

International Student Application Form

Please use BLOCK LETTERS when filling out this form and ensure that all sections are completed and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies. RTO in this form refers to Melbourne Institute of Australia.

Personal Details (including full legal name)

Title (Mr, Miss, Ms, Mrs, Other):

Gender : ☐ Male ☐ Female ☐ Other

Family name (Surname):

(if Single Name only, enter here)

First Name:

Middle Name(s):

Date of Birth:

Nationality:

Passport No.

Your Contact Details

Mobile Phone:

Work Phone:

Email Address:

Preferred Contact Method:

☐

via Mobile Phone

☐

via Email

☐

via Post (address below)

(please tick one)

Your Emergency Contact

Name:

Relation:

Home Phone:

Mobile Phone:

Work Phone:

What is the address of your usual residence?

Please provide the physical address (street number and name, post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

House/ Unit/ Flat No./ Building:

Street name:

Suburb, locality or town:

State/territory:

Country:

Postcode:

Workplace Employer Details (If Applicable)

Business Name:

Contact Name:

Supervisor Name:

Business Address:

Employer email:

Phone:

Training product to be enrolled

- ☐ BSB80120 Graduate Diploma of Management (Learning)
- ☐ SIT30821 Certificate III in Commercial Cookery
- ☐ SIT40521 Certificate IV in Kitchen Management
- ☐ SIT50422 Diploma of Hospitality Management

Intake Month

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| ☐ January | ☐ February | ☐ March | ☐ April | ☐ May | ☐ June |
| ☐ July | ☐ August | ☐ September | ☐ October | ☐ November | ☐ December |

Intake Year

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| ☐ 2025 | ☐ 2026 | ☐ 2027 | ☐ 2028 |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

Recognition Of Prior Learning / Credit Transfer

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.

Language and Cultural Diversity

Are you of Aboriginal/Torres Strait Islander origin?

☐ No	☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander	☐ Yes, Aboriginal & T.S. Islander

In which country were you born?

☐ Australia

☐ Other _____

Do you speak a language other than English at home? ☐ No (English only) ☐ Yes _____

Unique Student Identifier (USI)

From 1 January 2015, we RTO 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). In addition, we are required to include your USI in the data we submit to NCVER. 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. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Enter your USI

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If you want the RTO to create a USI on your behalf, please provide the information in the below section.

USI application through your RTO (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like us to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <<https://www.usi.gov.au/about-us/privacy/privacy-notice-students>>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] _____authorise RTO to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

☐ I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) as outlined by the Student Identifiers Registrar <<https://www.usi.gov.au/about-us/privacy/privacy-notice-students>>.

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

1. Australian Driver's Licence

State: _____

Licence Number: _____

2. Non-Australian Passport (with Australian Visa)

Passport number _____

Country of issue _____

In accordance with section 11 of the Student Identifiers Act 2014, RTO 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.

School Qualifications/Education

What is your highest COMPLETED school level?

(Not inclusive of higher education)

Tick one box only

☐ Completed Year 12 ☐ Completed Year 10

☐ Completed Year 11 ☐ Never attended school

In which year did you complete this school level? _____

(must be answered – even if education was completed overseas)

Other Qualifications/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: _____

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

Employment Status

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

Disability

Do you consider yourself to have a disability, impairment or long term condition? ☐ Yes ☐ No

If yes, please indicate the areas of disability, impairment or long term condition.

You may indicate more than one.

☐ Hearing/deaf ☐ Vision ☐ Acquired brain impairment

☐ Intellectual ☐ Physical ☐ Learning

☐ Mental illness ☐ Other (Please specify): _____

Study Reason

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

- | | |
|---|--|
| ☐ To get a job | ☐ I wanted extra skills for my job |
| ☐ To develop my existing business | ☐ To get into another course of study |
| ☐ To start my own business | ☐ For personal interest or self- development |
| ☐ To try for a different career | ☐ To get skills for community/ voluntary work |
| ☐ To get a better job or promotion | ☐ Other Reasons_____ |
| ☐ It was a requirement of my job | |

Visa Details

Are you currently in Australia? ☐ No ☐ Yes, Visa expiry date:_____ Subclass:_____

