

How to Complete this Form:

Please write clearly in black ink using CAPITAL LETTERS in English.

Include one set of supporting documents with this application including certified English translation copies where required. All supporting documents for this application must be certified as true copies of general.

Note: Information contained in this document is utilized in accordance with the Australian Tertiary Institute Privacy Policy

1. Personal Details (Please choose by placing an X in the boxes that apply to you)										
Title:	□ Mr	□ Mrs	□ Ms		☐ Miss	□ Other	:			
Gender:	□ Male	□ Female	□ Othe	er	Date of Birth:	/	/			
Surname:										
Given Names:										
Nationality:										
2. Contact Details										
A. Address (Home C	ountry)									
Address:										
	Post Code:									
Phone:			Email:							
B. Address (Australia	a)									
Address:										
Suburb:										
State:				Postco	ode:					
Phone (Home):				Phone	(Work):					
Mobile:			Email:							
C. Guardian Details	(Not Applica	ble ATI doe	es not enrol stu	dents ur	nder 18 years of	age)				
3. Correspondence Addr	ess									
Correspondence to	☐ Home Co	ountry	Australia	□ Age	ent Address (Par	t 6 D)				
4. Passport Details		·								
Passport Status:	☐ Issued		□ Pending							
Passport Issued By:										
Passport Number:										
Passport Expiry Date:										
A certified true copy of y	our original o	documents	must be provi	ded as p	art of your appl	ication				
Verified By (Print Name):										
Date:										
Signed:										

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5. VISA Details									
VISA Type (If held)									
□ Student	□ Visitor		□ Working	□ Bric	dging				
VISA Status:	□ Issued		□ Pending						
VISA Number:									
VISA Expiry Date:									
Are you in Australia now?	□ Yes	Yes							
If you do not currently hold a valid VISA, please complete the following:									
Location of Lodgement:	Country				City				
Date of Intended Application:									
A certified true copy	of your orig	inal documents	must be provid	ded as	part of	your application			
6. Education Agent/I	Marketing								
How did you hear at	oout Australi	an Tertiary Institu	ute\$						
 □ Agent □ Exhibition □ Events □ Newspapers/Magazines □ Google Sea □ Governmen □ Instagram/L □ Facebook 			e+	□ Radio□ Travel agents□ Friends□ Relatives					
A. Education Ac	A. Education Agent Details (If applying through an agent)								
Agent Company Name			<u> </u>						
Agent Name									
Address:									
Phone:			Agent's Stam	р					
Mobile:									
Email:									
7. Overseas Student	Health Cove	er							
OSHC Arranged	☐ If yes cor	mplete (Part A)		□ If n	o com	olete (Part B)			
Part A – Insurer Detai	ls								
Name of Insurer:									
Member Number:									
Date of Evniry:									

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Part B - Australian Tertiary Institute to arrange										
Cover Type – Single:	□ 6 Months	ns 12 Months 18 Months 24 I		□ 24 N	Months	□ 30 Months				
Cover Type – Couple:	□ 6 Months	□ 12 Month	☐ 12 Months ☐ 18 Months		□ 24 /	Months	□ 30 Months			
Cover Type – Family:	□ 6 Months	□ 12 Month	ns 🗆	18 Months	□ 24 N	Months	□ 30 Months			
The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). The length of your OSHC MUST cover the total length of your course(s)										
8. English Language			/ placir	ng an X in the	boxes 1	that apply				
Assessment Type	\COTA	Date Achieved	Asses	ssment Type		Score	Date Achieved			
□ IELTS			□ ELIC	□ ELICOS						
□ TOEFL			□ PTE	□ PTE						
☐ Other (Specify): Assessment Type: Score:				e:	Date Achieved:					
Not Required. English	is my first lang	uage:			□ Y	'es	□ No			
Do you need any ad	ditional suppo	rt\$			□ Y	'es	□ No			
If Yes, specify:										
9. Disability Status (Pl	ease choose b	y placing an X	in the l	boxes that ap	ply to y	ou)				
Do you suffer from ar	ny physical/me	ntal disability th	hat ma	ay affect your p	oarticip	oation in t	he course?			
☐ Yes ☐ No – Go to Question 9										
Disability, Impairmen	t or Long-Term	Condition								
☐ Hearing/Deafness	□ Learnin	g			Vision					
□ Physical	□ Mental	Illness			Medic	al Conditi	on			
□ Intellectual □ Acquired Brain Impairment □ Not Specified										
Other (Please specify):										

