

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](http://www.eei.wa.edu.au)

## INTERNATIONAL STUDENT ENROLMENT FORM

Information contained in this document will only be used following 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](mailto:admissions@eei.wa.edu.au) or visit our website at [www.eei.wa.edu.au](http://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 certification.

Do you have a USI?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Your USI No.	
If <b>NO</b> 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 I.D. (Admin Staff will need to sight your I.D.)				
I.D. Type:		Admin Sighted (Sign)		
I.D. #:		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

### Australian Contact Details (if Available) :

Phone: (Home)		Mobile:	
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Email:	
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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:			
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Suburb:		State:		Postcode:	
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Mailing Address (If different from above):

Address:			
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Suburb:		State:		Postcode:	
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### International Contract Details:

Address:			
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City/State:		Country:		Postcode:	
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Country of Birth		Town/City of Birth	
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Next of Kin:

Name:		Relationship:	
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Contact Tel:		Mobile No:	
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Emergency Contact:

Name:		Relationship:	
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Contact Tel:		Mobile No:	
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## SECTION 5- 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
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<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No, Neither Aboriginal nor Torres Strait Islander
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B. Language and Literacy (Please choose by placing an X in the boxes that apply to you)

Is English your First Language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If NO, what language do you usually speak?	
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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
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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:
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Are you currently attending a school or college?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If Yes please specify year of study)
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What is your highest level of education completed?

<input type="checkbox"/> Did not go to school	<input type="checkbox"/> Completed Year 10 or Equivalent
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<input type="checkbox"/> Year 8 or Below	<input type="checkbox"/> Completed Year 11 or Equivalent
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<input type="checkbox"/> Completed Year 9 or Equivalent	<input type="checkbox"/> Completed Year 12 or Equivalent
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Year/Month Completed:		School:	
<b>D. Training (Please choose by placing an X in the boxes that apply to you)</b>			
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 & RECOGNITION OF PRIOR LEARNING (RPL) Do you want to use previously completed studies toward this course?			
<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)			
<b>E. Reason for Study (Please choose by placing an X in the boxes that apply to you)</b>			
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	
<b>F. Disability Status (Please choose by placing an X in the boxes that apply to you)</b>			
Do you consider that you have a disability, impairment/condition that may affect your participation in the course?			
<input type="checkbox"/> Yes– Go to G. <input type="checkbox"/> No–Go to Section 6			
<b>G. Disability, Impairment or Long-Term Condition:</b>			
<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:			
Will you need any additional support?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify the support required:			

<b>SECTION 6 - CURRENT OR PREVIOUS WORK EXPERIENCE</b>			
Employment Status:	Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>		
Employer:			
<b>SECTION 7- CITIZENSHIP STATUS &amp; VISA DETAILS</b>			
Citizenship Status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Overseas Resident (visa holders)		
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:	
<b>If you do not hold a valid visa but have applied/intend to apply for one, please complete this section</b>			

The office where the visa application is/will be lodged	Country:	City:
Visa Application date (or intended)		

#### SECTION 8- 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](http://www.eei.wa.edu.au)

I wish to enrol in the following course:

##### CULINARY QUALIFICATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery<br>(CRICOS COURSE CODE 094633M)<br><input type="checkbox"/> SIT405106 Certificate IV in Commercial Cookery<br>(CRICOS COURSE CODE 09463K)<br><input type="checkbox"/> SIT50416 Diploma of Hospital Management<br>(CRICOS COURSE CODE 091070K) | <input type="checkbox"/> SIT31016 Certificate III in Patisserie<br>(CRICOS COURSE CODE 093808A)<br><input type="checkbox"/> SIT31016 Certificate IV in Patisserie<br>(CRICOS COURSE CODE 095106D)<br><input type="checkbox"/> SIT50416 Diploma of Hospitality Management<br>(CRICOS COURSE CODE 091070K) |
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##### HOSPITALITY QUALIFICATIONS

- SIT50416 Diploma of Hospitality Management (6 months) (CRICOS Course Code 091070K)  
*Prerequisite: Certificate IV in Commercial Cookery/Certificate IV in Patisserie*
- SIT60316 Advanced Diploma of Hospitality Management (CRICOS COURSE CODE 093379F)  
*Prerequisite: Diploma of Hospitality Management*

I wish to enrol at the following campus location: (Subject to availabilities)

- Fremantle- 8,16 & 18 The Terrace, Fremantle. W.A
- Perth City- 1&2, 69 Milligan Street, Perth 6000 (Only available for SIT30816 Certificate III in Commercial Cookery)

Intake Selection     January (20\_\_)

April (20\_\_)

July (20\_\_)

October (20\_\_)

#### SECTION 9 - 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 10 - 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 Empyrean to arrange it for you?

- No                       Yes, for myself (Single Cover)                       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 11 – INSTALMENT PLAN OPTIONS** *(please select your requested instalment plan, subject to admissions' approval)*

- TERM  
 - MONTHLY

**SECTION 12- 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 received, read and understood information about the course or courses I am applying for that I believe that they are suitable for my situation and future goals.

I declare that I have read, understood, and agreed 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 your selected course before the commencement date, please contact us immediately.

**STUDENT OBLIGATIONS:**

I understand my Visa obligations and will at all times abide by these obligations

I understand that I am a student, and my primary obligations are to study and to complete my courses within the allocated COE duration.

I understand that I have a laptop or an electronic device available as part of the stationary requirement for the course, and I have subscriptions for all the Microsoft Offices and access to Internet at home

I understand that I have the sufficient language, literary and numeracy level to study the courses that I am applying for today, and I have basic computer literacy and understanding of Microsoft Offices

I understand that apart from the face-to-face delivery classes, I need to spend at least 4 hours every week for self-paced study to complete all the assessments and online component

I understand that I need to maintain attendance and academic progress as part of my student visa conditions

I understand that it is my responsibility to communicate regularly with the college regarding any changes of my circumstances that may affect my study

**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:** (please visit our website for a full copy of EEI's refund policy)

Clients who withdraw from a course before the commencement of the course may be entitled to a refund. Refunds are provided only in compassionate or compelling circumstances, i.e. (student visa refusals, or medical reasons).

Students can apply for refund by submitting a refund application form to EEI's admin team with supporting documents. The refund application outcome and amount will be confirmed by EEI in the signed returned form.

It is the student's responsibility to provide correct bank details for the refund. Students are obliged for any additional fees or charges from Banks or financial insitutes should they provide the wrong information

**COLLECTION FEES:** By signing this enrolment form, you acknowledge that you will be liable for all collection fees and charges. Non-payment of our invoice/s may result in the matter being handed to our Debt Collection Agency.

EEI has the right to retain certificates, transcripts etc. should there is any outstanding fees

My enrolment is subject to cancellation at any time of the course if there is outstanding fees owed to EEI.

Client Name:

Client Signature:

Date:

/ /

## APPLICATION CHECKLIST & REQUIRED DOCUMENTS

Application and Enrolment Documents	Received	Comments
Completed Application Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of Passport (must be clear and readable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of your current visa grant letter or VEVO check (if applicable)	<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 (if Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of OSHC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
eCoe's (if applicant is currently enrolled with another provider)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of release (If Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Study Plan and other relevant Credit Application Documents (If Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*For speedy process of your application, please make sure that you complete the application form with the most updated information and attach all the required documents while submitting the application to our team.*

*Thank you for choosing Empyrean, we look forward to seeing you soon.*