Institute of Tertiary & Higher Education Australia is a trading name of ITHEA Corporation Pty Ltd
T: +61 3 9650 3900 | F: +61 3 9650 3199 | E: international@ithea.edu.au | W: www.ithea.edu.au
Main campus & postal: Level 11, 168 Lonsdale Street, Melbourne, Victoria, 3000, Australia
CRICOS Provider Code 02892J | RTO Number 22037 | ACN: 125 368 569 | ABN: 81 578 106 574   Page 1 of 3

INTERNATIONAL STUDENT APPLICATION

Part A: Pre-enrolment (eligibility) interview/evaluation – Part B: Personal information – Part C: Course(s) selection

The process of enrolment explained:
1. Pre-enrolment eligibility interview/evaluation – Personal Information – Courses – Application for enrolment:
2. Assessment of application by ITHEA – acceptance/rejection.
3. Letter of offer and enrolment acceptance agreement to the student candidate.
4. Acceptance of offer – terms, responsibilities, fees payment schedule.
5. Payment of tuition deposit as well as the upfront monies for the Overseas Student Health Cover for the duration of the cover.
6. Electronic Confirmation of Enrolment – eCoE – from ITHEA through the Department of Education and Training.
7. Student applies for Student Visa.

PART A – PRE-ENROLMENT ELIGIBILITY INTERVIEW/EVALUATION

The prospective student must answer the following questions in detail, on separate papers and kindly attach to the end of this application.
Each response should be as detail as possible.

1. Why are you choosing to study in Australia?
2. Why are you choosing to study at ITHEA?
3. Why are you choosing to study the nominated course/s? Do you have any experience in the field you intend to study?
4. How is the course relevant to your career and academic background? How will it benefit your future career prospects?
5. What are the incentives to return to your home country?
6. Do you have friends or relatives in Australia?
7. What are your living arrangements in Australia?

For office use only – ITHEA officer's determination:

Is the English level of the prospective student appropriate for the qualification? ☐Yes ☐No - *If not, recommended enrolment?*

Does the course align with the student's career plans? ☐Yes ☐No - *If not, recommended action?*

..../ ..../ ....
Name of ITHEA Officer   Signature of ITHEA Officer   Date

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ITHEA
Institute of Tertiary & Higher Education Australia

PART B – PERSONAL INFORMATION

Please complete all parts of this form, sign and date each page, attach certified documents and return to ITHEA

Personal details

Family name: | Given name(s):

Date of birth: | Country of birth: | City of birth: | Sex:
❑ Male
❑ Female

Passport No. | Country of passport: | Nationality: | E-mail:

Home country address: | Home country contact telephone:

Are you currently in Australia? If yes, Australian address: | Australian telephone:

Emergency contact details – Name *(next of kin)*: | Relationship: | Telephone number:

Medical

Pre-existing medical condition – please outline in detail *(if insufficient space, please attach another page, sign and date it after completion)*:

Do you consider yourself to have a disability *(tick applicable box)*? ❑Yes ❑No

If yes, please indicate the areas of disability, impairment or long term condition by ticking the applicable box(s):	❑ Hearing/Deaf ❑ Physical ❑ Acquired brain impairment	❑ Intellectual ❑ Learning ❑ Mental illness	❑ Vision ❑ Other

Previous studies

Highest level of education attained: | Institution: | Country: | Year completed:

Have you successfully completed any of the following qualifications?

❑ Bachelor Degree of 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 ❑ Certificate(s) other than the above ❑ Other

Language *(tick applicable box or boxes)*

Country: | Date completed

Have you completed an IELTS course, TOEFL course or equivalent? ❑ Yes   ❑ No
❑ IELTS (score):   ❑ TOEFL(score):   ❑ Other:

Do you speak a language other than English? ❑ No   ❑ Yes If yes, please specify:

Student certification

I certify that the information I have provided and indicated on this form is true and correct. I further certify that in completing this Student Application Form, I am commencing the procedures for an enrolment into the course/s indicated. I understand that I will receive further information from the Institute of Tertiary and Higher Education Australia so as to finalise my enrolment.

