



DOMESTIC SHORT COURSE APPLICATION FORM

PERSONAL INFORMATION

Please supply the following information:

Miss / Mrs / Ms / Mr / Other Male Female **Date of Birth** _____

First name(s) _____ Day _____ Month _____ Year _____ Age _____

Last name _____ Nationality (as shown on passport) _____

E-mail address _____ Country of birth _____

I do not give permission for Imagine Education Australia to contact me by e-mail or SMS for marketing purposes **Citizenship** _____

Address in Australia

Street number _____ Street name _____ Are you living in Australia? Yes No

City _____ State _____ Postcode _____ Are you an Australian resident? Yes No

Mobile phone _____ Home phone _____ **Current occupation** _____

USI

From 1 January 2015, Imagine Education 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). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/>.

Do you have a USI number? No Yes

If yes, please provide your USI number:

If no and you would like Imagine 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 <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

I authorise Imagine 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 <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

No Yes

City of birth _____

COURSE

Course	Cost	Start date	State
Responsible Service of Alcohol (RSA) Unit/s: SITHFAB005	\$125		QLD
Basic Barista	\$125		
Accredited Barista Unit/s: SITHFAB005, SITXFSA001	\$220		
Food Safety – Hospitality	\$135		
Food Safety – Child Care	\$135		
Food Safety – Retail	\$135		
Food Safety Supervisor	\$135		
Responsible Gambling Service (RGS) Unit/s: SITHGAM001	\$125		
CHCSS00090 Supporting Children and Families with Complex Needs Unit/s: CHCCCS009, CHCCCS024, CHCECE028, CHCPRP003	TBC		

AVETMISS REPORTING INFORMATION

LANGUAGE AND CULTURAL DIVERSITY

1. In which country were you born? (please tick)

Australia

Other

Country _____

City/Town _____

2. Are you of Aboriginal or Torres Strait Islander origin?

No

Yes

Please indicate if Aboriginal, Torres Strait Islander or both _____

PREVIOUS QUALIFICATIONS ACHIEVED

3. Have you successfully completed any of the following qualifications?

No

Yes Please tick applicable boxes below:

Bachelor degree or higher degree

Advanced diploma or associate degree

Diploma (or associate diploma)

Certificate IV (or advanced certificate/technician)

Certificate III (or trade certificate)

Certificate II

Certificate I

Certificates other than the above

If YES, in which year did you attain the highest qualification above? _____

EMPLOYMENT

4. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

Full-time employee

Part-time employee

Self employed – not employing others

Employer

Employed – unpaid worker in a family business

Unemployed – seeking full-time work

Unemployed – seeking part-time work

Not employed – not seeking employment

STUDY REASON

5. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (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 or self-development

Other reasons

DECLARATION

I declare that the information provided by me on this application form is true and correct, and that it relates specifically and solely to me as an individual. I accept that Imagine Education Australia makes decisions based on this information and may seek further information or clarification as required. I understand that if offered a place in a course of training I will be required to pay fees and meet requirements specific to that course before my enrolment is confirmed. I accept that failure to attend the scheduled sessions may compromise my ability to satisfy some or all of the course requirements. I further accept that any additional training may be required if I do not meet the course requirements, that this training is at an additional cost to myself, and that any requirement to undertake this extra training is at the discretion of Imagine Education Australia.

Name: _____ Signature: _____ Date: _____
Day Month Year

For students under 18 years of age, this form must be signed by a parent or legal guardian.

Guardian name: _____ Signature: _____ Date: _____
Day Month Year

Imagine Education Australia reserves the right in its absolute discretion to reject any application for enrolment, and it shall be under no obligation whatsoever to give reasons for its decision. Enrolments at Imagine Education Australia must be completed prior to the commencement date of the program/courses and a non-refundable fee must be paid to secure the enrolment. Imagine Education Australia does not accept students who have not enrolled prior to the commencement of programs or courses.