

# Application Form

- Complete all sections and print neatly in BLOCK LETTERS
- Missing or incorrect information may cause delays in the application process
- Return this form and attachments to your representative or send to: admissions@zoi.vic.edu.au

## Personal Details

**Title:**  Mr.  Mrs.  Ms.  Miss.  Other:

**Given Name:** \_\_\_\_\_ **Family Name:** \_\_\_\_\_

**Date of Birth** DD/MM/YYYY \_\_\_\_\_ **Sex**  Male  Female  Other

**Marital Status**  Single  Married  Widowed  Separated  Divorced  Unspecified  Other ( )

## Contact Details:

### Contact Address in Home Country

**Full Address**

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

**Email** \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

### Address in Australia (if known):

**Full Address**

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

## Citizenship

**Country of Citizenship (as on passport)** \_\_\_\_\_ **Country of Birth** \_\_\_\_\_

**Do you currently have a visa to be in Australia?**  No  Yes (if Yes please provide visa type and expiry date below)

**Visa Type** (e.g. student visitor) \_\_\_\_\_ **Visa expiry date** DD/MM/YYYY \_\_\_\_\_ **Passport Number:** \_\_\_\_\_

**Have you had a previous visa refusal from any country?**  No  Yes (please provide evidence)

**Will you be applying for a student visa to study at ZOI Education?**  No  Yes

**Do you have a family member already residing in Australia**  No  Yes (If Yes Please specify the relationship to you)

**Have you ever breached any visa conditions?**  No  Yes (If Yes. Please provide the details below)

**Have you ever been convicted of any criminal activity?**  No  Yes (If Yes. Please provide the details below)

## OSHC

**Have you organised Overseas Student Health Care Cover (OSHC)**  No  Yes (if Yes, please complete the below)

**Provider:** \_\_\_\_\_ **Membership No** \_\_\_\_\_ **Expiry** / /

**Do you require ZOI Education to organise OSHC for you?**  No  Yes (if Yes please select the followings)

Single  Family

### English Proficiency (complete where applicable and provide notarised/certified evidence)

**Native language** \_\_\_\_\_ **How well do you speak English?**  Very well  Well  Not well  Not at all

**Do you have English test results?**  No  Yes (if Yes, provide the following details)

IELTS Score	TOEFL Score	C-TOEFL Score	PTE Score	Other (test name): Score
Date DD / MM / YYYY	Date DD / MM / YYYY	Date DD / MM / YYYY	Date DD / MM / YYYY	Date DD / MM / YYYY

I have (or will) complete an English proficiency qualification in Australia.

Name of Language Centre \_\_\_\_\_

### Course Details

**Please select the course you are applying.**

CHC30113 Certificate III of Early Childhood Education and Care

CHC50113 Diploma of Early Childhood Education and Care

Full Qualification: CHC30113 Certificate III of Early Childhood Education and Care & CHC50113 Diploma of Early Childhood Education and Care)

Preferable Intake;  January  April  July  October Specify year: Y Y Y Y

**Do you wish to apply for Credit?**

No  Yes (If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.)

**Do you wish to apply for Recognition of Prior Learning?**

No  Yes (If you indicate YES, you will be contacted to discuss this further.)

### Tuition Payment Plan

Chosen course	Payment Plan option (please tick)
CHC30113 Certificate III of Early Childhood Education and Care	<input type="checkbox"/> 3 instalments (excl. Initial Deposit \$1000) <input type="checkbox"/> Full Payment
CHC50113 Diploma of Early Childhood Education and Care	<input type="checkbox"/> 3 instalments (excl. Initial Deposit \$1000) <input type="checkbox"/> Full Payment
Full Qualification	<input type="checkbox"/> 7 instalments (excl. Initial Deposit \$1000) <input type="checkbox"/> Full Payment

### Schooling

**Are you still in secondary school?**  Yes  No

**What is your highest COMPLETED School level?** \*Please tick one that applies.

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?** \_\_\_\_\_

**Have you successfully completed any previous (Post-secondary) qualifications?**

Yes (please select the below)  No

Bachelor Degree  Advanced Diploma or associate degree  Diploma (Or Associate Diploma)

Certificate IV (or Advanced Certificate/Technician)  Certificate IV (or Trade Certificate)  Certificate II

Certificate I \_\_\_\_\_ )

**Computer proficiency** **How good is your digital literacy? i.e. use of Microsoft Suites, online research**

Very well  Well  Not well  Not at all

### Next of kin/emergency contact

Full Name	Relationship to you		
Full Address			
City	State	Postcode	Country
Mobile	Email		

### Disability

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

No  Yes (if Yes, provide indicate the area of disability, impairment or long-term condition. Please tick as many as apply)

- Hearing/deaf                       Intellectual                       Mental illness                       Physical                       Learning  
 Medical Condition                       Acquired brain impairment                       Vision                       Other (Please specify)

### Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course? (Tick one box only)

- To get a job                       It was a requirement of my job                       To develop my existing business  
 I wanted extra skills for my job                       To start my own business                       To get into another course of study  
 To try for a different career                       For personal interest or self-development                       To get a better job or promotion  
 Other (Please specify)

### Agent Details

How do you know about ZOI Education? (Tick all that apply)

- Agent ( Name of the agent )                       Friend                       Family Member                       Expo/Event (Name of the event )  
 Facebook/Instagram                       Google                       Website                       Other (Please specify )

Are you using an Agent?

No  Yes (if Yes, please answer the below questions)

Agent Name

Contact Number

### Agent Only Section

I declare that I have checked the following GTE requirements of the student.

- Student's circumstances in their home country                       Student's study plan  
 Previous study/work experience of the student                       Financial capability                       Visa history

I have assessed the student to be genuine and to be suitable to meet the requirements of the Visa application.

Agent Signature

Date: ( DD / MM / YYYY )

### Application Checklist

Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification): Please tick those that you are providing.

- Valid passport copy  
 Valid visa (if you have one)  
 High School certificate or other relevant certificates  
 Proof of English Language Proficiency  
 Any other relevant documents to support your application (i.e. resume)  
 Application Form  
 Statement of Purpose (SOP)  
 IELTS/TOEFL or other English Language Certificate equivalent  
 Financial statement(s)  
 Video Interview presentation (Zoom/Skype)

## Privacy Statement & Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by ZOI Education.

I understand that my RTO, ZOI Education, is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a school-based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

If you would like us, ZOI Education 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 <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. 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, \_\_\_\_\_ authorize ZOI Education 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 pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Print Name \_\_\_\_\_

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

Date: DD / MM / YYYY \_\_\_\_\_

## Office Use Only

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