College or provider: \_\_\_\_\_  
 (evidence of enrolment)

Do you want to enrol at Pacific Islands Institute in a concurrent course.

Yes ☐ No ☐

### Passport Details

Passport No \_\_\_\_\_ Nationality \_\_\_\_\_

Date of Expiry \_\_\_\_\_ Visa No. & Expiration Date \_\_\_\_\_

### English Language Proficiency

Please provide evidence of your English language qualification \_\_\_\_\_

IELTS / PTE / TOFEL / (Score) \_\_\_\_\_ Expiry Date \_\_\_\_\_

Other English \_\_\_\_\_

### Language/Cultural Diversity

Your first language \_\_\_\_\_

Do you speak a language other than English at home?  
 (If more than one language, indicate the one that is spoken most often.)

No, English only ☐

Yes, other - Please specify ☐

How well do you speak English?.

Very well ☐

Well ☐

Not well ☐

Not at all ☐

**Are you of Aboriginal or Torres Strait Islander descent?**No ☐Yes, Aboriginal ☐Yes, Torres Strait ☐**Overseas Student Health Cover (OSHC)****Do you have OSHC?**Yes ☐ No ☐

If Yes, who is your provider? \_\_\_\_\_

Membership No \_\_\_\_\_ Expiry 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| DAY                  | MONTH                | YEAR                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Please attach a copy of your membership details)

If no, do you want Pacific Islands Institute to arrange OSHC on your behalf? Yes ☐ No ☐

Please note: It is a requirement of your student visa approval that you show evidence of current OSHC for the duration of student visa. It is student's responsibility to get health coverage.

Single ☐ Family ☐ Couple ☐**Disability**

Do you consider yourself to have a disability, ailment or long-term condition?.

Yes ☐ No ☐ No - Go to Next Question

If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area.)

Hearing/Deaf ☐Physical ☐Intellectual ☐Learning ☐Mental Illness ☐Acquired Brain  
Impairment ☐Vision ☐Medical Condition ☐Other ☐**Emergency Contact Information****LOCAL**

Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail ID \_\_\_\_\_

**INTERNATIONAL**

Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail ID \_\_\_\_\_

**MEDICAL  
CONTACT  
DETAILS**

Doctor \_\_\_\_\_ Contact No. \_\_\_\_\_

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

**Schooling**

What is your highest COMPLETED school level?. (Tick ONE box only.)

Year 12 or equivalent ☐Year 11 or equivalent ☐Year 10 or equivalent ☐Year 9 or equivalent ☐Year 8 or below ☐Never attended school ☐

In which YEAR did you complete that school level?. Year \_\_\_\_\_

Are you still attending secondary school?. Yes ☐ No ☐**PREVIOUS Qualifications Achieved**Have you successfully completed any of the following qualifications?. Yes ☐ No ☐

If YES, then tick ANY applicable boxes.

Bachelor Degree or Higher Degree ☐

Advanced Diploma or Associate Degree ☐

Diploma (or Associate Diploma) ☐

Certificate IV (or Advanced Certificate/Technician) ☐

Certificate III (or Trade Certificate) ☐

Certificate II ☐

Certificate I ☐

Certificates other than the above ☐

Please provide details of completed certificates.

Qualification: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Qualification: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Qualification: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Qualification: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

### Employment

Of the following categories, which BEST describes your current employment status?.

**Tick ONE box only.**

Full-time employee ☐

Part-time employee ☐

Self-employed - not employing others ☐

Employer ☐

Employed - unpaid worker in a family business ☐

Unemployed - seeking full-time work ☐

Unemployed - seeking part-time work ☐

Not employed - not seeking employment ☐

### Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?.

**Tick ONE box only.**

To get a job ☐

To develop my existing business ☐

To start my own business ☐

To try for a different career ☐

To get a better job or promotion ☐

It was a requirement of my job ☐

I wanted extra skills for my job ☐

To get into another course of study ☐

For personal interest or self-development ☐

Other reasons ☐

**Course(s) you wish to enrol in, and the preferred start date**

1<sup>st</sup> Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Proposed Start Date \_\_\_\_\_

2<sup>nd</sup> Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Proposed Start Date \_\_\_\_\_

3<sup>rd</sup> Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Proposed Start Date \_\_\_\_\_

**Credit transfer/RPL (if applicable)**

Do you wish to apply for credit transfer?.

Yes ☐ No ☐

Please refer to separate Credit Transfer form and provide original academic transcript or certified copy.

Do you wish to apply for RPL (Recognition of Prior Learning)?.

Yes ☐ No ☐

Please refer to separate RPL form and provide relevant original or certified documents.

**Flexibility in Paying Tuition Fees.**Do you wish to pay only half or more fees before courses start? Yes ☐ No ☐

If Yes, Please provide amount \_\_\_\_\_

**Payment Details:****Pacific Islands Institute Bank Details:**

Account Name : Pacific Islands Institute Pty Ltd  
ABN : 49663137719  
Account Type : Westpac Business One  
Home Branch Name : Garden City  
BSB/ Account No. : 034093 / 939062

**Please note that there is a 2% surcharge on a Credit Card Transactions.****Please email a copy of your receipt to Pacific Islands Institute.****Unique Student Identifier**

Pacific Islands Institute can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

Enter your Unique Student identifier (if you already have one)

Unique Student Identifier

**Additional Information for USI Application – only required if you do not already have a USI**

Town/City of Birth \_\_\_\_\_

(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

Please provide details for one of the forms of identity below.

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

**Australian Driver Licence**

State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

**Medicare Card**

Individual reference number (next to your name on Medicare card): \_\_\_\_

Card colour: (select which applies)

Green ☐ Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format MM/YYYY)Yellow ☐ Blue ☐ Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)**Australian Birth Certificate**

State/Territory \_\_\_\_\_

Details vary according to State/Territory (see note above)

**Australian Passport**

Passport number \_\_\_\_\_

Non-Australian Passport (with Australian Visa)

Passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

**Immicard**

Immicard Number \_\_\_\_\_

**Citizenship Certificate**

Stock number \_\_\_\_\_ Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)

**Certificate of Registration by Descent**

Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)

In accordance with section 11 of the Student Identifiers Act 2014, Pacific Islands Institute will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

## Privacy Statement & Student Declaration

### Privacy Notice

Under the Data Provision Requirements 2012, Pacific Islands Institute is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Pacific Islands Institute for statistical, regulatory and research purposes. Pacific Islands Institute may disclose your personal information for these purposes to third parties, including:

- School— if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer—if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

### Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

### Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement]..... [DATE] .....

### OFFICIAL USE ONLY

#### Faculty Assessment

- ☐ Completed enrolment/ application form
- ☐ Copy of current passport (certified/original signed)
- ☐ Evidence of current English proficiency or equivalent; IELTS, PTE, TOEFL with minimum 6.0 overall band (certified/original signed)
- ☐ Course entry documents (Year10) including academic history (certified/original signed)
- ☐ Evidence of overseas Student health Cover (original signed)
- ☐ RPL/Course credit details - if applicable
- ☐ Copy of visa - if applicable
- ☐ Letter of release - if applicable
- ☐ Application assessment outcome
- ☐ Offer letter to be issued ☐ Yes ☐ No  
☐ Unconditional ☐ Conditional
- ☐ If application is rejected or refused, form of correspondence  
☐ Email ☐ Phone ☐ others, please mention \_\_\_\_\_

Assessing Officer

Name : \_\_\_\_\_ Date : \_\_\_\_\_ Signature \_\_\_\_\_



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