

# AUSTRALIAN BUSINESS AND CULINARY INSTITUTE RTO: 45461 CRICOS: 03742D INTERNATIONAL STUDENT APPLICATION FORM

Instructions: Please complete this form and return to your agent or ABCI at the addresses listed below. Please note: All sections marked with an asterisk \* must be completed.

# Application details\*

To submit your application, please forward this form and your supporting documents to <u>admissions@abcinstitute.edu.au</u>

For help with your enrolment form, or if you require any further information, please contact our admissions team at Australian Business & Culinary Institute:

Mobile: +61 410 510 421 or +61 480 122 851

Email: admissions@abcinstitute.edu.au

Personal Information * (Student to complete)					
Title: Mr / Ms / Mrs / Miss (please circle)					
First Name:	Middle Name: Family Name:		me:		
Gender:  Male  Female  Othe	er	Date of Birth (dd/mm/yyyy): /		/	
Telephone / Mobile: Email:		Email:			
Country of Birth:  Australia  Ot	her P	lease Specify:			
Are you Aboriginal or Torres Strait Islander origin? (If persons are both Aboriginal and Torres Strait Islander, mark both 'Yes' boxes)					
Passport Number:		Expiry Date (d	d/mm/yyyy):	/	/
Country of Issue:		Nationality:			
Where are you applying from?  Onshore (Australia)  Offshore (overseas) Which country?					
Which campus are you applying for?  Adelaide  Melbourne					
Visa Type:  International Student  Working Holiday  Tourist  None Expiry Date: / /					
Current Address: (Please Note- Students cannot list a PO Box address as main address)					
Building/Property name: Unit or street number:					



Street Name:	Subu	urb: ZIP/Postcode:		ZIP/Postcode:
State / Province:		Country:		
Postal Address: 2 Tick if same as above				
Address:				
Suburb:		Postcode:		
Emergency contact *				
Name:			Relationship:	
Address:			Email:	
Country:			Phone / Mobile:	
Unique Student Identifier (USI) *				
<b>Do you have a Unique Student Identifier? (</b> Yes  No	USI)	If yes, ple	ase provide your US	
If yes, do you give ABCI permission to use your USI to update your results on the national register? Yes No If no, do you give ABCI permission to create a USI for you? Yes No				
Language *				
Do you speak a Language other than English at home?:       If yes, please specify:         □ Yes □ No       If yes, please specify:				
How well do you Speak English?:  Very Well  Well  Not Well  Not at all				
Have you sat an English language proficiency test in the last TWO YEARS? 2 Yes 2 No				
If yes, which type was your test?: 🗆 IELTS 🗆 TOEFL 🗆 PTE 🗆 CAE 🗆 OTHER (please specify)				
If yes, please provide the result and date of your	<sup>r</sup> Englis	h language proficiency te	est below.	
Result:		Date:		
Financial capacity (OFFSHORE APPLICATIONS ONLY)				
Please provide evidence of how you plan to meet your living and studying costs. You must select one of the below options:				
Option 1: 12 months living expenses requirements				
To meet this requirement you must provide evidence that you have access to sufficient funds to cover the costs of:				
A: Travelling to Australia for you and any other family members travelling with you, and;				
B: 12 months living expenses, course fees and school fees for any school-aged dependants (5-18yrs).				
You must include the following when calculated and the second sec	ating y	our estimated expense	es for 12 months:	



Items	Amount required (AUD)		
Tuition fees	Fees for the first 4 study periods		
Student/guardian's living expenses	\$24,608.97		
Partner/spouse (if applicable)	\$8,613.54		
Each child (if applicable)	\$3,688.84 per child		
School fees for school aged dependants (5-18yrs)	\$8,296.00 per child		
Return airfares for each person travelling	Depending on country of origin		
Please indicate the sources of the funds you will be relying on to cover your expenses (tick all that apply)			
Private funding:  Self  Loan  Support from relatives			

**Required evidence:** You must provide certified copies of bank statements or loan letters with your application. If you are being supported by relatives, you must also provide a signed letter from your relatives explaining your relationship and evidence of their financial capacity. They should also include proof of relationship documents and photo ID.

