



APPLICATION FOR ENROLMENT FORM: INTERNATIONAL STUDENTS

<input type="checkbox"/> Completed by Student			
<input type="checkbox"/> Completed by Education Agen AGENT DETAILS (agent stamp or complete)			
Agent Name:		Counsellor Name:	
Date:		Signature :	
1. STUDENT PERSONAL DETAILS			
Title: Mr / Mrs / Ms / Miss		Date of Birth	/ /
Surname:		Given Names:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Home Phone:		Mobile:	
City of Birth:		Country of Birth:	
Preferred method of contact:	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> SMS/ Text		
Passport Number:		Passport Expiry Date:	
Country of Issue:			
Have you ever been refused a visa for entry into Australia or a country other than Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:		
Have you ever been reported to Australia's Department of Home Affairs for failing to meet visa conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:		
Have you ever been convicted of a criminal offence in Australia or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:		



I give permission for Rosehill College to refund any fees to my nominated agent or third-party representative?		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
2. VISA LODGEMENT			
Do you hold a current Australian Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No: Where will you be lodging your student visa application based on your enrolment with Rosehill College?	<input type="checkbox"/> Inside Australia (Onshore) <input type="checkbox"/> Outside Australia (Offshore)		
If Yes:	Visa Type		Category Number
3. CONTACT DETAILS			
Home Country Address			
Postal Address:		Suburb	
Postcode:		State	
Home Phone:		Personal Mobile:	
Email Address:			
Address in Australia			
Residential Address:		Suburb	
Postcode:		State	
Home Phone:		Personal Mobile:	
Email Address:			
4. COURSE SELECTION DETAILS			
Program Code:		Program Cost:	



Program Name:	Course you wish to enrol in:		
	ENGLISH COURSE	<input type="checkbox"/> General English (CRICOS CODE: 0101986)	
	PROJECT MANAGEMENT	<input type="checkbox"/> BSB50820 Diploma of Project Management (CRICOS CODE: 104083E)	
		<input type="checkbox"/> BSB60720 Advanced Diploma of Program Management (CRICOS CODE: 104460G)	
	MARKETING	<input type="checkbox"/> BSB40820 Certificate IV in Marketing and Communication (CRICOS CODE: 106848D)	
		<input type="checkbox"/> BSB50620 Diploma of Marketing and Communication (CRICOS CODE: 106849C)	
		<input type="checkbox"/> BSB60520 Advanced Diploma of Marketing and Communication (CRICOS CODE: 106850K)	
	IT COURSES	<input type="checkbox"/> ICT50220 Diploma of Information Technology (Business Analysis) (CRICOS CODE: 108962H)	
<input type="checkbox"/> ICT60220 Advanced Diploma of Information Technology (CRICOS CODE: 108963G)			
BUSINESS AND LEADERSHIP	<input type="checkbox"/> BSB40120 Certificate IV in Business (Leadership) (CRICOS CODE: 106845G)		
	<input type="checkbox"/> BSB50120 Diploma of Business (Digital and Data) (CRICOS CODE: 106846F)		
	<input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management (CRICOS CODE: 106847E)		
POSTGRADUATE	<input type="checkbox"/> BSB80320 Graduate Diploma of Strategic Leadership (CRICOS CODE: 111530F)		
Preferred Commencement		Preferred End Date:	
Why did you choose this course(s)?			
What are your goals for this course(s)?			
Do you want to apply for Recognition of Prior Learning or Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: If yes, please complete the Application for Recognition of Prior Learning Form and attached the supporting documents. Please note: The granting of RPL may result in a reduction in your course duration. Contact the College for more information.		
5. UNIQUE STUDENT IDENTIFIER (USI)			
Do you have an Australian USI?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes:	_____ (10 digits in total)		



If you do not have a USI do you give Rosehill College permission to apply for one on your behalf?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
To raise a USI we will need one of the following proof of Identity evidences.						
Visa No:		Expiry Date:	/ /	Type:		
6. EXTRA REQUESTS						
Have you arranged health cover for the duration of your stay in Australia? See link		<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes:	Type of cover		Name of insurer			
	Duration		Membership No.			
If No:	Do you require Rosehill College permission to arrange your Overseas Student Health Cover?			<input type="checkbox"/> Yes		
	If Yes, policy type:			<input type="checkbox"/> Single <input type="checkbox"/> Family		
7. ADMISSION ELIGIBILITY: ENGLISH LANGUAGE						
What evidence of upper-intermediate English language proficiency are you able to provide?		<input type="checkbox"/> International English Language Testing System <input type="checkbox"/> Test of English as a Foreign Language (TOEFL) paper based <input type="checkbox"/> TOEFL internet-based test <input type="checkbox"/> Cambridge English: Advanced (Certificate in Advanced English) <input type="checkbox"/> Pearson Test of English Academic <input type="checkbox"/> Occupational English Test				
8. ADMISSION ELIGIBILITY: EDUCATION						
What is your highest level of school completed?		<input type="checkbox"/> Primary School <input type="checkbox"/> High School		<input type="checkbox"/> Senior High School <input type="checkbox"/> Other		
In which year did you complete school?		_____				
Have you successfully completed any of the following qualifications?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate IV or Advanced Certificate			<input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates - other			
Qualification:						



