



# International Student Application Form

## PERSONAL DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Sex:  Male  Female  Other Are you Married?  Yes  No

Nationality: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Do you speak a language other than English at home? (if more than one language indicate the most spoken one)

No, English only  Yes, other - Please specify \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin? (for both Aboriginal and Torres Strait Islander origin mark both boxes)

No  Yes, Aboriginal  Yes, Torres Strait Islander

Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact details Name: \_\_\_\_\_

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

Mobile number: \_\_\_\_\_

## OTHER DETAILS

Are you currently in Australia?  No  Yes, if so, specify passport number: \_\_\_\_\_

Visa expiry date: \_\_\_/\_\_\_/\_\_\_\_\_

What type of visa will you be holding when you commence your studies?

Student  Working  Holiday  Tourist  Other \_\_\_\_\_

If you will be applying/extending your student visa, at which Department of Home Affairs office or embassy will you apply?

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

## HEALTH COVER

Student visa applicants: would you like Melbourne Institute of Australia to arrange Overseas Student Health Cover (OSHC)?

No, I will arrange my own OSHC (provide evidence)  Yes, please arrange OSHC for me

If yes, please select one of the following coverage types:

Single  Family  Couple

## DISABILITY

Do you consider yourself to have a permanent and significant disability?  No  Yes, please specify below

Hearing  Physical  Intellectual  Learning  Mental illness  Mental condition

Vision  Acquired brain impairment  Other: \_\_\_\_\_

## EDUCATION

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

Year 12 or equivalent     Year 11 or equivalent     Year 10     Year 9     Year 8

Never attended school    In which year did you completed the selected school level? \_\_\_\_\_

Highest qualification achieved: \_\_\_\_\_ Where was this qualification achieved:  Australia     Overseas

If overseas please specify Country: \_\_\_\_\_ Additional qualifications: \_\_\_\_\_

## PREVIOUS EDUCATION

Previous qualifications achieved:

Bachelor 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     Other, please specify: \_\_\_\_\_

## EMPLOYMENT

Work experience (number of years): \_\_\_\_\_ Position held: \_\_\_\_\_

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

Full-time employed     Part-time employed     Self-employed     Employed - unpaid in family business     Employer

Unemployed - seeking part-time work     Unemployed - seeking full-time work     Unemployed - not seeking employment

## ENGLISH PROFICIENCY

Please provide details of your English Proficiency results and/or training & attach supporting documentation

IELTS     TOEFL     PTE     Other (including EAP)

Date of English test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ Test Report Number: \_\_\_\_\_

I require a placement test

## RECOGNITION OF PRIOR LEARNING / CREDIT TRANSFER

Refer to Recognition of Prior Learning in the Student Pre-enrolment Handbook on [www.mia.edu.au](http://www.mia.edu.au)

Are you seeking Recognition of Prior Learning (RPL) or Credit Transfer (CT)     Yes     No

Are you transferring from another education provider in Australia?     Yes     No

If 'Yes', then have you completed the first 6 months of your principal course?     Yes     No

Name of Institute: \_\_\_\_\_

If you are currently enrolled in another institute in Australia please provide release letter.

## COURSE SELECTION

BSB80120 Graduate Diploma of Management (Learning)

SIT30821 Certificate III in Commercial Cookery

SIT40521 Certificate IV in Kitchen Management

SIT50422 Diploma of Hospitality Management

### Intake Dates

January     July

February     August

March     September

April     October

May     November

June     December

### Intake Years

2024

2025

2026

2027

## UNIQUE STUDENT IDENTIFIER (USI)

Please provide your USI number here \_\_\_\_\_ (for further information please refer to [www.usi.gov.au/students](http://www.usi.gov.au/students)).

- I do not have a USI number and I give permission to the Student Services Officer at Melbourne Institute of Australia to make an application on my behalf.

## DOCUMENTS ATTACHED TO THIS APPLICATION

- Academic transcripts       IELTS Certificate or equivalent proof of English       Release Letter from previous provider (if transferring)  
 Passport copy       Copy of current Australian visa, if applicable       Relevant work experience, if applicable

## HOW DID YOU HEAR ABOUT MELBOURNE INSTITUTE OF AUSTRALIA

- Current/former student       Agency \_\_\_\_\_

## PRE-TRAINING QUESTIONNAIRE

The answers to the questions below determine the appropriateness of the qualification(s) you are seeking to enrol in for meeting your future career plans. This will assist us in providing you advice about whether the selected training product is appropriate to your needs, taking into account your existing skills and competencies.

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

- For personal interest       To start/develop my own business       To change course of study  
 To get a job       To try for a different career       It was a requirement of my job  
 Other: \_\_\_\_\_

Are you aware of the learning outcomes of this course?  Yes

How do you think this course will benefit you?

What employment/career outcomes do you hope to gain from undertaking this qualification(s)? Select all relevant options.

- To get a job       To start/develop my own business       To change career  
 To get a better job or promotion       It is a requirement of my job       To improve my general education skills  
 To get skills for community/voluntary work       To increase my self-esteem  
 Other: \_\_\_\_\_

In your past learning experiences, have you encountered any barriers or difficulties to learning?

Select all the relevant ones, wherever applicable.

- Computer skills (including Word, Excel, Etc.)       Speaking/Listening       Reading/Writing  
 Group Discussions/Interactions with others       Working through real examples such as a case study or scenario  
 Practical application of skills and knowledge in a workplace or simulated environment       None  
 Other: \_\_\_\_\_

From the information you currently have about the course, do you have any concerns that might prevent you from progressing through this training and assessment program? Please select the appropriate support that you might think would be required during your course.

- English language support       Reading support       Writing support       One-on-one guidance  
 Additional resources       None       Other: \_\_\_\_\_

## STUDENT DECLARATION

I, \_\_\_\_\_ acknowledge that I have read and understood the information provided above. I also acknowledge that I have read the Melbourne Institute of Australia Student Handbook, website and other marketing materials, and have received full information from a Melbourne Institute of Australia and from its authorized agent (if applied through agent) before making the decision to enrol in the course.

The information and documents provided by me are true, genuine and correct in all respects.

Signature: \_\_\_\_\_

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

**Please submit this form to Student Services Officer in campus or email to [admissions@mia.edu.au](mailto:admissions@mia.edu.au)**

Melbourne Institute of Australia collects personal information about you for the purposes of enrolling you into your chosen course(s) or program(s) of study. It is essential that you supply us with current and accurate details in order to process your enrolment. We may also collect and use your information to improve our products and services. Melbourne Institute of Australia will ensure that your personal information is always stored securely and will not be traded improperly. Any disclosure of your data and personal information will be done in strict adherence to the Privacy Act 1988. Please contact our student services if you have any concerns or make a privacy complaint at [Info@mia.edu.au](mailto:Info@mia.edu.au)

### OFFICE USE ONLY

Application received by: \_\_\_\_\_ Date received: \_\_\_/\_\_\_/\_\_\_\_\_

Decision on application:  Accepted  Rejected

Name: \_\_\_\_\_

Applicant information entered in System by: \_\_\_\_\_

Signature: \_\_\_\_\_