



## INTERNATIONAL STUDENT APPLICATION FORM

### Instructions to Applicants:

- Please use BLOCK LETTERS when completing this form.
- Return the completed form to Cornell Institute of Training, 69 Osborne Avenue, Springvale, 3171 or **Email: info@cornell.vic.edu.au**
- Attach supporting documents, including certified copies of your passport and academic documents.
- Students will be charged AUD \$300.00 (non-refundable) Application Fee.

| Personal Details <i>(Please tick a box that apply to you)</i>   |   |
|---|---|
| Single name only <input type="checkbox"/> (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').  |   |
| Family name (surname)   |   |
| First given name  |   |
| Second given name (middle)  |   |
| Gender:   | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other  |
| Enter your birth date   | Day/month/year / /  |
| * Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Cornell Institute of Training to apply for a USI on your behalf, <b>you must write your name, including any middle names, exactly as written in the identity document</b> you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation. |   |
| Country of Birth:   | Nationality:  |
| Do you speak a language other than English at home?   | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other - please specify  |
| Are you of Aboriginal or Torres Strait Islander origin?<br>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)  |   |
| <input type="checkbox"/> No   | <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander   |
| DHA Office where you applied for your VISA  | <input type="checkbox"/> Onshore <input type="checkbox"/> Offshore  |
| Unique Student Identifier (USI):  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| Application Information               |                                      |             |   |             |                 |
|---------------------------------------|--------------------------------------|-------------|---|-------------|-----------------|
| Select Course<br><i>(Please Tick)</i> | Preferred Intake<br><i>(MM/YYYY)</i> | Course Code | Course Title  | CRICOS Code | Course Duration |
| <input type="checkbox"/>              |                                      | MSF30322    | Certificate III in Cabinet Making and Timber Technology | 113236G     | 94 Weeks        |
| <input type="checkbox"/>              |                                      | SIT30821    | Certificate III in Commercial Cookery                   | 109901B     | 55 Weeks        |
| <input type="checkbox"/>              |                                      | SIT40521    | Certificate IV in Kitchen Management                    | 109593J     | 73 Weeks        |
| <input type="checkbox"/>              |                                      | SIT50422    | Diploma of Hospitality Management                       | 104789D     | 73 Weeks        |
| <input type="checkbox"/>              |                                      | BSB80120    | Graduate Diploma of Management (Learning)               | 113238E     | 104 Weeks       |



**Australian Contact Details (If known)**

Address:

Contact Phone no.:  Email:

Postal Address (If different to the Address above):

**Person To Contact in Case Of Emergency**

Name:  Relationship:

Address:

Mobile:  Email:

**Home Country Details**

Address:

Contact Phone:  Email:

**Schooling**

What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the highest school level completed refers to the highest school level you have completed, and not the level you are currently undertaking. For example, if you are currently in Year 10 the highest school level completed is Year 9.

- Year 12 or equivalent 12
- Year 11 or equivalent 11
- Year 10 or equivalent 10
- Year 9 or equivalent 09
- Year 8 or equivalent 08
- Never attended school 02

Are you still enrolled in secondary or senior secondary education?

- Yes
- No

**Language & Culture Diversity**

In which country you were born?  Australia  Other, please specify.

Is English your first language?  Yes  No My first language is:

Have you taken an English proficiency test (e.g., IELTS, OET, Cambridge, TOEFL, or PTE) in the past 2 years?

- Yes
- No

If Yes, Name of Test:

Date of Test:

Test Score:



**Education**

| Qualification Level   | Recognition              |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
|   | Australian Qualification | Australian equivalent    | International            |
| <input type="checkbox"/> Bachelor's degree or Higher Degree   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Advanced Diploma or associate degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Diploma                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate IV                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate III                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate II                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate I                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Miscellaneous Education              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you enrolled in the same or a similar course elsewhere?  Yes  No

Are you seeking Credit Transfer / recognition of prior learning?  
*(If yes, complete credit transfer / recognition of prior learning form and provide relevant supporting documents along with this application form)*  Yes  No

**Passport Details**

|                                      |  |                       |  |
|--------------------------------------|--|-----------------------|--|
| Passport Number:                     |  | Passport Expiry Date: |  |
| Country and place of Passport Issue: |  |                       |  |

**A certified true copy of your original documents must be provided as part of your application.**

**VISA Details**

|             |  |                  |  |
|-------------|--|------------------|--|
| VISA Type   |  | VISA Subclass    |  |
| VISA Number |  | VISA Expiry Date |  |

