

ENROLMENT FORM FOR INTERNATIONAL STUDENTS

| STUDENT DETAILS: | | | |
|--------------------|--|----------------------|-----|
| First Name: | | Middle Name: | |
| Surname: | | | |
| Gender: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____ | Date of Birth: | / / |
| Australian Mobile: | | Offshore Contact No: | |
| Email: | | | |

| | | | |
|--------------------|--|-----------|--|
| Home Address: | | Country: | |
| Suburb/City/State: | | Postcode: | |

(Please note that an Australian address must be supplied in order to be provided with a Certificate of Enrolment)

| | | | |
|---------------------|--|----------------------------|--|
| Australian Address: | | | |
| Suburb: | State: | Postcode: | |
| Nationality: | | Passport No: | |
| Are you currently? | <input type="checkbox"/> Onshore <input type="checkbox"/> Offshore | | |
| Are you on a Visa? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Current Visa Grant Number: | |

| PROGRAMME / QUALIFICATION OR SHORT COURSE: | |
|---|---|
| <input type="checkbox"/> HLT35021 Certificate III in Dental Assisting | Coming |
| <input type="checkbox"/> HLT45021 Certificate IV in Dental Assisting | Coming |
| <input type="checkbox"/> BSB41419 Certificate IV in Work Health and Safety | CRICOS 0101209 |
| <input type="checkbox"/> BSB51319 Diploma of Work Health and Safety | CRICOS 0101206 (Cert IV is a pre-requisite) |
| <input type="checkbox"/> BSB60619 Advanced Diploma of Work Health and Safety | CRICOS 102842J (Diploma is a pre-requisite) |
| <input type="checkbox"/> BSB40520 Certificate IV in Leadership and Management | CRICOS 091171E |
| <input type="checkbox"/> BSB50420 Diploma of Leadership and Management | CRICOS 104185K |
| <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management | CRICOS 091173C |
| <input type="checkbox"/> HLT55118 Diploma of Dental Technology | CRICOS 0101102 |
| <input type="checkbox"/> HLT41120 Certificate IV in Health Care | Coming |
| <input type="checkbox"/> HLT51020 Diploma of Emergency Health Care | Coming |
| <input type="checkbox"/> CHC33015 Certificate III in Individual Support | CRICOS 094069A |
| <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support | CRICOS 098123A |

| PREFERRED COURSE COMMENCEMENT DATE: | | | |
|-------------------------------------|--|--------|--|
| Year: | | Month: | |

DO YOU REQUIRE THESE SERVICES?

Airport pickup Accommodation Other (please specify): _____

Language and Cultural Diversity (Government requirement details)

1. In which country were you born?

Australia 1101 Other - please specify: _____

2. Do you speak a language other than English at home? (If more than one language, indicate the one spoken the most)

No, English only 1201 Yes, please specify: _____

3. How well do you speak English?

Very well 1 Well 2 Not well 3 Not at all 4

4. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both, mark both "yes" boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

Disability (Government requirement details)

5. Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y No N If NO, Go to Question 6

If YES, please indicate the areas of disability, impairment or long-term condition: (you may indicate more than one area)

Hearing/Deaf 11 Learning 14 Vision 17

Physical 12 Mental Illness 15 Medical Condition 18

No Intellectual 12 Acquired Brain Impairment 16 Other 19

Schooling (Government requirement details)

6. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent 12 Year 10 or equivalent 10 Year 8 or below 08

Year 11 or equivalent 11 Year 9 or equivalent 09 Never attended school* 02

If NEVER, Go to Question 7

7. In which YEAR did you complete that school level? _____

8. Are you still attending secondary school? Yes No

Previous Qualifications Achieved (Government requirement details)

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

Yes Y No N If NO, Go to Question 10

If YES, then tick ALL applicable boxes.

Bachelor's degree or higher degree 008 Certificate III (or Trade Certificate) 514

Advanced Diploma or Associate Degree 410 Certificate II 521

Diploma (or Associate Diploma) 420 Certificate I 524

Certificate IV (or Adv Certificate/Technician) 511 Certificates other than the above 990

Employment (Government requirement details)

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

| | | | |
|--------------------------------------|-----------------------------|---|-----------------------------|
| Full-time employee | <input type="checkbox"/> 01 | Employed - unpaid worker in a family business | <input type="checkbox"/> 05 |
| Part-time employee | <input type="checkbox"/> 02 | Unemployed - seeking full-time work | <input type="checkbox"/> 06 |
| Self-employed - not employing others | <input type="checkbox"/> 03 | Unemployed - seeking part-time work | <input type="checkbox"/> 07 |
| Employer | <input type="checkbox"/> 04 | Not employed - not seeking employment | <input type="checkbox"/> 08 |

Study Reason (Government requirement details)

11. Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

| | | | |
|----------------------------------|-----------------------------|---|-----------------------------|
| To get a job | <input type="checkbox"/> 01 | It was a requirement of my job | <input type="checkbox"/> 05 |
| To develop my existing business | <input type="checkbox"/> 02 | I wanted extra skills for my job | <input type="checkbox"/> 06 |
| To start my own business | <input type="checkbox"/> 03 | To get into another course of study | <input type="checkbox"/> 07 |
| To try for a different career | <input type="checkbox"/> 04 | For personal interest or self-development | <input type="checkbox"/> 12 |
| To get a better job or promotion | <input type="checkbox"/> 05 | Other reasons | <input type="checkbox"/> 11 |

