

SECTION 1: REFERRING AGENT'S DETAILS (if applicable)

Agency:		
Counsellor:		
Email Address:		
Phone Number:		(Include Country & Area Code)
Country:		

SECTION 2: PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other: <input type="text"/>
Surname:				
Given Names:				
Preferred Name:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(DD/MM/YYYY)		
Country of Birth:		Nationality:		

SECTION 3: CONTACT DETAILS

Currently living in:	<input type="checkbox"/> Australia	<input type="checkbox"/> Overseas
Address:		
Suburb:		
State:		
Postcode:		Country:
Phone Number:		Email:

SECTION 4: PASSPORT AND VISA DETAILS

Passport Number:		
Place and Country Issued:		
Issue Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(DD/MM/YYYY)
Expiry Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(DD/MM/YYYY)
Australian Visa:	Do you hold an Australian Visa?	

- Yes *Please complete Section 4.2*
- No *Continue to Section 5*

SECTION 4.2: AUSTRALIAN VISA DETAILS

Visa Type:	
Visa Number:	
Issue Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
Expiry Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)

SECTION 5: QUALIFICATION / COURSE DESCRIPTION

Previous Studies:	Have you completed a Course with Everthought College of Construction previously?	
	<input type="checkbox"/> Yes	Previous Course Name: <input type="text"/>
	<input type="checkbox"/> No	
Enrolment:	I wish to enrol in the following course:	

Brisbane Campus – *Building 4, 460-492 Beaudesert Road, Salisbury QLD 4107*

- CPC30211 Certificate III in Carpentry (CRICOS: 104862M)
- CPC31320 Certificate III in Wall and Floor Tiling (CRICOS: 103799K)
- CPC30620 Certificate III in Painting and Decorating (CRICOS: 111422K)
- CPC50320 Diploma of Building and Construction (Management) (CRICOS: 105619C)
- CPC50220 Diploma of Building and Construction (Building) (CRICOS: 105527G)
- CPC40120 Certificate IV in Building and Construction (CRICOS: 107892C)

Perth Campus – *3/92 Mallard Way, Cannington WA 6017*

- CPC30211 Certificate III in Carpentry (CRICOS: 104862M)
- CPC31320 Certificate III in Wall and Floor Tiling (CRICOS: 103799K)
- CPC30120 Certificate III in Bricklaying and Blocklaying (CRICOS: 103835M)
- CPC30620 Certificate III in Painting and Decorating (CRICOS: 111422K)
- CPC50220 Diploma of Building and Construction (Management) (CRICOS: 105619C)
- CPC50220 Diploma of Building and Construction (Building) (CRICOS: 105527G)
- CPC40120 Certificate IV in Building and Construction (CRICOS: 107892C)

Course Start Date: **January** **March/April** **July** **October**

Please refer to Everthought College of Construction international course schedule:
www.ecoc.edu.au/internationalschedule

SECTION 6: OVERSEAS STUDENT HEALTH COVER (OSHC)

OSHC:	Do you want us to arrange Overseas Student Health Cover (OSHC)?	
	<input type="checkbox"/> Yes	<i>Please attach a copy to your application – continue to Section 7</i>
	<input type="checkbox"/> No	<i>Please bring a copy of your OSHC with you to induction and complete the rest of this section.</i>
Provider Name:		
Type of Cover:	<input type="checkbox"/> Single	<input type="checkbox"/> Family

SECTION 7: UNIQUE STUDENT IDENTIFIER (USI)

Everthought College of Construction is require by law to verify your Unique Student Identifier (USI) before we can issue a certification.

USI:	Do you have a USI?	
	<input type="checkbox"/> Yes	USI Number: <input type="text"/>
	<input type="checkbox"/> No	<input type="checkbox"/> <i>I will obtain my own USI from http://www.usi.gov.au. I understand that delay in supplying my USI to Everthought College of construction may result in a delay in the course.</i>
		<input type="checkbox"/> <i>I authorize Everthought College of Construction to obtain my USI on my behalf. I understand I will need to complete the Everthought College of Construction USI application form and provide sufficient ID to validate my USI before I can be issued my qualification.</i>

SECTION 8: LANGUAGE DETAILS

English:	Is English your first language?	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	What is your first language? <input type="text"/>
	How well do you speak English?	
	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all
	How well do you write and read in English?	
	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all
	Have you completed an English Language Proficiency Test?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	Name of test: <input type="text"/>
		Overall score: <input type="text"/>
		Test Date: <input type="text"/> / <input type="text"/> / <input type="text"/> DD/MM/YYYY
		Have you attached certified copies? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: if you don't meet the English Language Proficiency requirements, you are required to enrol in an approved English course in Australia. Everthought College of Construction can facilitate your admission to that course if you wish.

