



# The Canberra Training School Pty. Ltd. T/A CANBERRA BUSINESS AND TECHNOLOGY COLLEGE

## INTERNATIONAL STUDENT APPLICATION FORM

| <b>Tick the course(s) you wish to enroll</b>  |     |                 |     |  |     |                                    |     |     |     |     |     |    |
|---|-----|-----------------|-----|--|-----|------------------------------------|-----|-----|-----|-----|-----|----|
| BSB30120 Certificate III in Business  |     |                 |     | SIT30821 Certificate III in Commercial Cookery           |     |                                    |     |     |     |     |     |    |
| BSB40120 Certificate IV in Business   |     |                 |     | SIT40521 Certificate IV in Kitchen Management            |     |                                    |     |     |     |     |     |    |
| BSB50120 Diploma of Business  |     |                 |     | SIT50422 Diploma of Hospitality Management               |     |                                    |     |     |     |     |     |    |
| BSB60120 Advanced Diploma of Business   |     |                 |     | SIT60322 Advance Diploma of Hospitality Management       |     |                                    |     |     |     |     |     |    |
| BSB50320 Diploma of Human Resource Management   |     |                 |     | CPC30220 Certificate III in Carpentry                    |     |                                    |     |     |     |     |     |    |
| BSB60320 Advanced Diploma of Human Resource Management  |     |                 |     | CPC30620 Certificate III in Painting and Decorating      |     |                                    |     |     |     |     |     |    |
| BSB80120 Graduate Diploma of Management (Learning)  |     |                 |     | CPC33020 Certificate III in Bricklaying and Blocklaying  |     |                                    |     |     |     |     |     |    |
| CHC30121 Certificate III in Early Childhood Education and Care  |     |                 |     | CPC31320 Certificate III in Wall and Floor Tiling        |     |                                    |     |     |     |     |     |    |
| CHC50121 Diploma of Early Childhood Education and Care  |     |                 |     | CPC40120 Certificate IV in Building and Construction     |     |                                    |     |     |     |     |     |    |
| CHC33015 Certificate III in Individual Support  |     |                 |     | CPC50220 Diploma of Building and Construction (Building) |     |                                    |     |     |     |     |     |    |
| CHC43015 Certificate IV in Ageing Support   |     |                 |     | ICT40120 Certificate IV in Information Technology        |     |                                    |     |     |     |     |     |    |
| CHC52015 Diploma of Community Services  |     |                 |     | ICT50220 Diploma of Information Technology               |     |                                    |     |     |     |     |     |    |
| General English   |     | Number of Weeks |     | 10   |     | 20                                 |     | 30  |     | 40  |     | 50 |
| <b>Preferred Intake Year</b>  |     |                 |     |  |     | <b>Tick the intake month below</b> |     |     |     |     |     |    |
| JAN   | FEB | MAR             | APR | MAY  | JUN | JUL                                | AUG | SEP | OCT | NOV | DEC |    |
| <p>The actual Intake provided by Canberra Business and Technology College may vary due to the availability of student enrolment numbers and is at the discretion of Canberra Business and Technology College.</p> |     |                 |     |  |     |                                    |     |     |     |     |     |    |



# The Canberra Training School Pty. Ltd. T/A CANBERRA BUSINESS AND TECHNOLOGY COLLEGE

Overseas Student (**Offshore**)

Overseas Student in Australia (**Onshore**)

Resident Student (**Domestic**)

|   |                  |                              |  |
|---|------------------|------------------------------|--|
| <b>Personal Details</b> (Please note without the following details enrolment will not be processed) |                  |                              |  |
| Title   |                  | USI NUMBER<br>(if available) |  |
| Family Name   |                  | Given Name                   |  |
| Gender  | Male      Female | Date of Birth                |  |
| Telephone   |                  | Mobile                       |  |
| Country of Birth  |                  | City of Birth                |  |
| Country of Citizenship  |                  | First Language               |  |
| Passport Number   |                  | Passport Expiry              |  |
| Email ID  |                  |                              |  |
| Current Visa Category   |                  | Status and Expiry            |  |

|                      |  |           |  |
|----------------------|--|-----------|--|
| Address in Australia |  |           |  |
| Suburb/City          |  | State     |  |
| Country              |  | Post Code |  |



