

# 2019 Enrolment Application Form – International



## Introduction:

AGB Training endeavours to provide high quality services to all stakeholders. To achieve this, AGB Training requires all prospective students to apply for enrolment in their chosen course. As part of this application, students will be assessed to determine whether AGB Training can meet the learning needs of each applicant, suitability for course and specific entry requirements are met.

Prior to completing this Enrolment Application, please ensure you have read and understood the Course Outline and Student Handbook. If you have any questions, please contact Student Support on 1300 123 242.

**This is an application for enrolment and, by completing this form and participating in the Pre-Training Interview, does not guarantee enrolment. You will be contacted by an AGB Training Representative to advise whether this enrolment application has been successful.**

## Section A: Personal Information – to be completed by the student:

Are you currently enrolled with another training provider?  No  Yes

If YES, Name of Provider: \_\_\_\_\_

Name of Course/Program Enrolled in: \_\_\_\_\_

*(Please Note: A completed Letter of Release from the Training Provider will need to be attached to this application)*

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Title: \_\_\_\_\_ Gender:  Male  Female  Indeterminate/Intersex/Unspecified Date of Birth(dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

From 1 January 2015, AGB Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI, you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on 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.

Do you have a Unique Student Identifier (USI)?

Yes: 

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*Continue to next section.*

How did you hear about AGB Training?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 01 – Current/Returning Student | <input type="checkbox"/> 05 – Other Internet  | <input type="checkbox"/> 09 – Radio/TV     |
| <input type="checkbox"/> 02 – Website                   | <input type="checkbox"/> 06 – JA/DES Provider | <input type="checkbox"/> 10 – Expo         |
| <input type="checkbox"/> 03 – Word of Mouth             | <input type="checkbox"/> 07 – Newspaper       | <input type="checkbox"/> 11 – Other: _____ |
| <input type="checkbox"/> 04 – Facebook                  | <input type="checkbox"/> 08 – Bus             |  |

RTO: 21832 CRICOS: 03356C

EMAIL: [INTERNATIONAL@AGB.EDU.AU](mailto:INTERNATIONAL@AGB.EDU.AU) PHONE: 1300 123 242 CORRESPONDENCE: PO BOX 1284, GEELONG, VIC, 3220  
AGB GROUP PTY LTD Trading as AGB Training

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**Town/city of birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email (compulsory):** \_\_\_\_\_

**Preferred Contact Method:**       Mobile       Email       Mail

**Skype Address:** \_\_\_\_\_

**Which of the following classifications BEST describes the industry of your current or previous employer? (Tick one box only) (If never employed, go to next section)**

- |   |  |
|---|--|
| <input type="checkbox"/> A – Agriculture, Forestry and Fishing          | <input type="checkbox"/> K – Financial and Insurance Services                |
| <input type="checkbox"/> B – Mining                                     | <input type="checkbox"/> L – Rental, Hiring and real Estate Services         |
| <input type="checkbox"/> C – Manufacturing                              | <input type="checkbox"/> M – Professional, Scientific and Technical Services |
| <input type="checkbox"/> D – Electricity, Gas, Water and Waste Services | <input type="checkbox"/> N – Administrative and Support Services             |
| <input type="checkbox"/> E – Construction                               | <input type="checkbox"/> O – Public Administration and Safety                |
| <input type="checkbox"/> F – Wholesale Trade                            | <input type="checkbox"/> P – Education and Training                          |
| <input type="checkbox"/> G – Retail Trade                               | <input type="checkbox"/> Q – Health Care and Social Assistance               |
| <input type="checkbox"/> H – Accommodation and Food Services            | <input type="checkbox"/> R – Arts and recreation Services                    |
| <input type="checkbox"/> I – Transport, Postal and Warehousing          | <input type="checkbox"/> S – Other Services                                  |
| <input type="checkbox"/> J – Information Media and telecommunications   |  |

**Which of the following classifications BEST describes your current or recent occupation? (Tick one box only) (If never employed, go to next section)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1 – Managers                      | <input type="checkbox"/> 4 – Community and Personal Service Workers | <input type="checkbox"/> 7 – Machinery Operators and Drivers |
| <input type="checkbox"/> 2 – Professionals                 | <input type="checkbox"/> 5 – Clerical and Administrative Workers    | <input type="checkbox"/> 8 – Labourers                       |
| <input type="checkbox"/> 3 – Technicians and Trade Workers | <input type="checkbox"/> 6 – Sales Workers                          | <input type="checkbox"/> 9 – Other                           |

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

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**Your Usual Residential Address:** \_\_\_\_\_

**Suburb, Locality or Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

**Postal Address (if different to above):** \_\_\_\_\_

**Suburb, Locality or Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Are you Aboriginal or Torres Strait Islander Origin?**

- No
  Aboriginal
  Torres Strait Islander
  Both Aboriginal and Torres Strait Islander

**Country of birth:**  Australia  Other: \_\_\_\_\_

**Are you still attending secondary school?**  No  Yes

**What is your highest COMPLETED school level? (Tick one box only)**

If you are currently enrolled in secondary education, the highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the highest school level completed is Year 9.