SECTION 9: PERSONAL INFORMATION

9a: Disability Status:	(Please choose by placing an X in the boxes that apply to you.)
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Do you consider yourself to have a disability, impairment/long-term condition that may affect your participation in the course?

- Yes Please complete the rest of this section
- No Continue to section 9b

Disability, Impairment or Long-Term Condition:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hearing/Deafness | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental-Illness |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Not Specified |
| <input type="checkbox"/> Other | Please specify: <input style="width: 400px;" type="text"/> | |

Please refer to Disability Supplement at the end of the form for further details

Do you need additional support?

- Yes
- No

9b: Employment Status:	(Please choose by placing an X in the boxes that apply to you.)
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What is your employment status?

- | | | |
|---|--|--|
| <input type="checkbox"/> Full-Time Employee | <input type="checkbox"/> Part-Time Employee | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Self-Employed
<small>(Not Employing Others)</small> | <input type="checkbox"/> Employed
<small>(Working in Family Business)</small> | <input type="checkbox"/> Employed
<small>(Unpaid Worker in Family Business)</small> |
| <input type="checkbox"/> Unemployed
<small>(Seeking Full-Time Work)</small> | <input type="checkbox"/> Unemployed
<small>(Seeking Part-Time Work)</small> | <input type="checkbox"/> Not Employed
<small>(Not Seeking Employment)</small> |

9c: Training:	(Please choose by placing an X in the boxes that apply to you.)
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Are you currently enrolled in a course or qualification in Australia?

- Yes No

Have you completed any other courses or qualifications in Australia

- No Yes Please provide details on next page

9c: Training (cont): (Please choose by placing an X in the boxes that apply to you.)

Course or Qualification details:

- | | | |
|---|---|--|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Diploma | <input type="checkbox"/> Advanced Diploma |
| <input type="checkbox"/> Bachelor | <input type="checkbox"/> Postgraduate | <input type="checkbox"/> Masters/Doctorate |

Qualification/Course:

Institute:

State/Country:

Date Started: / / (DD/MM/YYYY)

Date Completed / / (DD/MM/YYYY)

Have you attached certified copies? Yes No

9d: Education: (Please choose by placing an X in the boxes that apply to you.)

What is your highest level of high school education completed?

- | | | |
|--|--|--|
| <input type="checkbox"/> Did not go to school | <input type="checkbox"/> Year 8 or Below | <input type="checkbox"/> Year 9 or Equivalent |
| <input type="checkbox"/> Year 10 or Equivalent | <input type="checkbox"/> Year 11 or Equivalent | <input type="checkbox"/> Year 12 or Equivalent |

Month / Year Completed: /

Have you attached certified copies? Yes No

OR Have you attached certified work experience documents? Yes No

Any other qualifications? No Yes

Please continue to section 9e
If Yes; list your awards, from which institution, country and start and end dates in the space provided below.

Other qualification details:

9e: Reason for Study: (Please choose by placing an X in the boxes that apply to you.)

Which of the following statements best describes your reason for enrolling in this course?

- | | | |
|---|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To get a better job promotion | <input type="checkbox"/> For personal interests | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> It is a requirement for my job | <input type="checkbox"/> For self-development | <input type="checkbox"/> To try a different career |
| <input type="checkbox"/> To get another course of studies | | |

SECTION 10: EMERGENCY CONTACT DETAILS

Emergency Contact 1	
Contact name:	
Currently living in:	<input type="checkbox"/> Australia <input type="checkbox"/> Overseas Please list: <input type="text"/>
Email:	
Phone Number:	<i>(Include Country & Area Code)</i>
Relationship:	

Emergency Contact 2	
Contact name:	
Currently living in:	<input type="checkbox"/> Australia <input type="checkbox"/> Overseas Please list: <input type="text"/>
Email:	
Phone Number:	<i>(Include Country & Area Code)</i>
Relationship:	

APPLICATION CHECKLIST

Checklist:	<p>Please ensure you have attached certified copies of the following documents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Passport <input type="checkbox"/> IELTS or equivalent <input type="checkbox"/> Education High School or College Certificate from your home country <input type="checkbox"/> Tertiary qualifications from your home country <input type="checkbox"/> Qualifications achieved in Australia <i>(if applicable)</i> <input type="checkbox"/> Demonstrated work experience (CV and references to be provided) <i>(if applicable)</i> <input type="checkbox"/> GTE Form <i>(only applicable for offshore applicants)</i>
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SECTION 10: DECLARATION

Declaration

Please complete and sign below:

