

## 1. Personal Details

Title	Family Names:	Given Names
Gender	Date of Birth	First Language

### Passport Details:

Passport Number	Passport Expiry Date	Country of Birth
City of Birth		Nationality

### USI Number:

- Yes,  
 No, I authorise Imperial Institute of Sydney to create on my behalf (please fill USI Consent Form)  
 No, I will create myself (please visit [www.use.gov.au](http://www.use.gov.au))

## 2. Contact Details

### In Australia:

Street Address	Town/City
State	Postcode
Email	Phone Number

### Permanent address in your home country:

Street Address	Town/City	
State/Province	Postcode	Country
Email	Phone Number	

### Emergency Contact Details:

Contact Full Name	Relationship to you
Mobile	Email

## 3. English Proficiency:

What is your current English proficiency level?

Beginner
  Elementary
  Pre-intermediate
  Intermediate
  Upper Intermediate
  Advanced

Have you completed any of the following tests?

IELTS	PTE	TOEFL	Other
Date specified on your result:			

**NOTE:** Only test results taken two years prior to commencement will be accepted. IIS reserves the right to ask applicant to sit for an internal English Test and an LLN test in order to issue a letter of offer.

## 4. Visa Details

### If you hold a current Australian visa:

Current location	<input type="checkbox"/> Onshore	<input type="checkbox"/> Offshore	Type of visa	<input type="checkbox"/> Student	<input type="checkbox"/> Working	<input type="checkbox"/> Visitor	<input type="checkbox"/> Other
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### If you do not hold a current Australian visa:

Department of Home Affairs Office where your application will be/has been lodged	
Date of application / intended application	When did you first arrive in Australia?

## 5. Do you require IIS to organise

### Overseas Student Health Cover (OSHC)

Yes, I authorise IIS to organise OSHC on my behalf
  Single
  Couple
  Family

No (Please provide the name, duration and expire date of your OSHC)

### Airport pick-up

No
  Yes (Please specify)
 Arrival Date
 Arrival Time
 Flight Number

### Homestay

No
  Yes (Please specify)
 Number of weeks
 Start date

## 6. Previous Studies

Please provide evidence for any "Yes" answers

Have you previously studied in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you transferring from another education provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete your course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is your highest completed qualification in Australia?

Name of Institution	State
Name of qualification	Year completed
Total number of years of study	

Are you currently studying?  No  Yes (Please specify)

Course Name		State/Country	
Institute Name		Start Date	
Potential End Date		Total number of years of study	

What is your highest completed Qualification from overseas?

Name of Institution		State/Country	
Name of qualification		Year completed	
Total number of years of study			

## 7. Support Questions

Do you have any disability, impairment or permanent medical condition that may affect your studies?

- No (Please skip to question 8)  
 Yes (Please answer the questions below)

What is the nature of your situation?

<input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Learning <input type="checkbox"/> Other (Please specify)
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## 8. Credit Transfer (CT) / Recognition of Prior Learning (RPL)

Do you want to apply for Credit Transfer?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you want to apply for Recognition of Prior Learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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## 9. Genuine Temporary Entrant (GTE)

Are you aware of the Genuine Temporary Entrant (GTE) requirements by the Department of Home Affairs?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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## 10. How did you learn about us?

<input type="checkbox"/> Through my agent	Agent Name	
<input type="checkbox"/> Other (Please Specify)		
Agent Stamp		

 I authorise the above-mentioned agent to receive information related to my enrolment and studies with IIS on my behalf.

## 11. Program selection

### Available Courses

Course Code	Course name	CRICOS Code	Intake Date	Duration	Start Date
BSB50120	Diploma of Business	107452E		52 weeks	
BSB50820	Diploma of Project Management	107451F		52 weeks	
SIT40521	Certificate IV in Kitchen Management	109606J		78 weeks	
SIT50422	Diploma of Hospitality Management	111655D		104 weeks	
RII60520	Advanced Diploma of Civil Construction Design	108808G		101 weeks	
BSB60720	Advanced Diploma of Program Management	108807H		101 Weeks	
CHC52015	Diploma of Community Services	110505D		104 weeks	
BSB80120	Graduate Diploma of Management	110504E		52 weeks	
SIT40521	Certificate IV in Kitchen Management (plus)	109606J		104 weeks	
SIT50422	Diploma of Hospitality Management	111655D			
RII60520	Advanced Diploma of Civil Construction Design (FAST TRACK)	108808G		52 weeks	
Campus	Parramatta (Suite 302, level 3/20 Macquarie Street, PARRAMATTA, NSW, 2150)	City Campus (Level 1, 175 Liverpool St Sydney NSW 2000)	Wollongong (Level 5, 325 Crown Street, WOLLONGONG, NSW, 2500)	Queensland (Level 2, Orchid Plaza, 58 Lake Street, Cairns City, QLD, 4870, Australia.)	

Month	2024	2025	2026
January	08.01.2024	06.01.2025	05.01.2026
February	12.02.2024	10.02.2025	09.02.2026
March	18.03.2024	17.03.2025	16.03.2026
April	08.04.2024	07.04.2025	06.04.2026
May	13.05.2024	12.05.2025	11.05.2026
June	17.06.2024	16.06.2025	15.06.2026
July	08.07.2024	07.07.2025	06.07.2026
August	12.08.2024	11.08.2025	10.08.2026
September	16.09.2024	15.09.2025	14.09.2026
October	07.10.2024	06.10.2025	05.10.2026
November	11.11.2024	10.11.2025	09.11.2026
December	16.12.2024	15.12.2025	14.12.2026

**How will your studies be funded?**

<input type="checkbox"/> Self-funded	<input type="checkbox"/> Private sponsor	<input type="checkbox"/> Home-Government
<input type="checkbox"/> Other		

Please be advised that IIS reserves the right to ask for additional evidence of financial capacity.

