INTERNATIONAL STUDENT
APPLICATION FOR ENROLMENT FORM

www.westoninstitute.edu.au

APPLICANT CURRENT LOCATION ☐ Onshore ☐ Offshore

STUDENT ID (Existing Weston Institute Student only)

UNIQUE STUDENT IDENTIFIER (USI) (Refer to Q23 if you don't have USI)

1. PERSONAL DETAILS

First Name

Middle Name

Last Name

Gender ☐ M ☐ F ☐ Other DOB (dd/mm/yy)

Under 18 years ☐ Yes ☐ No

Country of Birth Passport Number

Passport Expiry Date

2. CONTACT DETAILS

Current address in Australia (If available)

Street Address

Suburb State

Postcode

Email

Phone Mobile

3A. PERMANENT ADDRESS IN YOUR HOME COUNTRY

Street Address

Town / City

District/ Region State

Postcode Country

3B. EMERGENCY CONTACT DETAILS

Full Name

Relationship

Email

Phone Mobile

4. COURSES

	COURSE NAME	VET NATIONAL CODE	DURATION	CRICOS CODE	SECTOR
☐	Diploma of Leadership and Management	BSB50420	104 Weeks	115288A	VET
☐	Advanced Diploma of Leadership and Management	BSB60420	104 Weeks	115289M	VET

AGENT STAMP

INTAKE - CIRCLE PREFERENCE

2024		2025		2026		2027	
08/01/2024	15/07/2024	06/01/2025	14/07/2025	05/01/2026	13/07/2026	04/01/2027	12/07/2027
19/02/2024	05/08/2024	17/02/2025	04/08/2025	16/02/2026	03/08/2026	15/02/2027	02/08/2027
01/04/2024	16/09/2024	31/03/2025	15/09/2025	30/03/2026	14/09/2026	29/03/2027	13 /09/2027
13/05/2024	28/10/2024	12/05/2025	27/10/2025	11/05/2026	26/10/2026	10/05/2027	25/10/2027
24/06/2024	09/12/2024	23/06/2025	08/12/2025	22/06/2026	07/12/2026	21/06/2027	06/12/2027

5. ENGLISH LANGUAGE ABILITY

Which English test have you completed in the last 2 years?

☐ IELTS ☐ TOEFL ☐ PTE ☐ CAE ☐ NONE

☐ Other

Result of the Test

Have you completed any English Course in Australia?

☐ Yes ☐ No (If yes, please attach relevant evidence)

6. In which country were you born?

Australia ☐ Other ☐ please specify

Are you an Aboriginal and/or Torres Strait Islander?

☐ Yes ☐ No please specify

7. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No English only ☐

Yes other - please specify

8. DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

☐ Yes ☐ No - **No – go to Question 10**

9. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

☐ Hearing/deaf
☐ Physical
☐ Intellectual
☐ Learning
☐ Mental illness
☐ Acquired brain impairment
☐ Vision
☐ Medical condition
☐ Other

10. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.

☐ Year 12 or equivalent
☐ Year 11 or equivalent
☐ Year 10 or equivalent
☐ Year 9 or equivalent
☐ Year 8 or below
☐ Never attended school

Never completed any primary or secondary level education – go to Question 11

11. Are you still enrolled in secondary or senior secondary education?

☐ Yes ☐ No

12. Have you SUCCESSFULLY completed any of the qualifications listed in question 13?

☐ Yes ☐ No - **No – go to Question 14**

13. If YES, tick ANY applicable boxes.

☐ 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

☐ Other education (including certificates or overseas qualifications not listed above)

14. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- Full-time employee ☐ 01
- Part-time employee ☐ 02
- Self employed – not employing others ☐ 03
- Self employed – employing others ☐ 04
- Employed – unpaid worker in a family business ☐ 05
- Unemployed – seeking full-time work ☐ 06
- Unemployed – seeking part-time work ☐ 07
- Not employed – not seeking employment ☐ 08

15. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

- To get a job ☐ 01
- To develop my existing business ☐ 02
- To start my own business ☐ 03
- To try for a different career ☐ 04
- To get a better job or promotion ☐ 05
- It was a requirement of my job ☐ 06
- I wanted extra skills for my job ☐ 07
- To get into another course of study ☐ 08
- For personal interest or self-development ☐ 12
- To get skills for community/voluntary work ☐ 13
- Other reasons ☐ 11

16. VISA STATUS

If you hold a current Australian Visa, provide the following information Type of Visa: ☐ Student ☐ Visitor

☐ Working Holiday ☐ Other _____

Current Visa Expiry Date _____

17. CURRENT STUDIES IN AUSTRALIA

Are you currently studying in Australia? ☐ Yes ☐ No

If Yes, please provide the following details

Name of Institution _____

Course Enrolled _____

Date of Commencement _____

18. CREDIT TRANSFER

Do you wish to apply for **Credit Transfer?**

If YES, certified copies of transcripts from previous qualifications must be provided with this form, Along with a credit transfer application form.