Privacy

Student Declaration

1. I declare the information on this form and by any supporting documentation is true and correct.
2. I authorize Everthought College of Construction to obtain other details relating to my academic record.
3. In making this application for enrolment, I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by ECOC.
4. I further acknowledge Everthought College of Construction is required under the ESOS Act to inform DIBP about certain changes to my enrolment and any breach of my student visa conditions relating to attendance and/or unsatisfactory academic progress and/or performance.
5. I understand Everthought College of Construction will not disclose the information provided by me to any third parties without my consent except for administrative, regulatory and/or research purposes including educational institution, government bodies, for statistical review, by law or in accordance with Everthought College of Construction's **Privacy Policy and Procedure**. I have read, understand and agree to the Privacy Notice attached to this Form.
6. You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. Please note you may opt out of the survey at the time of being contacted.
7. I acknowledge that my visa is current and understand that ECOC has taken a copy as proof of my identify.
8. I understand that this application applies only to the course stated on page 1 of this Form.
9. I understand that ECOC is responsible for all my training and assessment related to this course and also for issuing my AQF certification documentation on my successful completion.
10. I have read and understand all of ECOC's services as outlined in the Application & Enrolment Information Sheet. I have sought clarification from ECOC where I did not understand any of the information presented.
11. I consent to the collection, use and disclosure of my personal information in accordance with the **Privacy Notice** attached to this Form. I understand and consent to information contained in this Form provided to State and Commonwealth government departments and their authorised agencies, such as the NCVER. This includes to funding bodies. 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 and NCVER policies, procedures and protocols published on NCVER's website at www.ncver.edu.au.
12. I have received all the information I need to make an informed decision about whether this is the right course for me, including access to ECOC's **Student Handbook (international)**.
13. I have been advised of and understand my rights, obligations and responsibilities when enrolling with ECOC and know that I may reference these in the **Student Handbook (international)** or ECOC's website.
14. I have received all course details, including any fee payment (including where my employer will pay on my behalf) and other student incidental expenses (where relevant to the course), have been provided to me and explained through my initial Letter of Offer.
15. It has also been explained and I accept that in exceptional and unforeseen circumstances out of ECOC's control, the fees and charges may increase during my course. I understand that I have the right to withdraw in this instance.
16. I have received information and understand my rights, such as how to lodge a complaint or appeal, how to request a fee refund and the privacy of my personal information as well as my responsibilities as a ECOC student.
17. I understand that my image and comments may be used in print and electronic promotional material and any communications for commercial and non-commercial purposes in all media, including the internet and throughout the world, without seeking any remuneration or compensation for the same for an unlimited time period. I acknowledge that ECOC own and shall own all rights, title and interest (including copyright). I warrant that I have full power to enter into this release. Where I do wish to provide permission, I have included a comment below (in the Comments section).
18. Should I be accepted to enrol in this course, I agree to all the terms and conditions outlined within the **Student Handbook (international)**, including the **Student Code of Conduct**, and as explained to me.

Student Name:	
Student Signature:	
Date Signed:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)

*Complete and return in full to Everthought College of Construction by email at
international@everthought.com.au*

OFFICE USE ONLY			
Student Name:			
LOA Issued:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)	USI:	
CoE Issued:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)	USI Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport No:			

Privacy Notice

Under the *Data Provision Requirements 2012*, ECOC 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 Form), may be used or disclosed by ECOC, for statistical, administrative, regulatory and research purposes. ECOC, may disclose your personal information for these purposes to Commonwealth and State or Territory government departments and authorised agencies; and the 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).

ECOC retains a record of personal information about all individuals with whom we undertake any form of business activity. ECOC must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.

As a government registered training organisation, regulated by the Australian Skills Quality Authority, ECOC is required to collect, hold, use and disclose a wide range of personal and sensitive information on Students in nationally recognised training programs. This information requirement is outlined in the *National Vocational Education and Training Regulator Act 2011* and associated legislative instruments.

ECOC must require and confirm identification however in services delivery to individuals for nationally recognised course programs. We are authorised by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a *Condition of Registration* for all RTOs under the *National Vocational Education and Training Regulator Act 2011* that we identify individuals and their specific individual needs on commencement of service delivery and collect and disclose Australian Vocational Education and Training Management of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs. Other legal requirements, as noted earlier in this policy, also require considerable identification arrangements.

For information about how ECOC collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to ECOC's **Privacy Policy and Procedure** which can be found within the **Student Handbook** and on its website.

This **Privacy Policy and Procedure** contains information about how individuals may access and seek correction of the personal information held by us, and how to complain about a breach of privacy, and how we will deal with such a complaint.

In providing your personal information as requested and signing this notice, you are confirming your receipt of, and understanding of these details, and providing your consent for the collection, storage, use and disclosure of your personal information as outlined.

Disability Supplement

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.