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|  |              |       |                   |            |
|--|--------------|-------|-------------------|------------|
| <b>English Language Skill</b>  |              |       |                   |            |
| How well do you speak English?   | Very Well    | Well  | Not Well          | Not at all |
| Result of any English Language test (please attach result from any English test) | Date of test |       |                   | Score      |
|  | IELTS        | TOEFL | PEARSON CAMBRIDGE |            |

|   |           |
|---|-----------|
| Any Special Condition (Medical Condition etc.)<br>Do you consider yourself to have a disability, impairment, or long-term | Yes<br>No |
|---|-----------|

|                         |  |           |  |
|-------------------------|--|-----------|--|
| Address in home country |  |           |  |
| Suburb/City             |  | State     |  |
| Country                 |  | Post Code |  |

|   |   |   |  |
|---|---|---|--|
| <b>Language and culture</b>   |   |   |  |
| In which country were you born?   |   |   |  |
| Do you speak a language other than English at home?   | No  | <input type="checkbox"/> Yes<br>Please indicate the language that is spoken most often? |  |
| <b>Are you of Aboriginal or Torres Strait Islander origin?</b><br>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes) | <input type="checkbox"/> No<br><input type="checkbox"/> Yes, Aboriginal<br><input type="checkbox"/> Yes, Torres Strait<br><input type="checkbox"/> Yes, both Aboriginal and Torres Strait |   |  |



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|  |  |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
|--|--|--------------|--------------------------|----------|--------------------------|--------------|--------------------------|----------|--------------------------|----------------|--------------------------|---------------------------|--------------------------|--------|--------------------------|-------------------|--------------------------|-------|--------------------------|
| <b>Disability</b>  |  |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Do you consider yourself to have a disability, impairment, or long-term condition?   | <p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| <p>If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the list:<br/>(You may indicate more than one area)</p> | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Hearing/deaf</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Physical</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Intellectual</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Learning</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Mental illness</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Acquired brain impairment</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Vision</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Medical condition</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Other</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr> </table> | Hearing/deaf | <input type="checkbox"/> | Physical | <input type="checkbox"/> | Intellectual | <input type="checkbox"/> | Learning | <input type="checkbox"/> | Mental illness | <input type="checkbox"/> | Acquired brain impairment | <input type="checkbox"/> | Vision | <input type="checkbox"/> | Medical condition | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Hearing/deaf   | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Physical   | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Intellectual   | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Learning   | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Mental illness   | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Acquired brain impairment  | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Vision   | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Medical condition  | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |
| Other  | <input type="checkbox"/>   |              |                          |          |                          |              |                          |          |                          |                |                          |                           |                          |        |                          |                   |                          |       |                          |

|   |          |  |              |  |
|---|----------|--|--------------|--|
| <b>Emergency Contact (Please specify 2)</b> |          |  |              |  |
| <b>1</b>                                    | Name:    |  | Relationship |  |
|   | Address: |  | City         |  |
|   | State    |  | Country      |  |
|   | Email    |  | Phone        |  |
| <b>2</b>                                    | Name:    |  | Relationship |  |
|   | Address: |  | City         |  |
|   | State    |  | Country      |  |
|   | Email    |  | Phone        |  |



# The Canberra Training School Pty. Ltd. T/A CANBERRA BUSINESS AND TECHNOLOGY COLLEGE

## Education History

What is your highest completed school level?

Year 7   
  Year 8   
  Year 9   
  Year 10   
  Year 11   
  Year 12

Have you successfully completed any of the following qualification/s:

- Bachelor degree or higher degree
- Advanced diploma or associate degree
- Diploma (or associate diploma)
- Certificate IV (or advanced certificate/technician)
- Certificate III (or trade certificate)
- Certificate II
- Certificate I
- Other education (including certificates or overseas qualifications not listed above)

| Course | Institution | Country | Started<br>(Month & Year) | Completed<br>(Month & Year) | Outcome<br>(Pass/Fail & Marks/Grades) |
|--------|-------------|---------|---------------------------|-----------------------------|---------------------------------------|
|        |             |         |                           |                             |                                       |
|        |             |         |                           |                             |                                       |
|        |             |         |                           |                             |                                       |
|        |             |         |                           |                             |                                       |
|        |             |         |                           |                             |                                       |
|        |             |         |                           |                             |                                       |
|        |             |         |                           |                             |                                       |
|        |             |         |                           |                             |                                       |
|        |             |         |                           |                             |                                       |



# The Canberra Training School Pty. Ltd. T/A CANBERRA BUSINESS AND TECHNOLOGY COLLEGE

## Employment

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

Full-time employee

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Part-time employee

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Self-employed – not employing others

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Self-employed – employing others

---

Employed – unpaid worker in a family business

---

Unemployed – seeking full-time work

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Unemployed – seeking part-time work

---

Not employed – not seeking employment

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## Study Reason

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only).

