

Before completing this application form, make sure that you have received, read, understood and accept that the course/s you are applying for are suitable for you and your future needs. Information about Empyrean, courses, locations, facilities and more are available online at www.eei.wa.edu.au

INTERNATIONAL STUDENT ENROLMENT FORM 2021

Information contained in this document including personal information will be used according to 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

The 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 testamur's

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:	
If YES Provide at least ONE form of I.D. to create your USI number (<i>Admin Staff will need to sight your I.D.</i>)				
I.D. Type:				
I.D. #:				

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"/> Friend <input type="checkbox"/> Internet Search <input type="checkbox"/> Television/Radio	<input type="checkbox"/> Industry Body / Regulator /Employer <input type="checkbox"/> Agent <input type="checkbox"/> Employer or Work Colleague <input type="checkbox"/> Other

SECTION 4- CONTACT DETAILS

Australian Residential Address:			
Phone: (Home)		Mobile:	
Email:			
Country of Birth:		Town/City of Birth:	
Australian Address: *Students MUST always inform Empyrean Education of a Change of Address or contact details within seven 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: Are you an Aboriginal or Torres Strait Islander *(Please choose by placing an X in the boxes that apply to you)*

<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 nor Torres Strait Islander

B. Language and Literacy *(Please choose by placing an X in the boxes that apply to you)*

Is English your First Language? Yes No

If NO, what language do you usually speak?

How well do you speak English? Very Well Well Minimal Not at all

C. Education *(Please choose by placing an X in the boxes that apply to you)*

Have you studied in Australia before?		<input type="checkbox"/> Yes <input type="checkbox"/> No Name of the institute:	
Are you currently attending a school or college?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please specify year of study)	
What is your highest level of secondary 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 <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Have you completed any other courses/qualifications In Australia? (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
Do you have any overseas qualifications: (please specify)			
Course Credit or Recognition of Prior Learning (RPL) Do you want to use previously completed studies toward this course? Y / N			
<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 <i>(Please choose by placing an X in the boxes that apply to you)</i>			
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"/> To go to university	
E. Disability Status <i>(Please choose by placing an X in the boxes that apply to you)</i>			
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 require any additional support?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify the support required:			

SECTION 7 - CURRENT OR PREVIOUS WORK EXPERIENCE

Employment Status:	Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>
Employer:	
Location:	
Type of Work:	
How long have you been employed for?	

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 Holiday <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 for one, please complete this section			
The office where the visa application is/will be lodged	Country:	City:	
Visa Application date (or intended)			

SECTION 9- QUALIFICATION & COURSE DETAILS

Please refer our website for full details of course details, duration and necessary items. www.eei.wa.edu.au
I wish to enroll in the following course:

CULINARY QUALIFICATIONS

<input type="checkbox"/> SIT50416 Diploma of Hospitality Management (2-year Cookery) (CRICOS Course Code 091070K) (City & Fremantle) Includes all required units from: SIT30816 Certificate III in Commercial Cookery (City & Fremantle) SIT405106 Certificate IV in Commercial Cookery (Fremantle)	<input type="checkbox"/> SIT31016 Certificate III in Patisserie (CRICOS COURSE CODE 093808A) (Fremantle) <input type="checkbox"/> SIT31016 Certificate IV in Patisserie (CRICOS COURSE CODE 095106D) (Fremantle) <input type="checkbox"/> SIT50416 Diploma of Hospitality Management (Fremantle) (CRICOS Course Code 091070K)
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HOSPITALITY QUALIFICATIONS

<input type="checkbox"/> SIT50416 Diploma of Hospitality Management (6 months) (CRICOS Course Code 091070K) (Fremantle) <i>Prerequisite: SIT40516 Certificate IV in Commercial Cookery / SIT40716 Certificate IV in Patisserie</i>	<input type="checkbox"/> SIT60316 Advanced Diploma of Hospitality Management (CRICOS COURSE CODE 093379F) (1-year) (Fremantle) <i>Prerequisite: SIT50416 Diploma of Hospitality Management</i>
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COMMUNITY SERVICES QUALIFICATIONS

<input type="checkbox"/> CHC33015 Certificate III in Individual Support (CRICOS Course Code 098453E) (Fremantle) <input type="checkbox"/> CHC43115 Certificate IV in Disability (CRICOS Course Code 098454D) (Fremantle) <input type="checkbox"/> CHC52015 Diploma of Community Services (CRICOS Course Code 098455C) (Fremantle)	Location Preference: I wish to enroll at the following campus location:
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<input type="checkbox"/> Fremantle- 16 & 18 The Terrace, Fremantle. W.A				
<input type="checkbox"/> Perth City- 267 Scarborough Beach Rd, Mt Hawthorn <i>(Only available for Certificate III in Commercial Cookery)</i>				
** NB Not all courses are run in all locations per intake. Your chosen preference may not be available for the intake you have chosen. Please check with admission staff before commencement.				
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 provided through Allianz or BUPA. For, 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		
<p>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 Government bodies for auditing, regulation of training, obtaining feedback and as statistical information.</p> <p>I, _____ declare that I have received, read and understood information about the course or courses I am applying for that I believe that it is suitable for my situation and future goals.</p>		
<table border="1"> <tr> <td>I declare that I have read, understood, and agreed with the following:</td> <td>Initials</td> </tr> </table>	I declare that I have read, understood, and agreed with the following:	Initials
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All enrolments are confirmed in writing before the course starts, giving details of the course duration, fees and locations. In the unlikely event you do not receive confirmation of your selected course before the commencement date, please contact us immediately.		
STUDENT OBLIGATIONS: I understand my Visa obligations and will always abide by these obligations		
I understand that I am a student, and my primary obligations are to study and to complete within the allocated COE duration.		
PRIVACY: The Primary purpose of collecting personal 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 information on our Privacy Policy, please visit the website or contact EMPYREAN EDUCATION INSTITUTE.		
REFUND POLICY: Clients who withdraw from a course before the commencement of the course may be entitled to a 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 fees and charges. Should non-payment of issued invoice/s occur, it may result in the matter being handed to our Debt Collection Agency.		
BASIC STATIONARY: Students are required to have a laptop or similar device with installed Microsoft software's and access to internet before commencement of the course. Each course has stationary needs. By signing this enrolment form, you acknowledge that it is your responsibility to acquire those items for your study. Stationary needs can be found on our website and in the student handbook.		
Client Name:		
Client Signature:		Date: / /

APPLICATION CHECKLIST & REQUIRED DOCUMENTS

(Please submit the below documentation with the completed application form to Admissions)

Application and Enrolment Documents	Attached	Comments
Completed Application Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of Passport	<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	
Copy of current visa and dependents visa	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GTE or Enrolment Questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of OSHC	<input type="checkbox"/> Yes <input type="checkbox"/> No	