- Year 12 or equivalent
  Year 11 or equivalent
  Year 10 or equivalent  
 Year 9 or equivalent
  Year 8 or below  
 Never attended school (Never completed any primary or secondary level education)

**Of the following categories, which BEST describes your current employment status? (Tick one box only)**

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- 01 – Full-time employed
  05 – Employed – unpaid worker in family business  
 02 – Part-time employed
  06 – Unemployed – seeking full-time work  
 03 – Self-employed – not employing others
  07 – Unemployed – seeking part-time work  
 04 – Self employed – employing others
  08 – Not employed – not seeking employment

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**Do you speak a language other than English at home?**     No     Yes: \_\_\_\_\_  
 (If more than one, indicate the one that is spoken most often).

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

**Do you consider yourself to have a disability, impairment or long-term condition?**     No     Yes

**If yes, please select from the following list:**

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing impairment/Deafness   | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness        | <input type="checkbox"/> Vision impairment/Blindness |
| <input type="checkbox"/> Physical  | <input type="checkbox"/> Learning     | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Health Condition            |
| <input type="checkbox"/> Other (Autism Spectrum Condition, Attention Deficit (Hyperactivity) Disorder) |                                       |  |  |

**Have you SUCCESSFULLY completed any of the following qualifications?**     No     Yes:  
 A – Australian    E – Australian equivalent    I – International

**If yes, please select the applicable box/es in the following list:**

- |                          |                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <b>A</b>                 | <b>E</b>                 | <b>I</b>                 |   | <b>A</b>                 | <b>E</b>                 | <b>I</b>                 |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bachelor Degree or Higher Degree                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate III (or Trade Certificate) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advanced Diploma or Associate Degree                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate II                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diploma (or Associate Diploma)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate I                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificates other than listed         |

**Are you currently in Australia?**     No (*Continue to next section*)     Yes – Please specify which visa/visa exemption you hold:

- Partner Visa     Visitor Visa     Student Visa     Temporary Resident     Tourist/Working Holiday Visa

Other: \_\_\_\_\_

Visa Number: \_\_\_\_\_ Visa Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Passport Details:**

Country of Citizenship: \_\_\_\_\_ Issuing Country of Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ *You must attach a copy of your ID page from your passport.*

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

- |  |   |
|--|---|
| <input type="checkbox"/> 01 – To get a job                     | <input type="checkbox"/> 06 – It was a requirement of my job            |
| <input type="checkbox"/> 02 – To develop my existing business  | <input type="checkbox"/> 07 – I wanted extra skills for my job          |
| <input type="checkbox"/> 03 – To start my own business         | <input type="checkbox"/> 08 – To get into another program of study      |
| <input type="checkbox"/> 04 – To try for a different career    | <input type="checkbox"/> 12 – For personal interest or self-development |
| <input type="checkbox"/> 05 – To get a better job or promotion | <input type="checkbox"/> 11 – Other reasons                             |

**Please indicate the English program undertaken, including the type, date taken and result received:**

- IELTS       TOEFL       Other: \_\_\_\_\_ Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Score: \_\_\_\_\_
- AGB LLN: \_\_\_\_\_ Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Score: \_\_\_\_\_

**Have you ever been denied entry in to Australia or any other country?**       No       Yes – attach official correspondence.

**Have you breached the conditions of a Visa in Australia or any other country?**       No       Yes – attach official correspondence.

**Do you want AGB Training to arrange OSHC for the duration of your Visa in Australia?**       No       Yes

**If YES, which type of cover?**       Single       Couples       Family

**If NO, reason for not commencing a new OSHC BUPA membership:** \_\_\_\_\_

- You already have current OSHC membership for the duration of your Visa – provide details below:

**Health Care Provider:** \_\_\_\_\_ **Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Membership Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- You will organise OSHC membership on your own.

