

STAFF-IN-CONFIDENCE

Before completing this application form, make sure that you read the EEI Student Handbook, EEI's Pre-application and Enrolment Policy and Procedure, and the Refund policy available online at www.eei.wa.edu.au

INTERNATIONAL STUDENT ENROLMENT FORM

Information contained in this document is utilised in accordance with EMPYREAN EDUCATION Privacy Policy

Please complete the following form in full and return.

If you have any questions please contact our customer service staff or Post to: 16 The Terrace Fremantle, W.A 6160

Email: admissions@eei.wa.edu.au or visit our website at: www.eei.wa.edu.au

Student currently resides: ONSHORE (In Australia) OFFSHORE (Outside Australia)

SECTION 1- PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Surname:					
Given Names:					
Date of Birth:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other (Please specify)		

SECTION 2- IDENTIFICATION & UNIQUE STUDENT IDENTIFIER (USI)

EMPYREAN EDUCATION is required by law to verify your Unique Student Identifier (USI) before we can issue certification.

Do you have a USI?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Your USI No.	
If NO do you authorize Empyrean to generate a USI on your behalf?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Signature:	Date:	
Provide at least ONE form of ID (<i>Admin Staff will need to sight your ID</i>)				
ID Type:		Admin Sighted (Sign)		
ID #:		Admin Sighted (Sign)		

SECTION 3- REFERRAL SOURCE

How did you hear about EMPYREAN EDUCATION INSTITUTE?	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television/Radio <input type="checkbox"/> Industry Body / Regulator	<input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend <input type="checkbox"/> Past Student/From a past student <input type="checkbox"/> Other
How did you hear about this course?	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television/Radio	<input type="checkbox"/> Industry Body / Regulator /Employer <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Other

SECTION 4- CONTACT DETAILS					
Phone: (Home)		Mobile:			
Email:					
Town/City of Birth					
Australian Address: *Students MUST always inform Empyrean Education of a change of address or contact details within 7 days, by completing a Change of Contact Details form*					
Address:					
Suburb:		State:		Postcode:	
Mailing Address (If different from above):					
Address:					
Suburb:		State:		Postcode:	
International Address:					
Address:					
City/State:		Country:		Postcode:	
Next of Kin:					
Name:		Relationship:			
Contact Tel:		Mobile No:			
Emergency Contact:					
Name:		Relationship:			
Contact Tel:		Mobile No:			

SECTION 5- PASSPORT DETAILS *Please include certified copies*			
Country of Passport		Expiry Date:	
Passport Number		Country of Birth:	

SECTION 6- PERSONAL INFORMATION			
A. Indigenous Status <i>(Please choose by placing an X in the boxes that apply to you)</i>			
<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes, Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander
B. Language and Literacy <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Is English your First Language?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, what language do you usually speak?			
How well do you speak English?		<input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Minimal <input type="checkbox"/> Not at all
C. Education <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Are you currently attending school?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please specify year of study)	

What is your highest level of education completed?			
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent
Year/Month Completed:		School:	
C. Training (Please choose by placing an X in the boxes that apply to you)			
Have you completed any other courses / qualifications? (Specify Below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualification Level	Discipline /Subject Area	Qualification Level	Discipline /Subject Area
<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Diploma/Adv Diploma
<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Bachelor
<input type="checkbox"/>	Certificate III	<input type="checkbox"/>	Post Grad
<input type="checkbox"/>	Certificate IV	<input type="checkbox"/>	Masters/Doctorate
COURSE CREDIT & RECOGNITION OF PRIOR LEARNING (RPL)			
<input type="checkbox"/> I Wish to apply for Course Credit (Please complete and attach a course credit/RPL application Form)			
<input type="checkbox"/> I wish to apply for RPL (Please complete and attach a course credit/RPL application Form)			
D. Reason for Study (Please choose by placing an X in the boxes that apply to you)			
Reason for enrolling in this course?			
<input type="checkbox"/> To get a job <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> Requirement of my job <input type="checkbox"/> To start my own business		<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try another career <input type="checkbox"/> Meet CPD / license / vocational requirements <input type="checkbox"/> To gain a qualification <input type="checkbox"/> Other	
E. Disability Status (Please choose by placing an X in the boxes that apply to you)			
Do you consider that you have a disability, impairment/condition that may affect your participation in the course?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to D.			
Disability, Impairment or Long-Term Condition:			
<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition	
<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Not Specified	
<input type="checkbox"/> Other:			
Do you need any additional support?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify support required:			

SECTION 7 - WORKPLACE DETAILS

Employment Status:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/> Employer: <input type="checkbox"/>				
Employer:					
Address:					
Suburb:		State:		Post Code:	
Contact Person:		Phone Number:			
Email Address:					