Institution:		
Country:		
Year of Completion:		
Have you studied in Australia before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how long have you been in Australia?	Please specify:	
If yes, what have you completed?	<input type="checkbox"/> Australian Certificate <input type="checkbox"/> Australian Diploma/ Advanced Diploma	<input type="checkbox"/> Bachelor/ Master <input type="checkbox"/> ELICOS <input type="checkbox"/> Other
Australian Qualification:		
Australian Institution:		
Year of Completion:		

9. DISABILITY AND LEARNING NEEDS

Do you have a disability, impairment, specific learning needs or long-term medical condition that may affect your studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please state your disability, impairment or injury:	<input type="checkbox"/> Hearing <input type="checkbox"/> Learning	<input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical <input type="checkbox"/> Acquired
If yes, please provide details so we can best support you:			

10. REASON FOR STUDY

<input type="checkbox"/> To get a job or better job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To try for a different career <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other
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11. EMERGENCY CONTACT

Contact 1: Full Name			
Relationship		Mobile:	
Email			
Contact 2: Full Name			



Relationship		Mobile:	
Email			
12. MARKETING AND IMAGES			
How did you hear about us?	<input type="checkbox"/> Existing Student <input type="checkbox"/> Website	<input type="checkbox"/> Agent <input type="checkbox"/> Social Media	<input type="checkbox"/> Other
Rosehill College may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below.			
<input type="checkbox"/> I do not wish to be contacted regarding future training opportunities.			
During training, photos or footage may be taken of you. Do you give Rosehill College permission to use these photos or footage for such things as improving training resources, promotional documents and reports?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. STUDENT DECLARATION			
By signing this form, I certify that the information provided is true and correct. I further certify that:			
<input type="checkbox"/> By submitting this form I agree that all information provided in the application is complete and correct.			
<input type="checkbox"/> I have reviewed the Student Prospectus supplied to me and have been informed about and accept my rights and obligations.			
<input type="checkbox"/> I have reviewed and accept the Schedule of Fees and Payments and have been informed of the Fees and Refund Policy.			
<input type="checkbox"/> I have reviewed the Student Prospectus and Course Brochure and have been informed of and accept the training and assessment services to be provided including:			
(i) the units of competency to be completed			
(ii) course duration			
(iii) the mode of delivery			
(iv) the course location			
<input type="checkbox"/> I understand that Rosehill College may refuse my application or cancel my enrolment if any information is found to be incorrect or misleading.			
<input type="checkbox"/> By submitting this form I agree that Rosehill College will independently verify the information supplied by me in this form and request further information or documentation as required.			
<input type="checkbox"/> I authorise my booking agent to act on my behalf in all matters relating to this application and associated visa application.			
Student Name:			
Student Signature:			



Date:			
Applicants younger than 18 years of age at the time of application: This form must be signed by a parent or guardian.*			
Parent/ Guardian Full Name:			
Parent/ Guardian Signature:		Date:	/ /
SUPPORTING DOCUMENTATION			
Please confirm you have attached the following documents, certified and accompanied by English translations if applicable:			
<input type="checkbox"/> Passport including photo page and signature page			
<input type="checkbox"/> Evidence of English language proficiency			
<input type="checkbox"/> Academic certificates/transcripts (translation needed if not in English)			
<input type="checkbox"/> Evidence of any other applicable entry requirements for the course into which you are seeking enrolment			
SUBMITTING YOUR APPLICATION			
Please submit your application to info@rosehillcollege.edu.au . You will receive a response within two business days. Please note that Rosehill College may request additional information from you in support of your application. You may also be required to attend a pre- enrolment interview via phone or skype regarding course suitability.			

* Applicants can apply for enrolment under 18 years of age but must be 18 years before the date of course commencement. For applicants under 18 years of age at the time of application, this Application Form must be signed by a parent or guardian.



RTO USE ONLY:			
Has the Student Application and Enrolment Checklist been created and completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Does the applicant meet entry requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please specify:	
If under 18 years of age has the application form been signed by parent or guardian?	<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please specify:	
Is learner support indicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, referred to:	
Details entered into Student Management System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please specify:	
Enrolment confirmation sent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please specify:	
English language proficiency confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please specify:	
Has USI been verified (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes date:	
Has an enrolment interview been scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes date:	
Training scheduled to commence on the following date:			
Comments:			
Position:			
Full Name:			
Signature:		Date:	/ /