

# INTERNATIONAL STUDENT APPLICATION FORM



Send your application to:

Brunswick Institute

8 Prowse Street BRUNSWICK VIC 3056 Australia

Telephone: +613 93574086

Email: [admissions@brunswick.edu.au](mailto:admissions@brunswick.edu.au)

Website: [www.brunswick.edu.au](http://www.brunswick.edu.au)

Please complete all sections using **BLOCK LETTERS** in **BLACK PEN**. Print your name as it appears in your passport.

SECTION 1: PERSONAL AND CONTACT DETAILS		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Others		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth: (dd) / (mm) / (yyyy)		Passport Number:
Country of Passport:		Country of Birth:
Family Name:		
Given Name:		
<i>Single Name Only: if you have only one name, fill your name in the Family Name section.</i>		
Address in Australia:		
Address in Home Country:		
Phone:	(country code)	(number)
Email:		
Do you hold a valid Australian visa: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, type of Visa	Expiry date: (dd) / (mm) / (yyyy)	
Do you want the institute to organise an Overseas Student Health Cover (OSHC) for you?		
<input type="checkbox"/> Yes, what type of OSHC do you need? <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family		<input type="checkbox"/> No, I hold a valid Overseas Student Health Cover the name of OSHC provider: Membership Number: Expiry Date:
SECTION 2: EMERGENCY CONTACT DETAILS		
Name:		Relationship:
Phone:	(country code) (number)	
Email:		
SECTION 3: LANGUAGE AND CULTURAL DIVERSITY		
Are you of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your first language:
How well do you speak English? <input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very well		
Have you attended the following English test within 24 months? <input type="checkbox"/> IELTS <input type="checkbox"/> PTE <input type="checkbox"/> TOEFL <input type="checkbox"/> Others		

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If yes, the date of test: (dd) / (mm) / (yyyy)		
If yes, the score: Average score      Listening      Speaking      Reading      Writing		
SECTION 3: DISABILITY, SPECIAL NEEDS AND STUDENT SUPPORT		
Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes, please specify	<input type="checkbox"/> No
Do you need any support in Language, Literacy and Numeracy or digital literacy support?	<input type="checkbox"/> Yes, please specify	<input type="checkbox"/> No
Do you require airport pickup?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require homestay arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION 4: EDUCATION AND CAREER		
What is your highest completed qualification  (Tick one box only)?  <i>A certified copy or original transcripts of all official results must accompany this application. Please include the grading system to enable interpretation of academic results. List any studies you have attempted, whether complete or incomplete. If transcripts are in a language other than English, please supply translations.</i>	<input type="checkbox"/> Bachelor of higher <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate I <input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate II <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Others
Language of instruction:	<input type="checkbox"/> English	<input type="checkbox"/> Others
Where did you complete your highest qualification?	<input type="checkbox"/> Home country	<input type="checkbox"/> Australia
Are you applying for Credit Transfer or Recognition of Prior Learning (RPL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason of studying this course	<input type="checkbox"/> To get a job <input type="checkbox"/> For my own business <input type="checkbox"/> Others, specify	<input type="checkbox"/> Self-development <input type="checkbox"/> Career Development
Of the following categories, which BEST describes your current employment status?	<input type="checkbox"/> Student <input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed <input type="checkbox"/> Business owner

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SECTION 5: COURSE PREFERENCES					
Preferred course commencement month and year				(mm)	/ (yyyy)
		Course Code	CRICOS Course Code	Course Code	Duration (weeks)
<b>Hospitality</b>	<input type="checkbox"/>	119479F	SIT30821	Certificate III in Commercial Cookery	52
	<input type="checkbox"/>	119480B	SIT40521	Certificate IV in Kitchen Management	26
	<input type="checkbox"/>	119481A	SIT50422	Diploma of Hospitality Management	26
<b>General</b> <b>English</b> <b>(ELICOS)</b>	<input type="checkbox"/>	119482M	General English <input type="checkbox"/> Brunswick Campus <input type="checkbox"/> Oakleigh Campus	12	
	<input type="checkbox"/>	119482M	General English <input type="checkbox"/> Brunswick Campus <input type="checkbox"/> Oakleigh Campus	24	
	<input type="checkbox"/>	119482M	General English <input type="checkbox"/> Brunswick Campus <input type="checkbox"/> Oakleigh Campus	36	
	<input type="checkbox"/>	119482M	General English <input type="checkbox"/> Brunswick Campus <input type="checkbox"/> Oakleigh Campus	48	
SECTION 6: UNIQUE STUDENT IDENTIFIER (USI)					
Do you have an Unique Student Identifier (USI)?					
<input type="checkbox"/> Yes, USI number <input type="checkbox"/> No. I, [FULL NAME], authorise Brunswick Institute to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read, and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <a href="https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-theirbehalf">https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-theirbehalf</a>					
<p>From 1 January 2015, we can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI, you can apply for it directly at: <a href="https://www.usi.gov.au/students/create-your-usi">https://www.usi.gov.au/students/create-your-usi</a> on a computer or mobile device. Please note that if you would like to specify your gender as 'other', you will need to contact the USI Office for assistance.</p>					
<p>It is important that you check whether you already have a USI before creating a new one. You should not have more than one USI. To check if you already have a USI, use the "Forgotten USI" Link on the USI Website at: <a href="https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/">https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/</a></p>					
<p>If you would like the Brunswick Institute to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the privacy information at <a href="http://www.brunswick.edu.au">www.brunswick.edu.au</a>.</p>					