APPLICATION INSTRUCTIONS

- **Submission details:** Please submit your application to admin@dnakingstontraining.edu.au, via post or in person via reception. For us to properly assess your enrolment eligibility, you **must** attach a copy of the following:
 - Passport photo page.
 - Your current and valid visa (if applicable).
 - Academic results /transcript of your previous study / qualifications.
 - Evidence / transcript of your English test results (IELTS, PTE, etc).
 - **Completed Genuine Temporary Entrance form** (pages 5 to 8 of this Application).
- **Processing time:** Please allow up to 5 days for processing of applications. Once processed successfully, a Letter of Offer will be provided to you outlining your course information and fees payable.
- **Read our policies:** Please ensure that you have read and understood your offer as well as applicable course information and college policies – including the college Fee Policy and Refund Policy prior to proceeding with your offer. All relevant policies can be found on the DNA Kingston Training College website: www.dnakingstontraining.edu.au.
- **Acceptance and Confirmation of Enrolment (CoE):** Once your initial payment has cleared our bank account and you have submitted your signed Acceptance of Offer, we will issue your electronic CoE.

STUDENT DECLARATION

I declare the information provided in this document is current and correct.

I agree to commit to the training programme enrolled, pay the associated fees and follow the policies and procedures outlined by DNA Kingston Training:

| | | | |
|---|--|-------|--|
| Student signature: | | Date: | |
| Guardian Signature (if student is under 18 years of age): | | Date: | |
| Guardian Name: | | | |

AGENT DECLARATION

I declare that the person making this application has been assessed as a genuine temporary Entrant and Genuine students as defined by the Australian Department of Immigration and Border Protection. The applicant has every intention of completing all courses listed in this application and I have verified the authenticity and validity of the documents presented by the applicant. The applicant has been given information about DNA Kingston Training's courses and the campus location, and information on fees and living costs in Australia and understand their obligations to pay all fees:

| | | | |
|--------------|--|----------------|--|
| Agency Name: | | Name of Agent: | |
| Signature: | | Date: | |

We wish you much success with your application process to study in
Australia with DNA Kingston Training

Empower your dreams, make them happen!

GENUINE TEMPORARY ENTRANT (GTE) APPLICANT ASSESSMENT FORM

This form is to be completed by students ONLY. GTE forms completed by Agents will not be accepted

Dear Student,

Thank you for your application to study at DNA Kingston Training. Please complete the following questions:

Family Name: _____

Given Names: _____

Date of Birth: dd / mm / yyyy _____

Country of Birth: _____

Citizenship: _____

1. Have you travelled to Australia before? Yes No
** If yes, when and for what reasons?*

2. Have you ever had an Australian visa application denied or an Australian visa cancelled? Yes No
** If yes, please provide more details:*

3. Do you have any relatives or friends in Australia? Yes No
** If yes, please provide:*

Their name/s: _____

Their relationship to you: _____

State they live in: _____

4. Do you have any immediate family members (e.g. children, parents) who will remain in your home country whilst you are in Australia? Yes No
** If yes, please provide:*

Their name/s:

Their relationship to you:

5. What is your relationship status? Please specify: Single Married De facto

If you have a spouse/partner, is he/she coming to Australia with you, as a dependent on your student visa? Yes No

If yes, has he/she previously applied for an Australia visa?
Please provide his/her full name Yes No

His/her full name:

6. Do you have any children?
** If yes, how many and will they accompany you to Australia?* Yes No

7. How will you pay for your tuition, your living expenses, and your travel arrangements to Australia?

8. Have you previously studied in Australia?
** If yes, please state:* Yes No

Name of the institution/s:

Course/s Taken:

Study Period/s:

9. Why did you choose to study in Australia and not in your home country?

10. Why have you chosen to study at DNA Kingston Training?

11. Why have you chosen to study this course/s?

12. How will this program benefit your future?

13. How is this program related to your previous studies?

14. If this program is not related to your previous studies, why have you decided to change your career path?

15. What do you know about this program?

16. What do you like about the program structure?

17. How will you implement the qualification, once you return to your home country?

Student Declaration

I declare that all information I have provided in this form is accurate and complete, and that DNA Kingston Training may refuse my application or cancel my enrolment if any information is found to be incorrect, false or misleading.

I also understand that, by completing this form, I am giving DNA Kingston Training written consent to verify the information I have supplied in this form and to request further support documentation.

I declare that I have a genuine intention to undertake the study pathway for which I have applied.

| | | | |
|---|--|-------|--|
| Student signature: | | Date: | |
| Guardian Signature (if student is under 18 years of age): | | Date: | |
| Guardian Name: | | | |

COLLEGE OFFICE USE ONLY - (this section)

| | | | |
|---------------|---|----------------|--|
| Received by: | | Date: | |
| Processed by: | | Date: | |
| Outcome: | <input type="checkbox"/> Approved <input type="checkbox"/> Rejected | Date Notified: | |