

DOMESTIC 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)

Have you ever been known by another name?

Country of birth

E-mail address

Citizenship

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

Are you living in Australia?

Yes

No

Address in Australia

Are you an Australian resident?

Yes

No

Street number

Street name

Current occupation

Next of Kin *This is someone Imagine Education will contact in case of emergency*

Suburb city

Contact name

State

Postcode

Contact address

What is your postal address (if different from above)

Contact email

Contact phone

Home phone number

Mobile phone number

Relationship to you

Recognition of Prior Learning or Credit Transfer

Do you wish to apply for Recognition of Prior Learning or Credit Transfer?

No

Yes

Please attach a copy of your academic transcripts or other evidence of your studies or work experience, and complete a copy of the Application for Recognition Form from our website (imagineeducation.com.au). If any documents are not in English, please include a certified translation.

Educational background

What is your highest COMPLETED school level (tick ONE box only)?

Year 12 or equivalent

Year 9 or equivalent

Year 11 or equivalent

Year 8 or equivalent

Year 10 or equivalent

Never attended school

In which year did you complete that school level? _____

Are you still attending secondary school?

No

Yes

If yes, please indicate your school here: _____

Are you an Australian Permanent Resident ages 15-18 years in the Compulsory Phase of Learning?

No

Yes

Learner Unique Identifier (LUI): _____

Have you successfully completed any of the following qualifications?

No

Yes (Please tick applicable boxes below):

Bachelor degree or higher degree

Certificate IV (or advanced certificate/ technician)

Certificate I

Advanced Diploma or associate degree

Certificate III

Certificates other than mentioned

Diploma (or associate degree)

Certificate II



Secondary school studies

(Please outline your secondary school studies in the table below):

Name of school	Name of qualification	Date completed

Other studies

(Please outline any other studies that you have attempted or completed in the table below):

Name of institution	Name of course or qualification	Year	Result	Completed
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment

Of the following categories, which BEST describes your current employment status (tick ONE box only):

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed - unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed - seeking full-time work |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed - seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed - not seeking employment |

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/ traineeship/ apprenticeship (tick ONE box only)

- | | |
|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interests or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons |

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 _____

Vocational

Course	Start date	Weeks	Fees \$
AUR30620 Certificate III in Light Vehicle Mechanical Technology			
AUR40216 Certificate IV in Automotive Mechanical Diagnosis			
AUR50116 Diploma of Automotive Management			
BSB30120 Certificate III in Business			
BSB40120 Certificate IV in Business			
BSB40820 Certificate IV in Marketing and Communication			
BSB50120 Diploma of Business			
BSB50420 Diploma of Leadership and Management			
BSB50620 Diploma of Marketing and Communication			
BSB60120 Advanced Diploma of Business			
BSB60420 Advanced Diploma of Leadership and Management			
BSB60520 Advanced Diploma of Marketing and Communication			
FNS40217 Certificate IV in Accounting and Bookkeeping			
FNS50217 Diploma of Accounting			
FNS60217 Advanced Diploma of Accounting			
CHC33015 Certificate III in Individual Support (Ageing)*			
CHC30113 Certificate III in Early Childhood Education and Care			
CHC50113 Diploma of Early Childhood Education and Care			
CHC50113 Diploma of Early Childhood Education and Care (QUT Pathway)*			
CHC43015 Certificate IV in Ageing Support*			
CHC43015 Certificate IV in Ageing Support (upgrade)*			
SIT30816 Certificate III in Commercial Cookery			
SIT40516 Certificate IV in Commercial Cookery			
SIT50416 Diploma of Hospitality Management*			
SIT50416 Diploma of Hospitality Management (Commercial Cookery) (upgrade)			
SIT60316 Advanced Diploma of Hospitality Management*			
SITSS00051 Food Safety Supervision*			

PLEASE NOTE: *Not available at Brisbane Campus

Health information

Do you have any special needs or require any adjustments to accommodate you in your course? *You may wish to discuss this confidentially with your lecturer.*

No Yes

So that we can accommodate you in the workplace and in your training, do you suffer from any allergies or medical problems?

No Yes *If yes, please provide further information below:*

Do you consider yourself to have any pre-existing injury, disability, impairment or long-term condition that will require special assistance, including literacy support?

No Yes *If yes, please provide further information below:*

<input type="checkbox"/> Hearing/ deaf	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Physical	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision
<input type="checkbox"/> Learning	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Other	

Language and cultural diversity

Do you identify as any of the following:

Indigenous

Aboriginal Aboriginal & Torres Strait Islander
 Torres Strait Islander No, none of the above

Do you have any special cultural requirements?

No Prayer room
 Yes Other (please specify below):

Non-English speaking background

Yes, I come from a non-English speaking background

Do you speak a language other than English at home?

No, English only
 Yes, I speak _____

Summary checklist

Please ensure that you submit the following:

Completed signed Application Form
 Proof of other studies or employment (if required)

Feedback

Where did you hear about Imagine Education?

<input type="checkbox"/> Google	<input type="checkbox"/> Magazine	<input type="checkbox"/> Expo	<input type="checkbox"/> Internal memo
<input type="checkbox"/> Website	<input type="checkbox"/> Student SMS	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Parent
<input type="checkbox"/> Facebook	<input type="checkbox"/> Internet	<input type="checkbox"/> Friend	<input type="checkbox"/> Teacher
<input type="checkbox"/> Other (if other, please provide further information):			

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