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You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

## SECTION 7: PRIVACY NOTICE

### **Why we collect your personal information:**

As a registered training organization (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

### **How we use your personal information:**

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### **How we disclose your personal information:**

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analyzing and communicating research and statistics about the Australian VET sector. We are also authorized by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### **How the NCVER and other bodies handle your personal information:**

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorized to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organizations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage.
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. The NCVER does not intend to disclose your personal information to any overseas recipients. For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

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If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorized by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specific functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

## **Surveys:**

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorized agency. Please note you may opt out of the survey at the time of being contacted.

## **Contact information:**

At any time, you may contact **Brunswick Institute** about:

- Request access to your personal information
- Correct your personal information
- Make a complaint about how your personal information has been handled
- Ask a question about this Privacy Notice

via [admissions@brunswick.edu.au](mailto:admissions@brunswick.edu.au), phone +613 93574086, mobile phone +61 423175666, or reading/downloading the Brunswick Institute Privacy Policy at the website [www.brunswick.edu.au](http://www.brunswick.edu.au).

## SECTION 8: APPLICATION CHECKLIST

Please ensure you attach the following documents with your application

<input type="checkbox"/> <b>Completed and signed application form</b>	<input type="checkbox"/> <b>Certified copy of your passport.</b>
<input type="checkbox"/> Certified copy of your English proficiency	<input type="checkbox"/> Certified copy of all your academic qualifications
<input type="checkbox"/> Copy of your current OSHC	<input type="checkbox"/> Others

if you are currently studying in Australia

Copy of Visa and CoE document(s) for all courses included in your current visa

## SECTION 9 APPLICANT'S DECLARATION AND SIGNATURE

- I have read, understood and agreed to be bound by the Terms and Conditions as outlined by Brunswick Institute.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

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- I understand that if I have applied through an approved Brunswick Institute agent, all correspondence relating to my application will be forwarded to that agent.
- I understand that all Brunswick Institute courses are offered on the basis of full-time study and that I am required to attend a minimum of 20 scheduled course contact hours per week.
- I understand that any vocational placement undertaken as a part of any of the courses offered at Brunswick Institute will be unpaid.
- I confirm I have been informed about the training and assessment and support services to be provided and about my rights and obligations as a student in Brunswick Institute.
- I understand that I must attend orientation, since it is a legal requirement and falls within my study plan. Failing to do so is reportable to DHA. Rescheduling fee shall apply if the students are unable to attend the orientation on the scheduled date. (Your Orientation date and time will be emailed to you prior to the orientation and course commencement).

Sign here to confirm you have declared and consented to the above mentioned.

Signature of applicant:

Date: (dd) / (mm) / (yyyy)

*Note: Brunswick Institute does **NOT** enroll any students under the age of 18.*

## SECTION 10: AGENT'S DECLARATION AND SIGNATURE (IF APPLICABLE)

### **Agent declaration: (Please Tick all the checklist to indicate your agreement)**

As the Education Agent of this student seeking to apply for enrolment at Brunswick Institute, I confirm:

- That I comply with the standards of the ESOS framework (including the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018).
- That the information contained within this application form is accurate, and that the supporting documentation including, but not limited to the "certified copy" of the applicant's academic record is correct and has not been altered in any way.
- That I understand Brunswick Institute expects Education Agents to act ethically in dealings with the Overseas Students and their families.
- That any Enrolment Fees paid to me by the student to support this application will be immediately transferred to Brunswick Institute so that institute can uphold its commitment to ESOS legislation with regards to enhancing the refund policy where appropriate.
- That I understand Brunswick Institute expects Education Agents to ensure that each student applying for entry to Brunswick Institute is familiar with the information contained in: The Application Form, Overseas

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<p>Student Pre-Enrolment Information and the student Handbook.</p> <ul style="list-style-type: none"><li>● I confirm the student has signed this application form.</li><li>● I have provided the student's personal email address and residential address, as disclosed to me by the student.</li></ul>	
Agency company name	
Agency staff name	
Agency business email	
<p><b>Signature / Stamp of the agent:</b> _____ Date: _____ (dd) / _____ (mm) / _____ (yyyy)</p>	
<b>DISABILITY SUPPLEMENT:</b>	
<p><b>Introduction</b></p> <p>The purpose of the Disability supplement is to provide additional information to assist with answering the disability question. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.</p>	
<p>— Hearing/deaf</p> <p>Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximizes residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/ or sign language.</p>	
<p>— Physical</p> <p>A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.</p>	
<p>— Intellectual</p> <p>In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.</p>	
<p>— Learning</p> <p>A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may</p>	

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occur across the lifespan. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

## — Mental illness

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

## — Acquired brain impairment

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumor, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

## — Vision

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

## — Medical condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalization; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

## — Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.