

Thank you for your interest in enrolling in Australian Global College Pty Ltd. Please ensure that you answer ALL of the following questions to ensure correct processing of your enrolment.

Please complete all sections in BLOCK letters

☒ Please tick where appropriate

Personal Details

All applicants must be aged 18 years or over at time of application

Surname				USI No.			
Given Name/s				Gender.	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Date of Birth	/	/	dd/mm/yy				

Contact Details

Please provide your Australian residential address:

Street Address						
Suburb		State		Postcode		

Please provide your home country address:

Street Address						
Suburb		State		Postcode		
Email						
Phone		Mobile				

Passport and Visa Details

Passport No.			Expiry Date	/	/	
Nationality			Country of Birth			
Visa Type	<input type="checkbox"/> Student <input type="checkbox"/> Tourist <input type="checkbox"/> Working Holiday <input type="checkbox"/> Other (please specify)					
If applying for a Student Visa, in which city are you applying?						

Agent / Referral Details

Are you applying through: ☐ Agent (please complete below) ☐ Referral (please complete below) ☐ Direct to AGC

Agent/Referral Name			Email		
Company (If applicable)			Phone		

Previous Studies

Please list any Australian vocational courses completed:

Institute				
Course Code		Course Name		
Institute				
Course Code		Course Code		

What is the highest qualification you have obtained? Please provide details:

Institute				
Qualification		Year		

Which of the following education have you attained? ☐ Year 12 ☐ Undergraduate Degree ☐ Post-graduate Qualification

English Proficiency

An intermediate level of English is required to entry to all courses (IELTS or equivalent)

Is English your first language? ☐ Yes ☐ No How well do you speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Have you completed a formal English test such as IELTS in the last two years? ☐ Yes ☐ No If yes, please complete below:

Test		Score		Date	/	/	
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Have you studied an accredited English language course in Australia? ☐ Yes ☐ No If yes, please complete below:

Institute			
Course		Exit level	

Course Preferences (Please select which course/s you are applying for)

- ☐ BSB40215 Certificate IV in Business – 6 Months
☐ 093164K General English

- ☐ BSB50215 Diploma of Business – 1 Year
☐ 093444B Academic English

Start date – Available every Monday / /

Credit Transfer

Do you wish to apply for Credit Transfer (CR)?

☐ Yes ☐ No

Reason for undertaking this course

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

Overseas Student Health Cover

Do you require AGC to arrange Overseas Student Health Cover for you?

☐ Yes ☐ No

Employment Status

Which best describes your employment status?

- ☐ Full time ☐ Part time ☐ Self employed ☐ Unemployed ☐ Employed – Unpaid family work member

Medical Concerns

Do you suffer from any disabilities? ☐ Yes ☐ No If no, please proceed to section **Emergency Contact**.

Please indicate the areas of disability, impairment or long-term condition:

- | | | |
|---------------------------------------|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Learning | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other |

Do you require additional support from AGC as a result for the indicated condition? ☐ No ☐ Yes (Please specify)

Emergency Contact

Surname		Relationship to contact	
Given Name/s		Contact Number	

Enrolment Procedure

Step 1. Complete and sign this form, attach a copy of your passport, evidence of English and a Letter of Release if you have not completed six months of your principal course and submit to info@agc.edu.au

Step 2. AGC will offer a Letter of Offer & Student Written Agreement for you to sign and return.

Step 3. Arrange your payment by bank transfer

Step 4. AGC will offer a Confirmation of Enrolment (CoE).

Step 5. Pre-arrival and Orientation information will be sent to you prior to course commencement.

Document Checklist

- ☐ Passport ☐ Proof of ID ☐ Visa ☐ Proof of English

Student Declaration

I acknowledge that I have read and understood AGC's Student Handbook, Student Written Agreement, course details and requirements, details on ESOS framework, fees payable and refund policy including an explanation of what will occur, if for some unforeseen reason the course is not attended and/or delivered. I also give permission for AGC to apply for my Unique Student Identifier (USI) if I do not have one. I declare that all information provided in this application are correct and failure to provide correct information or documentation in relations to this application will result in termination of enrolment.

Name

Signature

	Date (dd/mm/yy)	