

Please complete all details on this application form. This will be used to enrol you in the qualification you are seeking. Some of the information contained herein will be keyed into a database and used for statistical and other reporting purposes. Please ask your agent for assistance; or contact Elite Institute for any help that you may require.

Personal Information				
Title:			Gender:	
Given Name:			Family Name:	
Date of Birth:	DD /	MM / YYYY	Nationality:	
Place of Birth (City):			Country of Birth:	
Passport No:			Passport Expiry date:	DD / MM / YYYY
Visa Status:			Visa Number:	
Visa Expiry Date:	DD / N	1M / YYYY		
Student Contact Deta	ils			
	Address in Aus	tralia		Address in Home Country
Building Name:			Flat/unit Details:	
Flat/unit Details:			Street Number:	
Street Number:			Street Name:	
Street Name:			City/Town/Suburb:	
State:			State:	
Home/Mobile Phone:	ome/Mobile Phone:			
Alternative: Phone:			Home/Mobile Phone:	
Email Address:			Alternative Email Address:	
Emergency Contact D	etails			
Contact Name:			Relationships:	
Address:				
Phone:			Email:	
Education Agent Deta	ils			
Are you using and educ	ation agent?	YES - complete ag	ent details below	☐ NO - go to next section
Agency Name:			Contact Person Name:	
Contact Number:			Email:	



Cour	se Details															
Select the course/s you wish to enrol				Preferred course/s start date												
	Certificate III in Individua	al Support Preferred Start Date: (Refer to our website for intake dates)								DD /	MM / Y	YYY				
Certificate IV in Ageing Support				Preferre	Preferred Start Date: (Refer to our website for intake dates)								DD /	MM / Y	YYY	
	Certificate IV in Disabilit	y Supp	oort	Preferred Start Date: (Refer to our website for intake dates) DD / MM /									MM / Y	YYY		
Campus Location: Level 3, 14 Railway Parade, BURWOOD NSW 2134																
D	guitien of Drive Learning	(DDL)	0	dia Tuese es	£											
	gnition of Prior Learning		or Cre			•,,,	L D.D.L.									
-	ou applying for RPL or Cre fer for your previous studi			1 1		vill ser on form	nd RPL/ n.	Credit	transf	er		NO - g	o to r	ext se	ction	
Overs	seas Student Health Cov	er (OS	SHC)													
Do you need the college to arrange this for you? YES - we will send details NO - go to next se							ction									
Lang	uage and Cultural Divers	ity														
Australian Aboriginal or Torres Strait Islander origin				r	Aboriginal Torres Strait Islande						ander			None		
Is Eng	glish your main language?	main language?														
Was English the language of instruction in pr				revious s	evious secondary or tertiary studies?					Yes			☐ No			
Have	you completed a test of E	nglish	Langu	age Profic	age Proficiency				☐ Yes			☐ No				
If Yes, What test did you sit?						S	core:	L		/R		/\\		/S	Overa	all
Highe	est Level of Secondary E	ducat	ion Acl	nieved												
	12 or equivalent			11 or equivalent					10 or equivalent							
	9 or equivalent			8 or bel	or below					Did not go to school						
	·															
Previ	ous Qualifications Achie	ved		1												
Bachelor's degree or higher				Advanc	Advanced diplomas or associate degree				е	Diploma level						
	Certificate IV		Certif	icate III Certificate				ate II		Certificate I						
Quali	fication name:															
Scho	ol/Institution name:															
State	/Country:									Ye	ar Com	pleted:			YYYY	



Employment Status													
	Full-time Employee					Part-time	rt-time Employee						
	Self-Employed – not employing others					Self-Emp	self-Employed – employing others						
	Employed – unpaid worker in a family business						Unemployed – seeking full-time work						
						Unemployed – not seeking employment							
Unemployed – seeking part-time work													
	Employer: Occupation:												
Accommodation and Airport Pick-up													
Do yo	ou require accomr	nodatio	on to be organised?					Yes		☐ No			
Do yo	ou require airport p	oick-up	on arrival?					Yes		☐ No			
Disab	oility												
Do yo	u consider yourse	elf to ha	ave a disability, impairment o	or long	-term o	condition?		Yes No - go to next section					
	Hearing/Deaf		Physical		Intell	ectual	ctual Learning			Mental illness			
	Vision		Medical condition		Othe	r (please sp	slease specify:						
	d you like to receiv n may assist you?	ve advi	ce on support services, equi	pment	and fa	icilities		No Yes, please specify			, please specify		
Stude	ent Self-Assessm	nent											
This self-assessment checklist will help Elite Institute to determine if the course you wish to enrol is the most suitable one for you based on your educational history, existing skills and capabilities, aspirations, interests and career goals. The information you provide in this form will also assist Elite Institute to identify any learning needs you have and provide the support services to meet those needs.													
Acad	emic Suitability												
All prospective students must meet Elite Institute course entry requirements to establish their suitability into the course. Tick the options that best applies to you and attach evidence of meeting the course entry requirements.													
I have successfully completed minimum of the Australian HSC or an equivalent or higher.													
I have minimum IELTS score of 6.0 or equivalent													
1. How do you think this course will assist you to achieve your career goals?													



2. Ha	ve you ever worked or volunteered in an area relevant to the course you wish to enrol? (existing skills)				
	,				
3. Do	you hold any formal qualifications relevant to the course you wish to enrol? (knowledge)				
4. Wh	at do you hope to achieve from undertaking this course/pathway?				
5. Do	you have any special needs that may make it difficult for you to successfully complete this course?				
6. Ho	w do you learn best? (you can select more than one option)				
	Attending face to face classes and interacting with the trainer and other students				
	Researching, reading and discussing				
	Completing self-paced learning activities in my own time				
7. Are there any aspects of a learning environment that makes you uncomfortable?					



Computer Skills Capa									
All courses at Elite Institute require students to work on computers to research, prepare documents and present information. Tick appropriate option:									
Skills		Competent	Need Support	No experience					
Computer operation (sy management, saving do	witch on/off, using USB disks, file and folders ocuments etc.)								
Using programs such a	s Word, Excel, Power Point								
Using internet to search	n and access information								
Download and save/pri	nt materials from the internet								
Upload documents ont	o a website on the internet								
Using emails for corres	pondence								
Attach files to emails, c	pen attachments store/print attachments								
Privacy Statement and	d Student Declaration								
 That the information I have provided on this form is true, correct and complete to the best of my knowledge. That I have been provided with appropriate and sufficient information via student handbook and course guide available on Elite Institute website to make an informed decision about my enrolment. That I have been provided with detailed information about the fees and charges associated with my course enrolment including information on tuition fees, enrolment fees, materials fees, payment terms and the applicable refund policy. To provide Elite Institute with up to date and accurate contacts details and notify them if anything changes. To be bound by Elite Institute's Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time. I will follow the instructions of my trainers and assessors as well as other staff and contractors engaged by Elite Institute. I release and hold harmless Elite Institute, its directors, staffs and agents in respect of any property loss or personal injury that I may sustain whilst participating in my course. That Elite Institute is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my application form may be used by Elite Institute or the third parties such as employers (if training paid by an employer), Government departments and authorised agencies, NCVER, organizations conducting student surveys and/or researchers. That I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. (I understand that I may opt out of the survey at the time of being contacted). NCVER will use, disclose, and retain my data in accordance with the VET Data Protocol and all NCVER policies an									
Student Name:									
Student's Signature									
Date:	DD / MM	/ \\\\							