**Education Agent**  YES  NO

|                             |  |         |  |
|-----------------------------|--|---------|--|
| Name of Agent:              |  |         |  |
| Address:                    |  |         |  |
| Phone:                      |  | Mobile: |  |
| Email:                      |  | Fax:    |  |
| Agent Stamp (If applicable) |  |         |  |

**Overseas Student Health Cover (OSHC)**

|                          |              |                          |             |                          |
|--------------------------|--------------|--------------------------|-------------|--------------------------|
| OSHC Arranged            | Yes (Part A) | <input type="checkbox"/> | No (Part B) | <input type="checkbox"/> |
| Part A – Insurer Details |              |                          |             |                          |



|   |  |   |  |
|---|--|---|--|
| Name of Insurer:  |  |   |  |
| Member Number:  |  | Date of expiry:   |  |
| Part B --Cornell Institute of Training (CIT) to arrange:  |  |   |  |
| Cover Type – Single/Double/Family   | From Date: / /   | To Date: / /  |  |
| <p>1. The Australian Government requires all persons entering Australia on a Student Visa to have OSHC.<br/>                 2. The length of your OSHC MUST cover the total length of your course(s).</p>  |  |   |  |
| <b>Disability Status (Please tick the boxes that apply to you)</b>  |  |   |  |
| Do you consider yourself to have a disability, impairment, or long-term condition?  |  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                                |
| Disability, Impairment or Long-Term Condition   |  |   |  |
| <input type="checkbox"/> Hearing / Deafness   | <input type="checkbox"/> Intellectual                                  | <input type="checkbox"/> Acquired Brain Impairment                  |  |
| <input type="checkbox"/> Physical   | <input type="checkbox"/> Medical Condition                             | <input type="checkbox"/> Vision                                     |  |
| <input type="checkbox"/> Learning   | <input type="checkbox"/> Mental Illness                                | <input type="checkbox"/> Other                                      |  |
| <b>Employment</b>   |  |   |  |
| Which of the following best describes your current employment status?   |  |   |  |
| <input type="checkbox"/> Full time employee   | <input type="checkbox"/> Unemployed-seeking full time work             | <input type="checkbox"/> Part time employee                         | <input type="checkbox"/> Unemployed-seeking part time work |
| <input type="checkbox"/> Self-employed - not employing others   | <input type="checkbox"/> Employed - unpaid worker in a family business | <input type="checkbox"/> Not employed - not seeking employment      | <input type="checkbox"/> Self-employed – employing others  |
| <b>Reasons for study</b>  |  |   |  |
| Of the following, which best describes your reason for undertaking this course?   |  |   |  |
| <input type="checkbox"/> To get a job   | <input type="checkbox"/> It was a requirement of my job                | <input type="checkbox"/> To get a better job or promotion           | <input type="checkbox"/> To develop my existing business   |
| <input type="checkbox"/> To start my own business   | <input type="checkbox"/> To get into another course of study           | <input type="checkbox"/> To try for a different career              | <input type="checkbox"/> I wanted extra skills for my job  |
| <input type="checkbox"/> For personal interest or self-development  | <input type="checkbox"/> Other   | <input type="checkbox"/> To get skills for community/voluntary work |  |
| In case of Others, please state reason: _____   |  |   |  |
| <b>Recognition of Prior Learning /Credit Application</b>  |  |   |  |
| Would you like to make an application for RPL/ Credit transfer?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |  |
| <p>If you are seeking credit transfer/recognition of prior learning, you must attach certified translated (English) copies of the course outline/syllabus and other relevant documents such as academic transcripts, graduation certificates, grading system information etc., so that CIT can assess your eligibility for credit recognition. Also attach certified copies of previous relevant qualifications or experience. Complete the RPL/CT Form available online at <a href="http://www.cornell.vic.edu.au">www.cornell.vic.edu.au</a> or at CIT reception.</p> |  |   |  |



**Marketing**

How did you find out about this course?

- Advertisement       Newspaper       Internet  
 Friends       Search engines/google       Other, specify: \_\_\_\_\_

**Payment Details**

Payment by Credit Card (Please fill in the credit authorisation form)

Bank Cheque made payable to Cornell Institute of Training

Bank Transfer to be made to the following bank account:

|                |   |
|----------------|---|
| Bank Name:     | COMMONWEALTH BANK   |
| Account Name   | McEvoy and Doust Pty Ltd trading as Cornell Institute of Training |
| BSB            | 063-010   |
| Account Number | 1478-9267   |

**Enrolment Declaration**

Please go through the eligibility criteria carefully before submission of the documents. The information is provided on our website [www.cornell.vic.edu.au](http://www.cornell.vic.edu.au) and Student Handbook.

