



**Sydney College
Of Nations**

ENROLMENT APPLICATION for VET AWARDS

168 Cattai Ridge Rd, Glenorie NSW 2157 Australia | P: +61 (02) 9652 0680 |
w: www.scn318.org | e: sydneycollege318@gmail.com |
ABN: 57 041 424 172 | RTO Number: 0449

The information asked for in this enrolment form is required by the Australian Government to process your enrolment.

Student ID Number (office only):

PERSONAL DETAILS

Given Name:	Surname:
<input type="checkbox"/> Domestic Student	<input type="checkbox"/> Overseas Student (on student visa)
Preferred Name:	Date of Birth (DD/MM/YYYY)
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/ Widower <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	
Phone Number:	Mobile Number:
Email:	
Main Address: (Please write in detail as needed for verification)	
Country:	Place of Birth:
Current Church attending:	How long have you attended this church?
Name of Pastor:	Ministry or Team you are serving at church:
Current occupation:	Place of work:
If you have been in this job for less than 2yrs please write your previous workplace:	

EMERGENCY CONTACT DETAILS

Name:	Relationship:
Phone:	Email:

FAMILY DETAILS

Relationship	Name	Sex	Age	Occupation	Religion

PASSPORT DETAILS

Nationality:	Passport No:
Expiry Date: (DD/MM/YYYY)	Do you hold any other visas? (YES or NO)
If YES, please state: (Country)	(Visa Type):
Have you ever been denied a visa: (YES or NO)	If YES, please state: (Country and when)

EDUCATIONAL ATTAINMENT

What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent
Which YEAR did you complete that school level?	
Have you completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please select all applicable boxes:</p> <input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> Diploma, Advanced diploma or associate degree equivalent	

ADDITIONAL SKILLS

Is there any skills license you hold? (i.e., Driving, coffee making, first-aid, musical instrument etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please specify:
Language proficiency – Level of English (Writing)	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced/Fluent
Language proficiency – Level of English (Speaking)	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced/Fluent
Language proficiency – Level of English (Listening)	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced/Fluent

SPECIAL CONSIDERATION

Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select the applicable area(s):	
<input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other (please specify):	

MEDICAL CONSENT

Do you have any prior medical conditions including surgery? I.e., Diabetes, heart condition, kidney issues etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please specify:
Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please specify:
Agreement for treatment in case of emergency – I hereby agree to any kind of treatment in case I am overcome with sickness including operation. <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Date: Signature:

COURSE OF STUDY AND COMMENCEMENT DATE

Proposed year to begin:	20	/Semester:
Mode of Study:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	

OVERSEAS STUDENTS ONLY

I authorise the College to access details about my Visa conditions from the Dept of Immigration & Citizenship:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Overseas Health Cover (Company Name):	Policy Number:
Date Issued (DD/MM/YYYY):	Date Expired (DD/MM/YYYY):

***PLEASE NOTE:** Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS ACT and the National Code 2007; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law. The College is required under s19 of the ESOS Act 2000 to advise the department of changes in enrolment and of any breach by the student of the student visa condition relating to attendance and/or satisfactory academic performance. As an Overseas student, your course must be completed within the given time frame.*

please check the box

I have read the overview of the Education Services for Overseas Students (ESOS) Act –

DECLARATION

I have provided (please tick box):	<input type="checkbox"/> Transcripts and other qualification-related certificates <input type="checkbox"/> Copy of Passport (Photo page) <input type="checkbox"/> \$300 AUD Application Fee with receipt (non-refundable) <input type="checkbox"/> Reference letter from Pastor or Church leader <input type="checkbox"/> Short testimony of your faith journey and reasons for applying
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By signing this Application, I understand and agree:

1. To have answered all the questions truthfully to the best of my knowledge.
2. To adhere and keep to the guidelines of the College and follow all consequences as outlined.
3. To practice integrity and uphold unity with my trainers and peers for the duration of my studies.
4. To remain active in my local church including attending and serving Sunday services.
5. I will remain true to my financial commitment for the full payment of all fees relevant.

Once you have paid your Application fees, please email receipt to - sydneycollege318@gmail.com

The College is bound by the Privacy Act 1988. Information collected on this form will be used by the Faculty and Administration for the purposes of assessing your application and providing guidance both initially and throughout subsequent studies. Upon admission, details of name and contact details will be provided to the officers of the Student Association to enable them to contact you. Information will be divulged to other persons for other purposes only with your written permission.

Signature:

Date:

Payment Details	Account Name: Sydney College of Nations
	Swift Code: BENDAU3B
	Address: 348 Galston Road Galston NSW 2159 Australia
Bank Details	BSB: 633-000
	Account No. 161 916 424
	Bank: Bendigo Bank, Galston Branch

Office Use Only:				
<input type="checkbox"/> This application has been checked and all pre-requisites have been fulfilled. Date Complete:				
Print Name:		Signature:		Position:
<input type="checkbox"/> Application Fee received	<input type="checkbox"/> Offer of admission & acceptance sent & received	<input type="checkbox"/> CoE created & sent	<input type="checkbox"/> Overseas welcome letter sent	<input type="checkbox"/> USI received & verified