☐ Yes ☐ No ☐ I'd like more information

19. RECOGNITION OF PRIOR LEARNING

Do you wish to apply for **Recognition of Prior Learning?**

If you indicate YES, you will be contacted to discuss this further.

☐ Yes ☐ No ☐ I'd like more information

20. OVERSEAS STUDENT HEALTH COVER (INSURANCE)

Do you have an Overseas Student Health Cover (OSHC) currently? ☐ Yes ☐ No

If yes, please mention the following details:

Name of the Provider _____

Membership No _____ Date of Expiry _____

Note: All international students must have health insurance through the Overseas Student Health Cover (OSHC) scheme. It is the responsibility of the student to ensure that their OSHC is up to date.

21. CHECKLIST

- ☐ Copy of your passport page
- ☐ Copy of your official final high school certificate and transcript
- ☐ Copy of your offcial college or university certificate and transcript (If entry Requirements Apply)
- ☐ Copies of your IELTS or a relevant English certificate or English assessment test (including explanations of level and grades)
- ☐ Copy of your current visa (if applicable)
- ☐ Copy of Overseas Student Health Cover
- ☐ Translations of any documents that are not in English

22. PRIVACY NOTICE & STUDENT DECLARATION

Under the *Data Provision Requirements 2012,* Weston Institute is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this Application form), may be used or disclosed by Weston Institute for statistical, administrative, regulatory and research purposes. Weston Institute may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and NCVER.
- Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:
- Populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys and data linkage;
- Pre-populating RTO student enrolment forms;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to https://www.ncver.edu.au/privacy.

USI application through your RTO (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like us 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.
You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, _____ authorise Weston Institute 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 (which may include sensitive information) pursuant to the information detailed at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf.

Town/City of Birth _____ (please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

I, _____ confirm that the details given in this application form and other secondary documents are accurate and true. I affirm that I have read and consent to be bound by the Enrolment conditions. rules and processes of the Weston Institute. I accept that the Weston Institute has the right to change or reverse any resolution about an admission accepted on the basis of incorrect, partial or false information.
This Application Form contains Enquiries to allow the Weston Institute to assemble and deliver AVETMISS compliant records to fulfil the National VET Provider Collection Data Requirements. Any other information about AVETMISS Records and the Weston Institute's Privacy Policy is available at the Reception, and through the Weston Institute website www.Campbellinstitute.edu.au.
I allow the Weston Institute to use photographs, testimonials and videos taken of me for advertising or marketing purposes.

Please return completed International Student Application Form to

Applicant's Signature	Date (dd/mm/yyyy)

Weston Institute
Phone: +61 405 544 034
Email: Info@westoninstitute.edu.au
Website: www.westoninstitute.edu.au

Address:
Level 2 43 Hunter St
Parramatta NSW 2150

23. UNIQUE STUDENT IDENTIFIER (USI)

If Weston Institute is applying for USI on your behalf Please provide details for one of the forms of identity below.

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

— **Australian Driver's Licence**

State: Licence Number:

— **Medicare Card**

Medicare card number

Individual reference number (next to your name on Medicare card):

Card colour: (select which applies)

☐ **Green** Expiry date month/year

☐ **Yellow**

☐ **Blue** Expiry date day/month/year

— **Australian Birth Certificate**

State/Territory

Details vary according to State/Territory (see note above)

— **Australian Passport**

Passport number

— **Non-Australian Passport** (with Australian Visa)

Passport number

— **Immicard**

Immicard Number

— **Citizenship Certificate**

Stock number Acquisition date day/month/year

— **Certificate of Registration by Descent**

Acquisition date day/month/year

In accordance with section 11 of the Student Identifiers Act 2014, Weston Institute will securely destroy personal the information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.