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

☐ Student ☐ Working ☐ Holiday ☐ Tourist ☐ Other Reasons_____

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

How did you hear about us

How did you find out about the course you are enrolling in? (Tick one box only)

☐ Staff Member ☐ Current/Past Student ☐ Flyer ☐ Website
☐ Word of mouth ☐ Social Media (e.g. Facebook) ☐ Other : _____

Student Handbook

The student handbook outlines the following:

- | | |
|---------------------------|--|
| • Student fee information | • Assessment guidelines |
| • Refund Policy | • Student welfare and support services |
| • Code of conduct | • Recognition of prior learning |
| • Complaints procedure | • Course Information |
| • Appeals procedure | |

The Student Handbook can be found on our website www.mia.edu.au.

Pre-Training Checklist (Please tick the correct boxes)

- | | |
|--|---|
| ☐ Language, Literacy, Numeracy and Digital literacy (LLND) assessment completed | ☐ Entry Requirements discussed |
| ☐ Pre-training form completed | ☐ Credit Transfer discussed |
| ☐ Delivery Mode discussed | ☐ Location of the course discussed |
| ☐ Recognition of prior learning(RPL) discussed | ☐ Complaint and Appeal Policy discussed |
| ☐ Refund policy discussed | ☐ Tuition fees, & Non Tuition fees discussed |
| ☐ I have read and understand the student handbook | ☐ Any question answered |
| | ☐ Please indicate any special needs, assistance you may require during the course (e.g Writing assistance) |
-

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 |

Privacy Statement & Student Declaration

Privacy Notice

Under the Data Provision Requirements 2012, RTO 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), may be used or disclosed by RTO for statistical, administrative, regulatory and research purposes. RTO may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Consent for publication of photographs and student work

- RTO occasionally takes photos of students participating in classes for publicity purposes. These photos may be

displayed on our website. The names and details of the people in the photos are not released or published. Staff will always identify when they are taking photos so students who don't wish to have their photo taken can be excluded from the photo. If at any time your photo is published on the website and you would like it removed, we will do so within 24 hours of receiving a written request to remove it.

Do you consent to the use of your photo under these conditions? Yes___ No___

- If you indicated NO please ensure you advise the staff member at the time the photo is being taken to ensure you are excluded from the photo.

Consent/Authority to release information and view documents

- Please be assured that any discussions held with this representative will be for the purposes of your assessment and for your skills development.
- During the process we do not plan to discuss your evidence or work practices with other trainees, unless we have your written permission to do so.
- You are required to give permission in writing for any of these discussions or viewing of evidence to occur.
- I will be required to participate in the completion of a National Students Outcomes Survey [NCVER], during the course of my training program.

Declaration of Information Accuracy

In signing or emailing this form I acknowledge and declare that;

- I have read and understood and consent to the privacy notice and have completed all questions and details on the enrolment forms.
- Arrangements have been made to pay all fees and charges applicable to this enrolment.
- I have read and understand the RTO Information in Student Handbook and on Website www.mia.edu.au
- I agree to be bound by the RTO's Student Code of Conduct, regulations, policies and disciplinary procedures whilst I remain an enrolled student.
- I am 18 years of age or older.
- My participation in this course is subject to the right of RTO to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of RTO.
- I understand and have been provided with information by RTO in relation to Credit Transfer and Recognition of Prior Learning (RPL).
- I confirm that I have been informed about the training, assessment and support services to be provided, and about my rights and obligations as a student at RTO.
- I have also visited RTO website to review Training options available to me including but not limited to duration, location, mode of delivery and work placement (if any), fees, refunds, complaints and withdrawals.
- I authorise RTO or its agent, in the event of illness or accident during any RTO organised activity, and where emergency contact next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- My academic results will be withheld until my debit is fully paid and any property belonging to RTO has been returned.
- I acknowledge that from time to time RTO may send me information regarding course opportunities and other promotional offers and that I have the ability to opt out.
- 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: _____

Date: _____

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

Hearing/deaf

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

Physical

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

Intellectual

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

Learning

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

Mental illness

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

Acquired brain impairment

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

Vision

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

Medical condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.