

# Application Form

- Complete all sections and print neatly in BLOCK LETTERS
- Missing or incorrect information may cause delays in the application process
- Return this form and attachments to your representative or send to: admissions@zoi.vic.edu.au

## Personal Details

**Title:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Other:

**Given Name:** **Family Name:**

**Date of Birth** DD / MM / YYYY **Gender** ☐ Male ☐ Female ☐ Other

**Marital Status** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Unspecified ☐ Other ( )

## Contact Details:

### Contact Address in Home Country

**Full Address**

**City:** **State:** **Postcode:** **Country:**

**Email**

**Telephone ( )** **Mobile ( )**

### Address in Australia (if known):

**Full Address**

**City:** **State:** **Postcode:**

**Email**

**Telephone ( )** **Mobile ( )**

## Citizenship

**Country of Citizenship (as on passport)** **Country of Birth**

**Do you currently have a visa to be in Australia?** ☐ No ☐ Yes (if Yes please provide visa type and expiry date below)

**Visa Type** (e.g. student visitor) **Visa expiry date** DD/MM/YYYY **Passport Number:**

**Have you had a previous visa refusal from any country?** ☐ No ☐ Yes (please provide evidence)

**Will you be applying for a student visa to study at ZOI Education?** ☐ No ☐ Yes

**Do you have a family member already residing in Australia** ☐ No ☐ Yes (If Yes Please specify the relationship to you)

**Have you ever breached any visa conditions?** ☐ No ☐ Yes (If Yes. Please provide the details below)


**Have you ever been convicted of any criminal activity?** ☐ No ☐ Yes (If Yes. Please provide the details below)


## OSHC

**Have you organised Overseas Student Health Care Cover (OSHC)** ☐ No ☐ Yes (if Yes, please complete the below)

**Provider:** **Membership No** **Expiry**

**Do you require ZOI Education to organise OSHC for you?** ☐ No ☐ Yes (if Yes please select the followings)

☐ Single ☐ Family

## English Proficiency (complete where applicable and provide notarised/certified evidence)

**Native language** \_\_\_\_\_ **How well do you speak English?** ☐ Very well ☐ Well ☐ Not well ☐ Not at all

**Do you have English test results?** ☐ No ☐ Yes (if Yes, provide the following details)

**IELTS Score** \_\_\_\_\_ **TOEFL Score** \_\_\_\_\_ **C-TOEFL Score** \_\_\_\_\_ **PTE Score** \_\_\_\_\_ **Other (test name): Score** \_\_\_\_\_

**Date** DD / MM / YYYY **Date** DD / MM / YYYY **Date** DD / MM / YYYY **Date** DD / MM / YYYY **Date** DD / MM / YYYY

**I have (or will) complete an English proficiency qualification in Australia.**

**Name of Language Centre** \_\_\_\_\_

## Course Details

**Please select the course you are applying.**

☐ CHC30121 Certificate III of Early Childhood Education and Care

☐ CHC50121 Diploma of Early Childhood Education and Care

☐ BSB50420 Diploma of Leadership and Management

☐ BSB60420 Advanced Diploma of Leadership and Management

☐ SIT30821 Certificate III in Commercial Cookery

☐ SIT40521 Certificate IV in Kitchen Management

☐ SIT50422 Diploma of Hospitality Management

**Preferable Intake:** Month: \_\_\_\_\_ Year: \_\_\_\_\_

☐ ELICOS – General English (trained by INUS English) **Number of Weeks:** \_\_\_\_\_

**Preferable Start Date:** \_\_\_\_\_

**Campus** ☐ Melbourne ☐ Sydney

**Do you wish to apply for Credit?**

☐ No ☐ Yes (If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.)

**Do you wish to apply for Recognition of Prior Learning?**

☐ No ☐ Yes (If you indicate YES, you will be contacted to discuss this further.)

## Schooling

**Are you still in secondary school?** ☐ Yes ☐ No

**What is your highest COMPLETED School level?**

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent

☐ Year 8 or below

☐ Never attended school

**In which Year did you complete that school level?** \_\_\_\_\_

**Have you successfully completed any previous (post-secondary qualifications)?**

☐ Yes (please select the below) ☐ No

☐ Bachelor Degree

☐ Advanced Diploma or associate degree

☐ Diploma (Or Associate Diploma)

☐ Certificate IV (or Advanced Certificate/Technician)

☐ Certificate IV (or Trade Certificate)

☐ Certificate II

☐ Certificate I

☐ Other Certificate (please specify \_\_\_\_\_)

## Next of Kin/Emergency Contact

**Full Name** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Full Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Postcode** \_\_\_\_\_ **Country** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Email** \_\_\_\_\_

## Disability

**Do you consider yourself to have a disability, impairment or long-term condition?**

☐ No ☐ Yes (if yes, provide indicate the area of disability, impairment or long-term condition. Please tick as many as apply)

- ☐ Hearing/deaf
 ☐ Intellectual
 ☐ Mental illness
 ☐ Physical
 ☐ Learning  
☐ Medical Condition
 ☐ Acquired brain impairment
 ☐ Vision
 ☐ Other (Please specify)

## Study Reason

**Of the following categories, which BEST describes your main reason for undertaking this course? (Tick one box only)**

- ☐ To get a job
 ☐ It was a requirement of my job
 ☐ To develop my existing business  
☐ I wanted extra skills for my job
 ☐ To start my own business
 ☐ To get into another course of study  
☐ To try for a different career
 ☐ For personal interest or self-development
 ☐ To get a better job or promotion  
☐ Other (Please specify)

## Agent Details

**How do you know about ZOI Education? (Tick all that apply)**

- ☐ Agent ( Name of the agent )
 ☐ Friend
 ☐ Family Member
 ☐ Expo/Event (Name of the event )  
☐ Facebook/Instagram
 ☐ Google
 ☐ Website
 ☐ Other (Please specify )

**Are you using an Agent?**

☐ No ☐ Yes (if yes, please answer the below questions)

**Agent Name**

**Contact Number**

## Agent Only Section

**I declare that I have checked the following GTE requirements of the student.**

- ☐ Student's circumstances in their home country
 ☐ Student's study plan  
☐ Previous study/work experience of the student
 ☐ Financial capability
 ☐ Visa history

**I have assessed the student to be genuine and to be suitable to meet the requirements of the Visa application.**

**Agent Signature**

Date: ( DD / MM /YYYY )

## Application Checklist

Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification):  
Please tick those that you are providing.

- ☐ Valid passport copy  
☐ Valid visa (if you have one)  
☐ High School certificate or other relevant certificates  
☐ Proof of English Language Proficiency  
☐ Any other relevant documents to support your application (i.e. resume)  
☐ Application Form  
☐ Statement of Purpose (SOP)  
☐ IELTS/TOEFL or other English Language Certificate equivalent  
☐ Financial statement(s)  
☐ Video Interview presentation (Zoom/Skype)

## Privacy Statement & Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by ZOI Education.

I understand that my RTO, ZOI Education, is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a school-based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

If you would like us, ZOI Education 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 <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. 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.

I, \_\_\_\_\_ authorize ZOI Education 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 pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

☐ I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Print Name \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: DD / MM / YYYY \_\_\_\_\_

## Office Use Only

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- ☐ Application Form
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