**Approved Referring Education Agent (if used) and agree to release of information to Education Agent – to be completed by the student:**

Name of Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Skype Address: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Postcode/Zip: \_\_\_\_\_

**Course Preferences – to be completed by the student:**

List courses in order of preference in the table below, including preferred pathways:

Course Name:	CRICOS Code:	Course Code:	Course Start Date:	Course End Date:	Campus:
Example: Qualification 1: <i>Diploma of Leadership and Management</i>	091763C	BSB51915	06/02/2017	06/11/2017	BT
Qualification 1:					
Qualification 2:					
Qualification 3:					
Qualification 4:					

*Barwon Terrace (BT)*

*Queens Road (QR)*

**Note:** Course dates and full course names can be obtained from an AGB Training representative, authorised agent or from our website: <https://www.agb.edu.au/international-courses>. In addition, course fees, durations and application process can be found at <https://www.agb.edu.au/international-student/enrol>. For further assistance, please contact our AGB Training representative at [international@agb.edu.au](mailto:international@agb.edu.au).

**Section B: Checklist – to be completed by an authorised delegate of the Training Provider:**

Please note all documents must be certified or signed by a recognised authority (i.e. School, University or AGB Training Representative):

- Passport copy obtained (must be coloured copy)  Yes
- Visa number, date and place of issue obtained  Yes (Onshore)  No (Off shore)
- OSHC card or certificate copy obtained  Yes
- English proficiency score obtained  Yes
- Direct Debit form has been completed  Yes  No (Paid required fees in advance)
- Documents have been certified or signed by recognised authority  Yes

**Section C: Permission to Release Information – to be completed by the student:**

AGB Training takes student privacy seriously. At times third parties may contact AGB Training regarding your enrolment. This can include JA Providers, employers, etc. If there is a third party in which you would like to give them permission to be able to contact AGB Training and access information about your enrolment, progress and attendance, etc, please list them below.

Name:	Organisation:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Media Release:**

- I allow AGB Training to use photographic images taken of me for assessment materials  Yes  No
- I allow AGB Training to use photographic images taken of me for marketing materials  Yes  No
- I allow AGB Training to send current and future course information via my supplied email  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
*Note: parental consent required if student is under the age of 18.*

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Section D: Privacy Notice / Student Declaration and Consent – to be completed by the student:**

**Privacy Notice:**

Under the *Data Provision Requirements 2012*, AGB Training is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by AGB Training for statistical, regulatory and research purposes. AGB Training may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at).

**Student Declaration and Consent:**

- 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.

**Student Signature (or electronic acknowledgement):** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Signature (or electronic acknowledgement):** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

*Note: parental consent required if student is under the age of 18.*

**End of Enrolment Application.**

Please submit this form to AGB Training for consideration.

Please ensure all information is complete and correct prior to submission as this may delay the application process.



**Section E: Enrolment Application Decision – to be completed by an authorised delegate of the Training Provider:**

VETtrak ID Number: \_\_\_\_\_ Occurrence Number: \_\_\_\_\_  
 Location: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enrolment Application Decision:**

Approved – Enrolment Date = \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved with amendments – Details: \_\_\_\_\_

\_\_\_\_\_

Declined – Reasons why: \_\_\_\_\_

\_\_\_\_\_

**Notifying the Applicant:** Date advised student of enrolment application decision: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RTO Declaration:**

Based on the information provided in this form, Pre-Training Review, LLN assessment, relevant regulatory requirements and discussions with the applicant, that the selected course is the most suitable for the applicant to enrol in to meet their career and learning goals.

AGB Training can meet the learning needs of this applicant.

This applicant meets the entry requirements specific to the course they are applying for.

I have determined that this applicant is a Genuine Temporary Entrant (GTE).

**Funding Codes:** State Funding Source:  
 S – Fee For Service

Fees:	Qualification 1	Qualification 2	Qualification 3	Qualification 4
Application fee upfront amount	\$	\$	\$	\$
Administration fee upfront amount	\$	\$	\$	\$
Amenities fee upfront amount	\$	\$	\$	\$
Resource fee upfront amount	\$	\$	\$	\$
Tuition fee upfront amount	\$	\$	\$	\$
Overseas Health Cover (If applicable)	\$	\$	\$	\$
Tuition fee on payment plan total amount (see below)	\$	\$	\$	\$
Total course fees	\$	\$	\$	\$

Payment Plan:	Instalments are processed on the 15 <sup>th</sup> of each calendar month – Start Date	Payment Plan Schedule	Amount Per Instalment	No. of Instalments
	____/____/____	Qualification 1	\$	
	____/____/____	Qualification 2	\$	
	____/____/____	Qualification 3	\$	
	____/____/____	Qualification 4	\$	

Please ensure Direct Debit Form has been completed accurately and provided to the Accounts Department.

**AGB Training Authorised Delegate:** Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_