Scholarship/sponsored student: 
Government sponsor 
Corporate sponsor

**Required evidence:** You must provide a certified copy of a financial guarantee or sponsorship letter detailing the value and conditions of your scholarship with your application.

□ Option 2: Annual income requirement

To meet this requirement you must provide evidence that you or the relative sponsoring your studies have a personal annual income of at least AUD\$62,222.00 for individual students and at least AUD\$72,592.00 for students accompanied by family members.

**Required evidence:** The evidence of annual income must be provided in the form of official government documentation, such as an annual income tax assessment.

Courses \*

Which course(s) would you like to enroll in?

Tick	Course Code and Name *Kindly note that ABCI delivers all the courses in a face-to-face study environment	Preferred Intake*
	SIT30821 Certificate III in Commercial Cookery	MM/YYYY
	SIT40521 Certificate IV in Commercial Cookery	, MM/YYYY
	SIT50422 Diploma of Hospitality Management	MM/YYYY
	SIT60322 Advanced Diploma of Hospitality Management	MM/YYYY
	BSB50820 Diploma of Project Management	MM/YYYY
	BSB80120 Graduate Diploma of Management (Learning)	MM/YYYY
	RII60520 Advanced Diploma of Civil Construction Design	MM/YYYY
	ICT60220 Advanced Diploma of Information Technology	MM/YYYY



Schooling *				
Are you still attending secondary school?				
What is your highest COMPLETED school level?   Completed Year 12 or equivalent   Completed Year 11 or equivalent   Completed Year 10 or equivalent   Never attended school   Year completed:    Year completed:   Where completed:   Concurrent study *   Are you transferring from another education provider?   Yeas note:   If you are transferring from your principal course before completing 6 months of study, you must obtain a letter of release from your principal course provider.				
Previous qualifications * Have you SUCCESSFULLY completed any of th	e qualifications listed below	w? 🗆 Yes 🗌 No		
If yes, please indicate below.	Recognition			
Qualification Level	Australian Qualification	Australian Equivalent	International	
Bachelor Degree or Higher Degree       Advanced Diploma or Associate         Degree       Diploma         Certificate IV       Image: Certificate III         Certificate III       Image: Certificate II         Certificate I       Image: Certificate I         Miscellaneous Education       Image: Certificate I         Note: Please attach the relevant documents along with your application form. These include:         Certified copies of certificates in English or translated to English         Certified copies of academic transcripts with grading explanations in English or translated to English.				
Disability *				
Do you consider yourself to have a disability, impairment or long-term condition?  Ves  No				
If yes, please indicate the areas of disability, impairment or long-term condition.(You may indicate more than one area) Hearing/Deaf Learning Vision Physical Mental Illness Medical Condition Intellectual Acquired Brain Impairment Other				



### **Employment \***

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

- □ Full-time Employee
- □ Part-time Employee

- Employed Unpaid Worker in a Family Business
   Unemployed Seeking Full-time Work
- □ Self Employed Not Employing Others
- Unemployed Seeking Part-time Work

Employer

Not Employed - Not Seeking Employment

Occupation Identifier * (please circle)	Industry of Employment * (Tick ONE box If Working or Self-employed please tic	
<ul> <li>If Working or Self-employed please circle which area:</li> <li>Manager</li> <li>Professionals</li> <li>Technicians and Trade Workers</li> <li>Community and Personal Service Workers</li> <li>Clerical and Administrative Workers</li> <li>Sales Workers</li> <li>Sales Workers</li> <li>Machinery Operators and Drivers</li> <li>Labourer</li> <li>Others</li> </ul>	<ul> <li>Agriculture, Forestry and Fishing</li> <li>Mining</li> <li>Manufacturing</li> <li>Electricity, Gas, Water and Waste Services</li> <li>Construction</li> <li>Wholesale Trade</li> <li>Retail Trade</li> <li>Accommodation and Feed Services</li> <li>Transport, Postal and Warehousing</li> </ul>	<ul> <li>Information, Media and Telecommunication</li> <li>Financial and Insurance Service</li> <li>Rental, Hiring and Real Estate Services</li> <li>Professional, Scientific and Technical Services</li> <li>Administrative and Support Services</li> <li>Public Administration and Safety</li> <li>Education and Training</li> <li>Health Care and Social Assistance</li> <li>Arts and recreation Services</li> <li>Other Services</li> </ul>

