



Enrolment Application Form International Students

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

Please choose the campus	<input type="checkbox"/> Mandurah Campus	65/85 Mahogany Dr, Halls Head WA 6020
	<input type="checkbox"/> Rockingham Campus	Lot 2 Warnbro Sound Ave, Port Kennedy WA 6172
	<input type="checkbox"/> Fremantle Campus	16-18 The Terrace, Fremantle WA 6160

APPLICANT PERSONAL DETAIL

Unique Student Identifier (USI)		If you do not have a USI, do you give authorisation to EEI to apply on your behalf	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name		Given Name	
Date of Birth	DD / MM / YY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex	
Nationality			
Address (in Australia)* (If Any)			
<small>*Students MUST always inform EEI of a change of address or contact details within 7 days, by completing a Change of Contact Details form available at EEI.</small>			
Contact Number:		Email:	

EDUCATION AGENT

Are you using an Education Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No , If yes please provide Education Agent details below:		
Agent Stamp	Name:	Address:	
(Insert Here)	Phone Number:	Email Address:	

HOME COUNTRY DETAILS

Address (home country)			
Mobile:		Home Phone:	

EMERGENCY CONTACT DETAILS

Full Name:	Relationship:
Address:	
Contact number:	Email:

EDUCATION DETAILS

Highest completed school level?		Year that level was achieved:	
Are you still attending	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Have you successfully completed any of the following qualifications? (please tick)	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificates other than the above (Please specify)	<input type="checkbox"/> Cert IV (or Advanced Cert/Technical) <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I/II
Do you wish to apply for Course	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete the 'EEI Course Credit/RPL Application Form'	
English Language Proficiency	<input type="checkbox"/> IELTS Score..... Date obtained ____/____/____ <input type="checkbox"/> Other Score..... Date obtained ____/____/____ <input type="checkbox"/> Not required, English is my first language	

Note, certified copies of stated qualifications and English results must accompany this application

COURSE SELECTION

Courses we offer. Please refer to the student handbook for full details of course and duration. Details also available on www.eei.wa.edu.au	<input type="checkbox"/> SIT31016 (093808A) Certificate III in Patisserie <input type="checkbox"/> SIT40716 (095106D) Certificate IV in Patisserie <input type="checkbox"/> SIT30816 (094633M) Certificate III in Commercial Cookery <input type="checkbox"/> SIT40516 (094634K) Certificate IV in Commercial Cookery <input type="checkbox"/> SIT50416 (091070K) Diploma of Hospitality Management <input type="checkbox"/> SIT60316 (093379F) Advanced Diploma of Hospitality Management <input type="checkbox"/> BSB61015 (089782G) Advanced Diploma of Leadership and Management
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INTAKE DATE

Please chose the intake: Jan 20 ____ April 20 ____ July 20 ____ Sept 20 ____

ADDITIONAL INFORMATION

Which country where you born?	
Do you mainly speak English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak a language other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Are you Aboriginal or Torre Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES please indicate the disability, impairment or long term condition.
 Hearing/Deaf Physical Intellectual Learning Mental Illness Others _____

Of the following categories, which best describes your current employment status?	<input type="checkbox"/> Full – Time employee	<input type="checkbox"/> Part-time employee
	<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Employer
	<input type="checkbox"/> Employed (unpaid in a family business)	<input type="checkbox"/> Unemployed (seeking full-time work)
	<input type="checkbox"/> Unemployed – seeking part-time work	<input type="checkbox"/> Not employed (not seeking work)

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?	<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
	<input type="checkbox"/> To get a better job/promotion	<input type="checkbox"/> Requirement of my job
	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> Other reasons _____



VISA STATUS

Type of visa	<input type="checkbox"/> Student <input type="checkbox"/> Working <input type="checkbox"/> Visitor <input type="checkbox"/> Bridging
Date of current visa expiry: DD / MM / YY (Include certified copies of original documents)	

If you do not hold a current visa but have applied for one complete this section.

