



# Enrolment Form ELICOS Students

| Application for Enrolment   |   |
|---|---|
| Which course would you like to enroll into?   | <input type="checkbox"/> General English  |
| Preferred start date:   | <input type="checkbox"/> As soon as possible <input type="checkbox"/> From: ___/___/___   |
| Have you ever studied with Stanford College Australia before?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>For international students:</b> Are you applying for a <b>Course Transfer</b> (from another Australian registered CRICOS provider)?<br><i>Please note a Course Transfer form must accompany this application.</i>              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Maybe - I'd like more information  |
| <b>Application Checklist</b><br><i>Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification). Please tick those that you are providing:</i> | <input type="checkbox"/> Valid passport copy<br><input type="checkbox"/> Valid visa (if you have one)<br><input type="checkbox"/> High School certificate or other relevant certificates<br><input type="checkbox"/> Proof of English Language Proficiency<br><input type="checkbox"/> Any other relevant documents to support your application e.g. resume |

## INTERNATIONAL STUDENT INFORMATION

Stanford College Australia is required to collect personal information and information about course enrolment and course progress for all international students which may be shared with the Australian Government including the Department of Home Affairs and the Tuition Protection Service as relevant for the purposes of:

- promoting compliance with the ESOS Act and the National Code 2018
- assisting with the regulation of providers
- promoting compliance with the conditions of a particular student visa or visas, or of student visas generally
- or facilitating the monitoring and control of immigration.

Please see the International Student Handbook for Stanford College Australia's Privacy Policy

| Personal Details  |  |  |     |
|---|--|--|-----|
| <b>1. Enter your full name</b>  |  |  |     |
| Surname:  |  |  |     |
| Given names:  |  |  |     |
| <b>2. Enter your birth date</b>   | Day/month/year: ___/___/___  |  |     |
| <b>3. Gender</b> ( <i>Tick ONE box only</i> )   | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |  |     |
| <b>4. Enter your contact details</b>  |  |  |     |
| Home phone:   | ( )  | Work phone:  | ( ) |
| Mobile:   |  |  |     |
| Email address:  |  |  |     |
| Alternative email address ( <i>optional</i> )   |  |  |     |
| <b>5. What is the address of your usual residence?</b><br><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</i><br><i>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><br><i>Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site</i> |  |  |     |
| Building/ property name   |  |  |     |
| Flat/unit details:  |  | Street or Lot Number ( <i>eg 205 or Lot 118</i> ): |     |
| Street name:  |  |  |     |
| Suburb, locality or town:   |  |  |     |



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| Personal Details   |  |   |  |
|--|--|---|--|
| State/territory:   |  | Postcode:                                 |  |
| <b>6. What is your postal address (if different from above)?</b> |  |   |  |
| Building/ property name:   |  |   |  |
| Flat/unit details:   |  | Street or Lot Number (eg 205 or Lot 118): |  |
| Street name:   |  |   |  |
| Suburb, locality or town:  |  |   |  |
| State/Territory:   |  | Postcode:                                 |  |

| Language and cultural diversity  |   |
|--|---|
| <b>7. In which country were you born?</b>  | <input type="checkbox"/> Australia<br><input type="checkbox"/> Other, please specify: _____                                     |
| <b>8. Do you speak a language other than English at home?</b> <i>If more than one language, indicate the one that is spoken most often</i>                       | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other, please specify: _____                         |
| <b>9. Are you of Aboriginal or Torres Strait Islander origin?</b> <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes</i> | <input type="checkbox"/> No<br><input type="checkbox"/> Yes, Aboriginal<br><input type="checkbox"/> Yes, Torres Strait Islander |

| Disability  |  |  |
|---|--|--|
| <b>10. Do you consider yourself to have a disability, impairment or long-term condition?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No – <a href="#">go to question 12</a> |  |
| <b>11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:</b> <i>You may indicate more than one area) Please refer to the <a href="#">Disability supplement</a> at the back of this form for an explanation of the following disabilities</i> |  |  |
| <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                     |

| Schooling   |  |   |
|---|--|---|
| <b>12. What is your highest COMPLETED school level</b> <i>(tick one box only)</i><br>If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have actually completed and not the level you are currently undertaking For example, if you are currently in Year 10 the Highest school level completed is Year 9 |  |   |
| <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<br><a href="#">Go to question 14</a> |
| <b>13. Are you still enrolled in secondary or senior secondary education?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

| Previous qualifications achieved  |  |   |
|---|--|---|
| <b>14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?</b> | <input type="checkbox"/> Yes – <a href="#">indicate below Question 15</a><br><input type="checkbox"/> No – <a href="#">Go to Question 16</a> |   |
| <b>15. If yes, tick ANY applicable boxes</b>  |  |   |
| <input type="checkbox"/> Bachelor degree or higher degree [008]                             | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) [511]   | <input type="checkbox"/> Certificate I [524]  |
| <input type="checkbox"/> Advanced diploma or associate diploma [410]                        | <input type="checkbox"/> Certificate III (or trade certificate) [514]  | <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) [990] |



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|  |   |
|--|---|
| <input type="checkbox"/> Diploma<br>(or associate diploma) [420] | <input type="checkbox"/> Certificate II [521] |
|--|---|

|  |  |   |
|--|--|---|
| <b>Employment</b>  |  |   |
| <b>16. Of the following categories, which BEST describes your current employment status? (Tick one box only)</b><br><i>For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week)</i> |  |   |
| <input type="checkbox"/> Full-time employee  | <input type="checkbox"/> Part-time employee                            | <input type="checkbox"/> Self-employed – not employing others |
| <input type="checkbox"/> Self-employed – employing others  | <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Unemployed – seeking full-time work  |
| <input type="checkbox"/> Unemployed – seeking part-time work   | <input type="checkbox"/> Not employed – not seeking employment         |   |

|  |   |
|--|---|
| <b>Study reason</b>  |   |
| <b>17. Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)</b> |   |
| <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 [07[      |
| <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"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other reasons   |   |

|  |     |                      |     |
|--|-----|----------------------|-----|
| <b>Next of kin/emergency contact</b>   |     |                      |     |
| These are people that Stanford College Australia may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Stanford College Australia. |     |                      |     |
| Name:  |     | Relationship to you: |     |
| Address:   |     |                      |     |
| Home phone:  | ( ) | Work:                | ( ) |
| Mobile:  |     | Email:               |     |



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## DISABILITY SUPPLEMENT

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: 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

### **'11 — 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

### **'12 — 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

### **'13 — 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

### **'14 — 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

### **'15 — 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

### **'16 — 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

### **'17 — 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

### **'18 — 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

### **'19 — 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