..../ ..../ ....

Name of applicant   Signature of applicant   Date

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PART C – COURSE(S) SELECTION

Course(s) seeking enrolment *(tick applicable box or boxes)*

Faculty of English

❏ General English - ELICOS (English Language Intensive Courses for Overseas Students)
CRICOS: 097564F - Candidates will be tested to ascertain which of the following levels they are best suited to be paced in:
Beginner, Elementary, Pre-Intermediate, Intermediate, Upper Intermediate, Advanced):

Faculty of Community Health Care

Ageing:
❏ Certificate III in Individual Support (Ageing) CHC33015 - CRICOS: 093547F
❏ Certificate IV in Ageing Support CHC43015- CRICOS: 093548E

Faculty of Community Health Care

Disability:
❏ Certificate III in Individual Support (Disability) CHC33015 - CRICOS: 093547F
❏ Certificate IV in Disability CHC43115 - CRICOS: 093549D

Early Childhood:
❏ Certificate III in Early Childhood Education & Care CHC30121 - CRICOS: 108510C
❏ Diploma of Early Childhood Education and Care CHC50121 - CRICOS: 108666E

Community Services:
❏ Diploma of Community Services CHC52015 - CRICOS: 093550M

Employment Of the following categories, which best describes your current employment status *(tick applicable box or boxes)*:

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

Visa related information

Have you previously visited Australia? ❏ No - ❏ Yes	Have you previously breached any Visa conditions? ❏ No - ❏ Yes

Have you ever been refused a Visa for entry into Australia or any other country? ❏ No - ❏ Yes *(If yes, please attach relevant documents.)*

Are you currently in Australia? ❏ No - ❏ Yes   If yes, address:

Visa Type: Subclass No: Expiry date: ..../........./......................   *(Please attach copy of current visa if applicable)*

Student statement *(Answer all the questions below. Sign the statement and attach it to this Application.)*

1. Why are you choosing to study in Australia. 2. Why are you choosing to study at ITHEA. 3. Why are you choosing to study the nominated course. 4. Do you have friends or relatives in Australia?	1. How is the course relevant to your career and academic background? 2. How is the course going to benefit your future career plans? 3. What are your living arrangements in Australia? How are you going to manage your expenses? 4. What are the incentives to return to your home country?

Study reason

Of the following categories, which best describes your main reason for undertaking this course/these courses *(tick applicable box or boxes)*:

❏ To get a job	❏ To try for a different career	❏ I want extra skills for my job	❏ Other (please indicate)
❏ To develop my existing business	❏ To get a better job or promotion	❏ To get into another course of study	
❏ To start my own business	❏ It was a requirement of my job	❏ Personal interest or self-development	

Overseas Student Health Cover

Do you have Overseas Student Health Cover *(tick applicable box)*?   ❏ Yes   ❏ No

If yes, name of the insurance company:	*If no,* do you wish ITHEA to organise cover (tick applicable box)?
Policy number of the insurance company:	❏ Yes - ❏ No
Expiry date:	❏ Single - ❏ Family - ....months

Checklist of documents

Please indicate that you have attached **certified** copies of the following documents *(tick boxes of the documents you have attached)*:

❏ Proof of English proficiency	❏ Passport	
❏ Tertiary/further education certificates	❏ Appropriate study visa	
❏ Secondary school certificate		
❏ Other:		

Student certification

I certify that the information I have provided and indicated on this form is true and correct. I further certify that in completing this Student Application Form, I am commencing the procedures for an enrolment into the course/s indicated. I understand that I will receive further information from the Institute of Tertiary and Higher Education Australia so as to finalise my enrolment.

..../ ..../ ....
Name of applicant   Signature of applicant   Date