

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 **Gender** 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:** _____

Email _____

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 _____ **Date** _____ **Date** _____ **Date** _____ **Date** _____
 DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY 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.

CHC30121 Certificate III of Early Childhood Education and Care

CHC50121 Diploma of Early Childhood Education and Care

BSB50420 Diploma of Leadership and Management

BSB60420 Advanced Diploma of Leadership and Management

Preferable Intake: Month: _____ Year: _____

ELICOS – General English (trained by INUS English) Number of Weeks: _____

Preferable Start Date: _____

Campus Melbourne Sydney

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

CHC30121 Certificate III of Early Childhood Education and Care

Payment Plan Option (please tick)

4 instalments (Quarterly Payment Plan)

Full Payment

CHC50121 Diploma of Early Childhood Education and Care

4 instalments (Quarterly Payment Plan)

Full Payment

BSB50420 Diploma of Leadership and Management

4 instalments (Quarterly Payment Plan)

Full Payment

BSB60420 Advanced Diploma of Leadership and Management

4 instalments (Quarterly Payment Plan)

Full Payment

Schooling

Are you still in secondary school?

Yes No

What is your highest COMPLETED School level?

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

Other Certificate (please specify _____)

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
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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)
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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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