**12. Student declaration (Please tick)**

- I declare that I am aware of and understand my financial obligations relation to study in Australia and with IIS. I have read, understood and accept all the terms and conditions of enrolment including any information, policies and procedures and information that may be found at iis.edu.au and/or are included in this form or other enrolment documents and agreements provided to me by Imperial Institute of Sydney and acknowledge that failure to do so may result in the suspension or cancellation of my enrolment.
- I understand that I am not required to pay more than 50% of my tuition fees before my studies commence, but that I may do so if I choose. By submitting this application, I declare that all information and documentation provided in support of it is accurate and true.
- I acknowledge that submission of false, incorrect, incomplete or misleading information may result in the delay or cancellation of my enrolment.

**13. Application checklist**
**Please ensure you attach the following documents with your application**

- Completed all sections of the International Student Application Form
- Certified copy of personal details page of your passport
- Certified copy of your English language qualification or provide details of your English proficiency
- Certified copy of all academic qualifications, including secondary school studies
- CoE document(s) for all courses enrolled - if you are currently studying in Australia
- Certified official translation of any document not in English

**14. Applicant acknowledgement and signature**

Student's full name			
Student's signature*		Date	

\* If the student is below 18 years of age, this agreement must be signed by the student's parent or legal guardian.

**15. Parent or legal guardian's details (if applicable)**

Name	
Relation to student	
Contact number	

## Pre – Training Review

Imperial Institute of Sydney uses the information provided in this section prior to making an offer to ensure the applicant is enrolled in the most appropriate course to achieve their intended outcomes.

### Do you have access to enough information to make an informed decision about your enrolment?

#### Course Information Including

Contents of your course	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Entry requirements for the course	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Duration of course	<input type="checkbox"/> No	<input type="checkbox"/> Yes
School locations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Delivery method of course	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Course requirements (attendance, course progress)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
How assessment is conducted	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any course requirements you must have access to (Computers, etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fees and charges that apply	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Refund policy, Attendance policy, Complaints and Appeals Policy, Course progress Policy	<input type="checkbox"/> No	<input type="checkbox"/> Yes

#### Would you like to add any further information?

### What is your reason to choose this course? Please choose the best option.

- |  |  |
|--|--|
| <input type="checkbox"/> To get a job<br><input type="checkbox"/> To develop or start my own business<br><input type="checkbox"/> To try for a different career<br><input type="checkbox"/> To get a better job or promotion<br><input type="checkbox"/> It is a requirement of my job | <input type="checkbox"/> To get skills for community/voluntary work<br><input type="checkbox"/> To increase my self-esteem<br><input type="checkbox"/> To assist me for further study<br><input type="checkbox"/> Other reason (please specify): |
|--|--|

### Please provide us with some brief details about your employment history

- |                             |   |
|-----------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes – please provide details in next section                                 |
|                             | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual |

Briefly outline any relevant employment history you possess for the course you have chosen:

### Please provide us with details of any relevant courses/qualifications that you have completed.

Qualification Title	
Did you complete the course?	
Where did you study?	

### What do you think is the easiest and most effective way for you to learn? This will help us determine your learning style.

- |  |  |
|--|--|
| <input type="checkbox"/> Textbooks that I can read and refer to in my own time.<br><input type="checkbox"/> Power Points explained to me during classes.<br><input type="checkbox"/> Pictures and diagrams.<br><input type="checkbox"/> Group discussions with others.<br><input type="checkbox"/> Conducting my own research.<br><input type="checkbox"/> Listening to the lectures/trainers. | <input type="checkbox"/> Practical application of skills and knowledge in a workplace or similar or watching videos:<br><input type="checkbox"/> Working through real examples such as a case study or scenario.<br><input type="checkbox"/> Other (please explain below): |
|--|--|

### What additional support do you think you will need in order to complete this course successfully?

- |  |   |
|--|---|
| <input type="checkbox"/> English language support<br><input type="checkbox"/> Reading support<br><input type="checkbox"/> Additional resources<br><input type="checkbox"/> One-on-one guidance | Writing support<br>Other (Please specify) |
|--|---|

### Digital capability

How do you plan to access computers and the internet? (Please circle)	<input type="checkbox"/> At Home	<input type="checkbox"/> Library	<input type="checkbox"/> Family & Friends	<input type="checkbox"/> No Access
Do you use any of the following digital devices and if so how often?	Computes	Laptop	Smartphone	Tablet/iPad
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Monthly

### Please tick any of the comments that apply to you:

- |  |  |
|--|--|
| <input type="checkbox"/> I am confident in computer programming<br><input type="checkbox"/> I am comfortable in producing and saving documents and spreadsheets<br><input type="checkbox"/> I am comfortable in watching videos (You tube etc.) and using social media | <input type="checkbox"/> I am comfortable in researching on the internet and sending emails<br><input type="checkbox"/> I am not comfortable with any technology |
|--|--|

**Declaration:** I declare to the best of my knowledge that the information contained in this form is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic record or work experience may result in the withdrawal by IIS of a place that may be offered and that this withdrawal may take place at any stage during the course I undertake.

Applicant's Signature

Date:

Please Note: Unsigned forms will not be processed.

### FOR OFFICE USE ONLY

Is the qualification suitable for the student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
The student is fully aware of the course training and assessment arrangements	<input type="checkbox"/> No	<input type="checkbox"/> Yes
The student is fully aware of their rights and obligations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Training and assessment strategy is suitable and based on the student's learning needs and learning styles?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you identified any support requirement during the process? (If yes, please specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Staff name	Signature	Date