SECTION 8- CITIZENSHIP STATUS & VISA DETAILS

Citizenship Status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Overseas Resident				
Visa Type	<input type="checkbox"/> Student <input type="checkbox"/> Working <input type="checkbox"/> Visitor <input type="checkbox"/> Bridging <input type="checkbox"/> Other *Please include certified copies with your application*				
Issue Date of current Visa		Expiry Date of current Visa:			
If you do not hold a valid visa but have applied/intend to apply, please complete this section					
DIBP office where application is/will be lodged	Country:		City:		
Visa Application date (or intended)					

SECTION 9- QUALIFICATION & COURSE DETAILS

Please refer to the student handbook for full details of course and duration. Details also available on www.eei.wa.edu.au
I wish to enrol in the following course:

CULINARY QUALIFICATIONS

- | | |
|---|---|
| <input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery | <input type="checkbox"/> SIT31016 Certificate III in Patisserie |
| <input type="checkbox"/> SIT40516 Certificate IV in Commercial Cookery | <input type="checkbox"/> SIT40716 Certificate IV in Patisserie |

HOSPITALITY QUALIFICATIONS

- | | |
|---|--|
| <input type="checkbox"/> SIT50416 Diploma of Hospitality Management | <input type="checkbox"/> SIT60316 Advanced Diploma of Hospitality Management |
|---|--|

COMMUNITY SERVICES QUALIFICATIONS

- | | |
|---|---|
| <input type="checkbox"/> CHC33015 Certificate III in Individual Support | <input type="checkbox"/> CHC52015 Diploma of Community Services |
| <input type="checkbox"/> CHC43115 Certificate IV in Disability | |

SHORT COURSES

- | |
|---|
| <input type="checkbox"/> SITHFAB002 Provide Responsible Service of Alcohol |
| <input type="checkbox"/> SITXFSA001 Use Hygienic Practices for Food Safety |
| <input type="checkbox"/> SITHFAB005 Prepare and Serve Espresso Coffee (Pre-requisite completion of SITXFSA001 required) |

I wish to enroll at the following campus location:				
<input type="checkbox"/> Fremantle- 16 & 18 The Terrace, Fremantle. W.A				
<input type="checkbox"/> Perth City- 267 Scarborough Beach Rd, Mt Hawthorn				
<input type="checkbox"/> Mandurah- 65/85 Mahogany Drive, Halls Head, W.A				
Intake Selection	<input type="checkbox"/> January (20__)	<input type="checkbox"/> April (20__)	<input type="checkbox"/> July (20__)	<input type="checkbox"/> September (20__)

SECTION 10 - EDUCATION AGENT DETAILS			
Are you using an education agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agent Name:	
Address:			
Suburb:		State:	Postcode:
Email Address:			
Agent Stamp	Contact Person:		
	Signature		

SECTION 11 - MEDICAL COVERAGE	
If you <u>currently hold Overseas Student Health Cover</u> complete this section. Please enter the details below.	
Name of Insurer:	Member Number:
If you do not currently hold Overseas Student Health Cover, would you like Empyrean to arrange it for you?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, for myself (Single Cover) <input type="checkbox"/> Yes, for my family (Family Cover)	
Note: OSHC will be arranged with Allianz or BUPA, more information please see https://allianzassistancehealth.com.au/en/student-visa-oshc/ or https://www.bupa.com.au/health-insurance/cover/	

SECTION 12 – INSTALMENT PLAN OPTIONS <i>(please select your requested instalment plan)</i>
<input type="checkbox"/> - TERM
<input type="checkbox"/> - MONTHLY

SECTION 13- CLIENT ENROLMENT & POLICY ACCEPTANCE DECLARATION	
I, _____, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to EMPYREAN EDUCATION INSTITUTE to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for auditing, regulation of training, obtaining feedback and as statistical information.	
I declare that I have read, understood and agree with the following:	Initials
All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.	

PRIVACY the Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact EMPYREAN EDUCATION INSTITUTE.			
REFUND POLICY Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website or contact us.			
COLLECTION FEES By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.			
Client Name:			
Client Signature:		Date:	/ /
RTO Staff Name:			
RTO Signature:		Date:	/ /

APPLICATION CHECKLIST		
Application and Enrolment Documents	Received	Comments
Completed Application Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Passport and Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No	
USI	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of English competency (IELTS/ OET/ TOEFL/ PTE/OTHERS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Academic Transcript / Results of most recently completed qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GTE or Enrolment Questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of Offer Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed offer acceptance form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of OSHC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coe's	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Letter of Release	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if required)
Study Plan and other relevant Credit Application Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if required)