DIBP office where application is lodged <i>(or will be lodged)</i>	Country:	City:
Visa Application date <i>(or intended)</i> : DD / MM / YY		

PASSPORT INFORMATION

Country of Passport	Passport number
Passport expiry date: DD / MM / YY	<i>*Include certified copies of original documents.</i>

MEDICAL COVERAGE

If you currently hold Overseas Student Health Cover complete this section. Please enter the details below.

Name of Insurer:	Member Number:
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If you do not currently hold Overseas Student Health Cover, would you like EEI to arrange it for you?

No
 Yes, for myself (Single Cover)
 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/>

TERMS AND CONDITIONS

USI

- A unique student identifier (USI) is required of students who enrol or re-enrol in training from 1 January 2015. This includes continuing students who has already started a course in the previous year (and not yet completed it) and will continue studying after 1 Jan 2015.
- On admissions, EEI will provide all students with a copy of the 'Student Information for the Unique Student Identifier' information sheet issued by the Australian Government, Department of Industry.
- Empyrean Education Institute can apply for a USI on behalf of a student, but they must obtain the student's permission. Students can authorise EEI to apply on their behalf (consent from a parent or legal guardian is not required).
- When the student authorises the Institute to apply for a USI, the student will be required to supply information from a form of Identification (ID). The Document Verification Service used by the USI system accepts any one of the following valid Australian forms of ID: Driver's license, Medicare card, Australian passport, visa (with non-Australian passport), birth certificate (Australian), Certificate of Registration by descent or Citizenship Certificate
- In instances where a student does not have access to one of the above forms of ID or where information from that ID document is not accepted by the Document Verification Service, they are required to contact the Institute who will then contact the USI Registrar.
- EEI is obliged under the legislation to obtain the student's permission and will not be able to access the USI system without declaring that it has the permission of the student.

FEES

- There is a NON REFUNDABLE registration fee of \$230 for processing of enrolment application.
- Payment of course fees are paid in advance by term.
- Payment of other fees such as health cover, accommodation placement fee, accommodation and airport pick up fees are due when a Letter of Offer and Acceptance is sent to the student.

VISA CONDITIONS



Equanimity Consultants Pty Ltd
T/A Empyrean Education Institute
16 The Terrace Fremantle
W.A 6160
(08) 9228 1600
www.eei.wa.edu.au
RTO ID: 52118 CRICOS: 03275D

- Students must maintain a study load of 20 contact hours perweek.
- Students must maintain a rate of progress in the course of study to be able to complete the course in the scheduled timeframe and in accordance with their Confirmation of Enrolment.
- Students must have Overseas Student Health Cover prior to arrival in Australia.
- For the full conditions of your visa, please contact or visit the Department of Immigration and Border Protection (DIBP) website at www.immi.gov.au

PERSONAL INFORMATION AND PRIVACY

- Personal information provided by the student will be kept private and not shared with any organisation unless legally required to do so. Legally we are obligated to provide your personal information to:
 - ESOS Assurance Fund Manager.
 - Department of Immigration and Border Protection (DIBP) if there are changes to the student's enrolment or unsatisfactory attendance or progress in the course of study.
- Information will be provided to DEEWR, DIBP and other state/territory government agencies in relation to administering the ESOS Act and the Migration Act 1958.

The terms and conditions stated do not remove the right of the student to undertake action under Australia's consumer protection laws.

1. I declare that the information provided in this Application for Enrolment form is true and correct and that I understand and agree to comply with the terms and conditions as set out in this Application for Enrolment form.
2. I have read the course brochure or EEI website and understand the requirements and content of the course for which I am applying.'

Signature of Applicant: _____ **Print full name:** _____ **Date:** ___ / ___ / ___

Office Use Only	
Date Form Received:	
EEI Staff Member Name:	EEI Staff Member Signature:
Notes/Comments:	