Study Reason *		
Which best describes your reaso	on for undertaking this course? (Tick ONE	box only)
🛛 To get a job	$\Box$ To get a better job or promotion	For personal interest or self-development
□ To develop my existing business	$\square$ It was a requirement of my job	To try for a different career
To start my own business	I wanted extra skills for my job	$\Box$ To get into another course of study
□ Other reasons (please specify):		

How did you hear about us? *			
Please tell us how you discovered AE	SCI.		
Friends or family	Cinema advertisement	Migration agent	
Current student	Internet	Google search	
Social media (Facebook/Instagram)	🗆 Flyer		
Other (please specify):			



#### **Declaration & Privacy Statement\***

- I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, 1. misleading or incomplete information, including the cancellation of my enrolment, or the withdrawal of any offer made by Australian Business & Culinary Institute.
- I understand that the Australian Business & Culinary Institute is required to submit data sourced from this enrolment form to the national 2. VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:
  - School if I am a school-based apprentice or trainee or VET in Schools student.
  - Employer if I am enrolled in training paid by my employer. •
  - Government departments and agencies and authorised VET-related bodies.
  - VET regulators.
- I have read and understood Australian Business & Culinary Institute's Policies and Procedures and/or relevant information contained on 3. Australian Business & Culinary Institute's website.
- I understand that the Australian Business & Culinary Institute reserves the right to discontinue or alter any course, subject, unit of 4. competency, fee, admission requirement, staffing or another arrangement without prior notice. Australian Business & Culinary Institute reserves the right to cancel or not offer a programme. If any programme is cancelled or not offered, Australian Business & Culinary Institute will refund all tuition fees in accordance with the provision of Sections 27 and 29 of the Education Services for Overseas Students Act 2000. This agreement does not remove the right to take action under Australia's consumer protection laws.
- I understand that all personal information collected by Australian Business & Culinary Institute is confidential and may be made available 5. for the relevant Commonwealth and State agencies, and the Fund Manager of the ESOS Assurance Fund. This information includes personal and contact details, course enrolment details and changes, and the circumstance of any suspected breach by the student of the visa condition
- 6. Visa Entitlement Verification Online (VEVO) Authorisation: | authorize Australian Business & Culinary Institute to use my personal information to access the VEVO for my enrolment and during my course at Australian Business & Culinary Institute to determine my Australian Visa status and Visa conditions that apply to my visa.
- 7. \_Unique Student Identifier (USI): I understand that it is my responsibility to provide Australian Business & Culinary Institute with USI prior to the course commencement. I authorise Australian Business & Culinary Institute to process one-on-one transactions for functions such as; collecting, verifying or viewing my 'Unique Student Identifier'. For any difficulties in creating USI, please contact CADET for guidance. For more information on USI, please

visit: http://www.industry.gov.au/skills/RegulationReformsAndInitiatives/UniqueStudentIdentifierForVET/Pages/InformationForTrainingPr oviders.aspx

# **BEFORE SUBMITTING THIS FORM:**

- I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx
- I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey. П
- I declare that the information I have provided is true and correct. By signing my name below, I declare that I have read the terms and conditions above and abide by them in full.

Signature (Applicant): \_\_\_\_\_ Date: DD /MM/YYYY

All applicants must be over 18 years of age. (Note: parental consent is required if the student is under the age of 18)



# Submission\*

Please return this Application Form to Australian Business & Culinary Institute, along with the following documentation:

- Completed application form
- □ A copy of principal course release letter (if applicable)
- A copy of your Overseas Health Cover
- $\hfill\square$  A copy of your passport
- A copy of your visa (if applicable)
- Evidence of your financial capacity (if applicable)
- □ Evidence of your English language proficiency test (e.g. IELTS)
- □ Any previous COEs
- A copy of your schooling records (Year 12 or equivalent with grading explanation and translation if not in English)
- A copy of any previous qualifications (academic transcripts and certificates with grading explanation and translation if not in English)
- □ Please keep a copy of this form yourself for reference.

OFFICE USE ONLY:	
Admission Officer's Name:	
Admission Office's Signature:	
Date:	