To get a job

---

To develop my existing business

---

To start my own business

---

To try for a different career

---

To get a better job or promotion

---

It was a requirement of my job

---

I wanted extra skills for my job

---

To get into another course of study

---

For personal interest or self-development

---

To get skills for community/voluntary work

---

Other reasons

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# The Canberra Training School Pty. Ltd. T/A CANBERRA BUSINESS AND TECHNOLOGY COLLEGE

## Airport Transfer

Do you require transport from Canberra Airport to your selected accommodation on arrival in Australia? Fees apply

Yes

No

## Accommodation

Would you like Canberra Business and Technology College to assist in finding you short term accommodation? Fees apply

Yes

No

## Overseas Student Health Cover

As an overseas student, it is a condition of your student visa that you have Overseas Student Health Cover (OSHC) for the entire duration of your stay in Australia. OSHC gives you access to out of hospital and in hospital medical services to help you maintain your health.(fees may be subject to change)

Do you want Canberra Business and Technology College to arrange OSHC for you?

Yes  No

Agent:

If No, who is arranging it for Company:

\*OSHC Cover Prices may vary and you will be applicable as on date of purchase of cover.

## Application/Enrolment Fee

All applicants to Canberra Business and Technology College must pay a non-refundable application fee.



# The Canberra Training School Pty. Ltd. T/A **CANBERRA BUSINESS AND TECHNOLOGY COLLEGE**

## **Declaration by Applicant**

- I declare that the information supplied in this application is true and correct.
- I understand that should the information be subsequently found to be incorrect or misleading my enrolment may be cancelled.
- I authorise Canberra Business and Technology College to verify the information provided.
- I declare that I have sufficient funds to cover my course costs, health insurance and living expenses while in Australia.
- I understand that a staff member of Canberra Business and Technology College may conduct a telephone or Skype interview with me to satisfy themselves of my genuine intent.
- I understand that the Department of Home Affairs will make their own assessment and determination of my visa application and that my visa is not ensured upon acceptance to Canberra Business and Technology College.
- I declare that I have done adequate research prior to choosing this course and study location and I will not change my mind once I have been granted the visa and I am in Australia. I confirm that I have accessed and understood all the information and policies related to my study program provided on the Canberra Business and Technology College website.
- I understand that information provided as part of this application may be shared with the Department of Home Affairs and other government bodies and statutory authorities as required under the Australian legislation.
- I authorise Canberra Business and Technology College to liaise with my nominated agent (as per the details below) in relation to my enrolment at the College.

## **Declaration by Agent**

**(If the student is applying through Canberra Business and Technology College approved agent)**

- I declare that I have explained the student about Canberra Business and Technology College, the available courses, living costs in Australia and any relevant information helpful for the student to take a decision on study in Australia at Canberra Business and Technology College.
- I declare that I have not provided any misleading information to the student and given enough opportunity to the student about the visa process and that issue of COE from Canberra Business and Technology College does not guarantee the visa and ultimate decision depends on assessment by Department of Home Affairs.



# The Canberra Training School Pty. Ltd. T/A **CANBERRA BUSINESS AND TECHNOLOGY COLLEGE**

- I declare that the information supplied by the student in this application is true and correct to the best of my knowledge.
- I have done reasonable efforts to verify the information and documents provided by the student.
- I understand that in the event of any fraudulent document being provided by the student, it will lead to the refusal of visa and will also affect my relationship with Canberra Business and Technology College.
- I understand that Canberra Business and Technology College has the right to verify the information provided by the student.
- I understand that a staff member of Canberra Business and Technology College may conduct a telephone or Skype interview with the student to satisfy themselves of student's genuine intention.
- I understand that information provided as part of this application may be shared with the Department of Home Affairs.

STUDENT NAME: (PRINT)

Student Signature & Date

AGENTS SECTION (IF THE STUDENT IS APPLYING THROUGH AN AGENT)

AGENT SEAL/STAMP

AGENT SIGN

AGENT COMPANY

COUNTRY

OFFICIAL'S NAME

PHONE NUMBER

Date



# **The Canberra Training School Pty. Ltd. T/A CANBERRA BUSINESS AND TECHNOLOGY COLLEGE**

## **PLEASE SUBMIT WITH THIS FORM**

- ✓ Copy of passport
- ✓ Copy of current visa (if applicable)
- ✓ Copy of last two years' qualification
- ✓ Copy of valid English proficiency test/level
- ✓ Translated documents (not in English) by an approved translator
- ✓ Copy of resume & work experience letter (if applicable)
- ✓ Certification must clearly include the stamp, printed name, title/position, signature, and date of notary.
- ✓ All documents to be scanned in color, saved as PDF and emailed to Canberra Business and Technology College. Scanning should be clear, readable, and straight (not upside down)