



2017 INTERNATIONAL STUDENT ENROLMENT FORM

RTO 21832
CRICOS 03356C

WEB SITE: WWW.AGB.EDU.AU PHONE: +61 3 5221 2611 CORRESPONDENCE: PO BOX 1284 GEELONG, VIC 3220

PRINT YOUR NAME IN BLOCK LETTERS AS IT APPEARS ON YOUR PASSPORT TO AVOID DELAYS IN YOUR APPLICATION

1. PERSONAL DETAILS

Date of Birth: ____/____/____ Gender: Male Female Indeterminate/Intersex/Unspecified

Title: Mr. Miss Mrs. Ms. Please Specify

Family Name.....First Given Name.....Middle Names.....

2. STUDENT CONTACT DETAILS

Usual Residential Address:.....

Suburb:.....Postcode:.....

Postal Address (if different):.....

Suburb:.....Postcode:.....

Phone: (Home).....(Work):.....(Mobile):.....

Email Address: (compulsory)

Emergency Contact Name:.....Relationship:.....Contact number.....

SKYPE Address

Your preferred method of contact. Email Mobile Phone Mail

3. OTHER DETAILS

Are you of Aboriginal and/or Torres Strait Islander Origin? Yes No

If YES, please specify: Aboriginal Torres Strait Islander Both

What is your highest COMPLETED school level? (tick one box only) Year 12 Year 11 Year 10 Year 9 or equivalent
Year 8 or below Did not go to school What YEAR did you finish school?

Which BEST describes your current employment status? (tick one box only)

Full-time employee Unemployed – seeking part time work Part-time employee Self-employed–not employing others
Employer Not employed–not seeking work Employed–unpaid worker in a family business Unemployed–seeking full time work

Name of employer: Start Date: ____/____/____

OCCUPATION (tick one box only)

Managers Professionals Technicians and Trade Workers Community and Personal Service Workers Clerical and Administrative Workers Sales Workers Machinery Operators and Drivers Labourers Other

INDUSTRY of EMPLOYMENT (tick one box only)

Agriculture, Forestry and Fishing Mining Manufacturing Electricity, Gas, Water and Waste Services
Construction Wholesale Trade Retail Trade Accommodation and Food Services Transport, Postal and Warehousing Information Media and Telecommunications Financial and Insurance Services Rental, Hiring and Real Estate Services Professional, Scientific and Technical Services Administrative and Support Services Public Administration and Safety Education and Training Health Care and Social Assistance Arts and Recreation Services
Other Services

Do you consider yourself to have a Disability? Yes No **If YES, please indicate areas of disability, impairment or long-term condition.** Acquired Brain Impairment Mental Illness Hearing/Deaf Intellectual Physical Learning Vision Medical Condition Other **(Please attach details)**

Which BEST describes your main reason for doing this training? (tick one box only)

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

Victorian Student Number (Under 25's):

Do you have a Victorian Student Number? **Yes** (insert)**or**
Yes – but my VSN is unknown **or No** – I am new to the Victorian education system and I have never been issued a VSN.

Were you born in Australia? Yes No **If NO,** in which Country were you born?

If NO, are you an Australian Citizen? Yes No **Do you speak a language OTHER THAN English at home?** Yes No

If YES, which language do you usually speak?

Do you have a Unique Student Identification Number (USI)? Yes No

If Yes what is your **USI #**:.....

If NO, you will need to apply for a USI number yourself directly on the **Student Identifiers Registrar** website <http://www.usi.gov.au> and provide it to AGB Training at the time of enrolment. (If you do not have internet access please talk to your AGB Training enrolment officer who will assist you to get a USI prior to enrolment.)

If you have an objection to being assigned a Unique Student Identification Number (USI), you are able to apply for an exemption, directly to the Student Identifiers Registrar. <http://www.usi.gov.au> Please be advised that we will be unable to enrol you in any training without a USI.

Please see the Student Identifiers Registrar <http://www.usi.gov.au> website for the privacy policy in regards to the USI.

How did you hear about AGB Training?

Facebook Website Other internet Newspaper Radio/TV Word of mouth JSA/DES Agency
 I am a current/returning student Bus Expo Gum Tree Other

4. COURSE PREFERENCES

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

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

Barwon Terrace (BT) Little Fyans Street (LFS) Lonsdale Street (LS)

Note: dates can be obtained from an AGB representative, authorised agent or from our website <http://www.agb.edu.au/international-students/enrol>

5. Are you currently in Australia? Yes [] No [] (If no, go to section 6)

If you are in Australia, please tell us whether you have one of these visas or visa exemptions:

Partner Visa [] Visitor Visa [] Student Visa [] Temporary Resident [] Tourist/Working Holiday Visa [] Other []

Country of Citizenship..... Issuing Country of Passport.....

Passport Number..... You must attach a copy of your ID page from your passport

Visa Number..... Visa Start date?..... Visa Expiry date?.....

6. PASSPORT DETAILS – OFFSHORE APPLICANTS

Country of Citizenship..... Issuing Country of Passport.....

Passport Number..... You must attach a copy of your ID page from your passport

7. PREVIOUS VISA HISTORY

Have you been denied entry to Australia or any other Country? No [] Yes [] (if yes, attach official correspondence)

Have you breached the conditions of a Visa in Australia or any other Country? No [] Yes [] (if yes, attach official correspondence)

8. OVERSEAS STUDENT HEALTH COVER

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

If yes indicate which type to 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 [] (Please add details below)

Health Care Provider..... **Start date**.....

Membership Number..... **Expiry date**.....

You will organise OSHC membership on your own []

9. ENGLISH LANGAUGE PROFFICIENCY

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

Are you intending to enrol with AGB Training in an English program? Yes [] No [] (If no, indicate English test undertaken below)

IELTS [] **TOEFL** [] **AGB LLN** [] **Other** [] **Date of Test**..... **Score**.....

10. APPROVED REFERRING EDUCATION AGENT – IF USED

Name of Person..... **Contact Number**.....

Name of Agency..... **Email**

Address **Suburb/Town**.....

Postcode/Zip..... **Country**.....

Skype.....

11. PRIVACY - TO BE READ BY STUDENTS

ALL Students – Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

Collection of your data

AGB Training is required to provide the Department with student and training activity data. This includes personal information collected in the [RTO] enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

AGB Training provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by AGB Training; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact AGB Training's Privacy Officer in the first instance by phoning +61 3 5221 2611 or emailing international@agb.edu.au.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints go to: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to: <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

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 acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.	Yes []
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 []

12. CHECKLIST

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

- Passport copy obtained..... Yes []
- Visa number, Date and Place of Issue obtained..... Yes [] (On shore) 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 []

13. 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 AGB Training.

Signed..... Date: ____/____/____

14. OFFICE USE ONLY

Fees and Charges

	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				
Tuition Fee on payment plan total amount (see below)				
Total course fees				

Instalments are processed on the 14 th and the 28 th 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 accounts department

Based on discussion with the student, the above evidence I have sighted (and retained a copy of) and the information provided to me by the student in this form, I believe that the above individual satisfies the Training Eligibility Criteria. In addition the student has demonstrated that they are a Genuine Temporary Entrant.

Authorised RTO delegate

Name:

Position

Signature

Date ___/___/___

Notes

Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual's eligibility that is not captured elsewhere on this form.