

# International Student Application Form

## Section 1: Course Details

Course Code:

Course Title:

Date Commencing:

Delivery Mode:

## Section 2: Personal Details

Student USI: *\*essential*

A USI is exactly 10 characters long. If you do not already have a USI please visit [www.usi.gov.au](http://www.usi.gov.au) to create one

Given Name:

Family Name:

Title:

Email:

Residential Address:

Postal Address:

Phone:

Date of Birth:

Emergency Contact Details:

Name:

Email:

Relationship to you:

Phone:

Type of Visa Applying for: *This section must be completed by every applicant as required for National Data reporting as well as eligibility for VSL and various state funding sources*

☐ Student ☐ Tourist ☐ Business ☐ Working holiday ☐ Dependent ☐ Other\_\_\_\_\_

Visa Number:

Visa Expiry Date:

Country Applying From:

Are you currently in Australia?

☐ Yes ☐ No

## Section 3: Cultural Diversity, Access, and Equity

City of birth:

Country of birth:

Year of arrival to Australia (if born overseas)

☐ Yes ☐ No

If you were born overseas: are you an Australian Citizen?

☐ Yes ☐ No

Do you consider yourself to be of Aboriginal or Torres Strait Islander origin?

☐ Yes ☐ No

If YES, then please state your community Name \_\_\_\_\_

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Do you usually speak a language OTHER THAN ENGLISH at home? ☐ Yes ☐ No

If YES, then please state language spoken \_\_\_\_\_

Will you be requesting help with 'English' in your studies? ☐ Yes ☐ No

Proficiency in Spoken English: ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Did you complete all or part of your schooling in a language OTHER THAN ENGLISH? ☐ Yes ☐ No

If YES, which language? \_\_\_\_\_

Do you consider yourself to have a permanent and significant disability? ☐ Yes ☐ No

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Physical
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other

If Other, please specify \_\_\_\_\_

Will you be requesting any special assistance in relation to the disability(s)? ☐ Yes ☐ No

If YES, please specify \_\_\_\_\_

## Section 4: Education History

What is your highest COMPLETED school level?

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent

☐ Year 8 or below

☐ Never attended school

In which YEAR did you complete that school level? \_\_\_\_\_

Any Previous Qualifications Achieved?

☐ Bachelor Degree or Higher Degree level

☐ Advanced Diploma or Associate Degree level

☐ Diploma level

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- ☐ Certificate IV
- ☐ Certificate III
- ☐ Certificate II
- ☐ Certificate I
- ☐ Certificates other than above (miscellaneous education)
- ☐ Incomplete qualification or no prior post-secondary education

In which YEAR did you complete Your Qualification? \_\_\_\_\_

## Section 5: English Language Test Scores

All international students must demonstrate an acceptable level of English proficiency to gain admission into an ISTA program. An overall score 6.0 IELTS or equivalent is required for all courses. Please tick the appropriate box to indicate any English test you have completed within the last 2 years.

Please provide test scores IELTS, PTE, TOEFL, Cambridge \_\_\_\_\_

Your Major Reason for Study? *Please select only one*

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

Your Current Employment Status? *Please select only one*

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed – seeking full-time work           |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work           |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Not employed – not seeking work               |

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## **Privacy Statement**

It is an obligation for information collected about you and your enrolment with this Registered Training Organisation (RTO) to be submitted to the Australian Government to inform the Government and its agencies about this RTO's participation in the Vocational Educational Sector. The information is collected in accordance with the provisions of the Australian Privacy Principles set out in the Privacy Act 1998.

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## Applicant Assessment Form

**DETAILS – This form is for student use only. Forms completed by Agents will not be accepted.**

Dear Student,

Thank you for your application to Institute of Skills and Training Australia. As part of the streamlined student visa progressing arrangements, Institute of Skills and Training Australia must ensure that all students intending to study at Institute of Skills and Training Australia are a Genuine Temporary Entrant (GTE) who will benefit from studies in Australia in their home country.

Please refer to Ministerial Direction 69 prior to completing this form:

<https://www.homeaffairs.gov.au/StudyinginAustralia/Documents/direction-no-69.pdf>

Please provide a summary of your background and why you wish to study in Australia:

How does the course you have chosen, relate to your previous and/or current study/employment and your future goals?

What aspects of this course/s interest you the most?

Is there a similar course available in your home country? Choose an item. If yes, why do you wish to study in Australia?

How will the course benefit you when you return home?

Are you currently employed? If yes, what is your job role, who is your employer (company name and address) and how long have you worked there?

***\*If you are currently employed, please attach a reference letter from your employer as supporting evidence***

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Have you been to Australia previously? If yes, when and for what purpose?

Have you applied for a Visa from any other country (which was either approved or denied)?  
If yes, please provide more details:

Do you have any friends or family in Darwin? If yes, please provide further details:

Are you aware of the costs associated with studying in Darwin?

Do you have access to enough funds to support you and your dependents (if any) for the total period of your stay in Australia? (Including: tuition fees, travel costs, living costs etc.) If no, who will be your funding source?

Where will you stay whilst you are studying in Darwin?

Do you need assistance finding accommodation? ☐ Yes ☐ No

Do you require airport transfer / someone to greet you on arrival? ☐ Yes ☐ No

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## Section 5: Declaration

I declare that all information provided in this form is accurate and complete, and that Institute of Skills and Training Australia may refuse my application or cancel my enrolment if any information is found to be incorrect, false, or misleading.

I understand that, by completing this form, I am giving Institute of Skills and Training Australia written consent to verify the information I have supplied in this form and to request further support documentation.

I declare that I am a Genuine Temporary Entrant and a Genuine Student. Please refer to the DIBP website for details: <http://www.border.gov.au/Trav/Stud/More/Genuine-Temporary-Entrant>

I acknowledge that my application is pending until my enrolment is confirmed by Institute of skills and training Australia

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X

Student Signature

**Date:**