**Student Privacy Information**

Cornell Institute of Training (CIT) is required to provide both State and Commonwealth Government, with student and training activity data which may include information you provide in this enrolment application form. Information is required to be provided for statistical purposes and in accordance with Information and Privacy Policy. The Education and Training Reform Act 2006, the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth) require and Cornell Institute of Training to collect and disclose student personal information for several purposes including Commonwealth’s Unique Student Identifier (USI). For more information in relation to how student information may be used or disclosed, please refer to Cornell Institute of Training’s Personal Information & Privacy Policy and Procedure. ([www.cornell.vic.edu.au](http://www.cornell.vic.edu.au)) or contact Cornell Institute of Training by email [info@cornell.vic.edu.au](mailto:info@cornell.vic.edu.au).

**Privacy Notice**

Under the Data Provision Requirements 2012, Cornell Institute of Training (CIT) 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 CIT for statistical, administrative, regulatory and research purposes. CIT may disclose your personal information for these purposes to:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer – if you are enrolled in training paid by your employer.
- Commonwealth, State or Territory government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- populated 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 government department or NCVER employee, agent or third-party contractor or 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](http://www.ncver.edu.au)).

For more information about NCVER's Privacy Policy got to <https://www.ncver.edu.au/privacy>



**Enrolment Declaration**

- The information herein provided is to the best of my knowledge true, correct and complete at the time of my enrolment.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I confirm that I have conducted a pre-training review in which I have discussed all my training options including RPL and CT with Cornell Institute of Training and that the elected course/s is the appropriate training option for me.
- I confirm and accept Cornell Institute of Training’s recommended learning pathway as my training program.  
I have read and understood Cornell Institute of Training’s Personal Information & Privacy Policy Procedure.
- I have been provided with information about/and access to Cornell Institute of Training’s Student Handbook, course training plan and schedule, assessment due dates and a current Statement of Fees.
- I have been informed of my rights and obligations as a student with Cornell Institute of Training and agree to abide by all rules and regulations of Cornell Institute of Training.
- I confirm that all arrangements are made to pay outstanding fees and charges applicable to this training program and that Cornell Institute of Training can withhold my academic results until my debt is fully paid and any property belonging to Cornell Institute of Training has been returned.
- I authorise Cornell Institute of Training, in the event of illness or accident during any organized activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- (Optional) I hereby give my permission to Cornell Institute of Training to use my (Name, Testimonial, Image / Photograph) in publications and advertisements produced by or for Cornell Institute of Training. I understand that:
  - These may be used for publication in film, photographs, in printed materials, electronically and on the internet.
  - The above permission will apply for three years from the date of signing this form.
  - I will not receive any compensation or payment for the above.
  - Once my personal information has been published on the internet, Cornell Institute of Training has no control over its subsequent use and disclosure.
- Student’s USI may be used for specific VET purposes including the verification of student data provided by CIT, the administration and audit of VET providers and program; education-related policy and research purposes, and to assist in determining eligibility for training subsidies.
- I agree to the Fee Charges and Refund Policy and Procedure.
- I have read and understood the complaints and appeals processes, my rights as a student, the Privacy Statement, and my right to access Australian Consumer Protection law.
- I have completed the language literacy and numeracy indicator tool or been given the opportunity to.
- I have also been provided with course information, duration of my course and I understand how to access support services and information I understand that access to academic records is provided free of charge.
- I acknowledge that providing false, misleading, or inaccurate information may affect the acceptance of this application and/or the continued provision of training and assessment services.
- I have read and understood CIT’s policies listed above.
- I acknowledge that all fees are payable in full on course commencement or the commencement of the term that fees are due.
- I declare that I am a Genuine Temporary Entrant and a Genuine Student. Please refer to the Department of Home Affairs Website for details: <https://www.homeaffairs.gov.au/trav/stud/more/genuine-temporary-entrant>.

**Applicant’s Name**

**Applicant’s Signature**  **Date**

***Thank you for choosing Cornell Institute of Training as your place to study. One of our friendly team members will be in contact with you after we receive this form along with the required documents.***