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10. Qualification Selection (Please choose by placing an X in the boxes that apply to you)									
Term (Intake): Month/ Year									
Select	Course Code	Course Title	Duration	Tuition Fee (AUD \$)	Material Fee (AUD \$)				
	BSB40120	Certificate IV in Business	52 weeks	9,000.00	250.00				
	BSB50120	Diploma of Business	52 weeks	13,000.00	550.00				
	BSB60420	Advanced Diploma of Leadership and Management	52 weeks	13,000.00	550.00				
	ICT60220	Advanced Diploma of Information Technology (Telecommunications Network Engineering)	104 weeks	26,000.00	200.00				
	BSB80120	Graduate Diploma of Management (Learning)	104 weeks	26,000.00	1,600.00				
	SIT40521	Certificate IV in Kitchen Management	78 weeks	16,500.00	1,850.00				
	SIT60322	Advanced Diploma of Hospitality Management	104 weeks	30,000.00	2,000.00				
	SIT50422	Diploma of Hospitality Management (After Completing SIT40521)	26 Weeks	6,000.00	500.00				
	SIT60322	Advanced Diploma of Hospitality Management (After completing SIT40521 & SIT50422)	ma of agement 24 Weeks 4 000 00						
Note: Material fee includes course books and uniforms (SIT40521 and SIT60322-104Weeks). Application fee AUD\$ 250.00, OSHC (for overseas students only) are not included in the above fees).									
11. Rec	ognition of Pri	ior Learning / Credit Application							
Wouldy	ou like to mo	ake an application for RPL / Credit	ś	□ Yes	□ No				
Note: You can download an RPL / Credit Application Kit by visiting our website: www.atiaus.edu.au									

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12. Education Details					
What is the last School / College / University that you attended?					
What is your highest level of education COMPLETED?					
13. Accommodation Requirements					
Do you require Australian Tertiary Institute to arrange accommodation?	□ Yes	□ No			
What type of accommodation arrangements would you like?	□ Shared	□ Private			
Do you require Australian Tertiary Institute to arrange for Airport pickup: This service is AUD\$ 150.00 additional fee	□ Yes	□ No			
Any other additional information:					
I have checked and attached all relevant documents:	☐ Certified copies of	f documents to			
□ Completed all sections of this application	be assessed for RPL,				
□ Certified true copy of your VISA	☐ Release letter from current institution, if studied less than 6 months				
□ Certified true coy of your Passport	☐ Completed the po	ayment details			
☐ Certified true copy of Year 12 education or equivalent ☐ Certified translated documn not in English					
□ Certified true copy of your English proficiency	Certified true copi documentation	es of relevant			
☐ Evidence of Overseas Student Health Cover	☐ Read and signed the declaration				

Next review: 10 October 2023



16. Declaration and Agreement

I understand the Terms and Conditions, the Privacy Policy, and the Cancellation and Refund Policy of Australian Tertiary Institute and confirm that I have been fully advised of the fees, cancellation and refund conditions and conditions of enrolment and I agree to be a student at Australian Tertiary Institute.

In signing this Enrolment Application Form, I agree that I have read and understood the following:

- I declare that to the best of my knowledge, the information I have provided is accurate and complete in every detail. This information may be used for monitoring, program planning and statistical purposes.
- I declare that I can meet tuition fees, course materials, and tools fees.
- I agree to pay fees as they become due. I understood my qualification would be withheld until
 my account is finalized
- I agree to give permission to use any photographs and/or video image on which I may appear on marketing and advertising materials.
- I understand that assessments need to be regularly submitted to ensure successful progression throughout the course.
- I understand that in case of my enrolment cancellation, any further assessment submitted will not be marked, and a Statement of Attainment will be issued for the competent units.
- I declare that I will notify any change of contact details within 7 working days.
- I declare that I will abide by the policies and procedures given in the prospectus and website.
- I declare that I will be solely responsible for meeting the conditions listed on my current student VISA and liaise with the Department of Home Affairs and my agent (if applicable).
- If I am intending to change education providers, I should contact my current education provider for information. (In most circumstances, the new education provider will not be restricted from enrolling you if you have not completed six months of the main course of study for which your visa was granted.)
- If I want to change education providers before completing the first six months of my main course
 of study, I must contact my current education provider for permission and receive a release letter.
 (You will need a letter of offer from the new provider to apply for a letter of release from your
 original education provider.)
- I declare that I have also read and understand the National Code 2018 and ESOS Act 2000 at https://internationaleducation.gov.au/Regulatory-Information/Pages/National-Code-2018-Factsheets-.aspx

USI No: (visit <u>www.usi.gov.au</u> or ask Student Support Officer on Orientation Day							
Name:							
Signature:							
Date:							