



INTERNATIONAL STUDENT APPLICATION FORM

Read this application carefully. Complete all sections and ensure that supporting (certified) documents are attached.

Please tick where applicable and for more information visit: Kingston **Academy of Australia**:

www.kingstonacademy.edu.au

Personal Details			
1. Enter your full name			
Surname: *			
Given name: *			
Title: *	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)		
Email: *			
Mobile: *			
Passport No.: *	Issue Date:	Expire Date: *	
Place of Birth: *			
<p><i>* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Kingston Academy of Australia to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.</i></p>			
2. Date of Birth *	__ / __ / ____ (dd-mm-yyyy)	3. Gender: *	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Details			
4. What is the address of your usual residence?			
<p><i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i></p>			
Building/ property name:			
Flat/unit details:	Street or Lot Number (e.g. 205 or Lot 118): *		
Street name: *			
Suburb, locality or town: *			
State/Territory: *	Postcode: *		
5. What is your postal address (if different from above)?			
Flat/unit details:	Street or Lot Number (e.g. 205 or Lot 118):		
Street name:			
Suburb, locality or town:			
State/Territory:	Postcode:		



Emergency Contact

6. Contact Name: *	
7. Relationship: *	
8. Address: *	
9. Contact Number: *	
10. Email Address:	

Course Details

11. Date of application: *		
12. Proposed Course Start Date: * <i>Please select the suitable intake date</i>	Year:	
	<input type="checkbox"/> January Intake <input type="checkbox"/> February Intake <input type="checkbox"/> March Intake <input type="checkbox"/> April Intake <input type="checkbox"/> May Intake <input type="checkbox"/> June Intake	<input type="checkbox"/> July Intake <input type="checkbox"/> August Intake <input type="checkbox"/> September Intake <input type="checkbox"/> October Intake <input type="checkbox"/> November Intake <input type="checkbox"/> December Intake
13. Which course would you like to apply for? Please order 1,2,3 etc. *	<input type="checkbox"/> General English (098452F) for _____ Weeks <input type="checkbox"/> CHC30121 (108396M) Certificate III in Early Childhood of Education and Care <input type="checkbox"/> CHC50121 (108397K) Diploma of Early Childhood of Education and Care <input type="checkbox"/> BSB40120 (106133F) Certificate IV in Business <input type="checkbox"/> BSB50120 (106134E) Diploma of Business <input type="checkbox"/> BSB60420 (106135D) Advanced Diploma of Leadership and Management <input type="checkbox"/> BSB80120 (113726M) Graduate Diploma of Management (Learning)	
14. Have you ever studied with Kingston Academy of Australia before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Do you wish to apply for Course Credit ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information	
16. Do you wish to apply for Recognition of Prior Learning ? <i>If you indicate YES, you will be contacted to discuss this further.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information	



Residency Details

17. In which country where you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
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Language and cultural diversity

18. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only - <u>Go to question 20</u> <input type="checkbox"/> Yes, other, please specify: _____
19. 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
20. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander

Disability

21. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <u>go to question 23</u>
22. If yes, please indicate the area of disability, impairment or long term condition (<i>tick as many as apply</i>)	
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Medical condition <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Other (Please specify): _____	

Schooling

23. What is your highest COMPLETED school level (<i>tick one box only</i>)		
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school – <u>Go to question 25</u>
24. In which YEAR did you complete that school level?		



Previous qualification achieved

25. Have you SUCCESSFULLY completed any of the following qualifications?

Yes – *indicate below Question 26*

No – *Go to Question 27*

26. If Yes, please enter ONE of these Prior Education Achievement Recognition Identifiers for ANY applicable qualification level.

If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. Australian 2. Australian equivalent 3. International

Bachelor Degree or Higher Degree	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian equivalent	<input type="checkbox"/> International
Advanced Diploma or Associate Degree	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian equivalent	<input type="checkbox"/> International
Diploma (or Associate Diploma)	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian equivalent	<input type="checkbox"/> International
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian equivalent	<input type="checkbox"/> International
Certificate III (or Trade Certificate)	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian equivalent	<input type="checkbox"/> International
Certificate II	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian equivalent	<input type="checkbox"/> International
Certificate I	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian equivalent	<input type="checkbox"/> International
Certificates other than the above	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian equivalent	<input type="checkbox"/> International

Employment

27. Of the following categories, which BEST describes your current employment status? (*Tick one box only*)

- Full-time employee Employer Unemployed – seeking part-time work *go to Question 30*
- Part-time employee Employed – unpaid worker in a family business Not employed – not seeking employment *go to Question 30*
- Self-employed – not employing others Unemployed – seeking full-time work *go to Question 30*

28. Which of the following classifications BEST describes your current or recent occupation?

(*Tick one box only*)

- Managers Community and Personal Service Workers Machinery Operators and Drivers
- Professionals Clerical and Administrative Workers Labourers
- Technicians and Trade Workers Sales Workers Other



29. Which of the following classifications BEST describes the Industry of your current or previous Employer? *(Tick one box only)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Accommodation and Feed Services | <input type="checkbox"/> Administrative and Support Services |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Transport, Postal and Warehousing | <input type="checkbox"/> Public Administration and Safety |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Information Media and telecommunications | <input type="checkbox"/> Education and Training |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Financial and Insurance Services | <input type="checkbox"/> Health Care and Social Assistance |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental, hiring and real Estate Services | <input type="checkbox"/> Arts and recreation Services |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Retail Trade | | |

Study reason

30. Of the following categories, which BEST describes your main reason for undertaking this course? *(tick one box only)*

- | | |
|---|--|
| <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 reasons |



Privacy Statement & Student Declaration

I understand that:

1. I declare that all the information provided in this application is accurate and complete and that Kingston Academy may refuse my Enrolment Application or cancel my enrolment if any of the above provided information is found to be incorrect or misleading.
2. I declare and understand that if I have provided any fraudulent information with respect to Financials and/or Visa History, then I forfeit any refund of fees paid to Kingston Academy.
3. I understand that by completing my Enrolment Application and Genuine Temporary Entry (GTE) Questionnaire (where applicable), I am giving my written consent to Kingston Academy to independently verify the information provided by me and to request further documentation as required.
4. I declare that I am a Genuine Temporary Entrant and a Genuine Student. Please refer to the Department of Immigration and Border Patrol (DIBP) website for further details: <https://www.border.gov.au/Trav/Stud/More/Genuine-Temporary-Entrant>
5. I understand that by signing this application form, I may be sent a Formal Letter/s of Offer/Written Agreement Contract from Kingston Academy if all of the admission requirements are met.
6. I authorise Kingston Academy to contact me by SMS, email or phone.
7. I give Kingston Academy permission to obtain official records / confirm details from a previous educational institution attended by me listed on this form.
8. I have read and understood all of the information on this form.
9. I am aware of my obligation to pay outstanding fees and understand non-payment of fees can lead to payment default fees applied and cancellation of my course enrolment by Kingston Academy.
10. I am aware I must abide by visa conditions throughout my enrolment period in Australia including maintaining attendance and course progress.
11. I understand that Kingston Academy reserves the right to change the Fees and Charges Policy at its discretion and the policy applied to payment defaults, Ezidebit fees, Payment Plan changes, CoE changes, Change of Course Fees, Cancellation Fees, Transfer Fees etc will be the Fees and Charges Policy at the time of the payment default or requested changes.
12. I acknowledge that information collected on this form and during my enrolment in order to meet Kingston Academy's obligations under the ESOS Act and the National Code 2018; to ensure student compliance with the conditions of my visa and my 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 me on this form and during my enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Protection Service Administrator. In other instances, information collected on this form or during my enrolment can be disclosed without my consent where authorised or required by law.

Student Signature: *		Date: *	/ /
Printed Name: *			

Send your completed application to:

Head office address:

Level 9, 474 Flinders St

MELBOURNE VIC 3000

Tel: +61 3 9973 7820

Email: info@kingstonacademy.edu.au