

Application for Enrolment

Preferred Course Start Date: ____ / ____ / ____

Course Name			
GENERAL ENGLISH (STARTER – ADVANCED 6 LEVELS) (No of Weeks _____)			
Upfront fee (you must tick one box)			
<input type="checkbox"/> I would like to pay half of the fee of above course before the start of the course <input type="checkbox"/> I would like to pay more than half of the fee of above course before the start of the course <i>a student can pay full fees if they wish to, but they are not required to pay more than 50 per cent up front</i>			
Personal Details			
Given Name: (Legal Given name)		Surname: (Legal Family name)	
Date of Birth:	/ /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Town of Birth:		Country of Birth:	
Nationality	As per passport		
Passport No:		Visa Number (if known)	
Phone (home):	Mobile:		
Email Address:			
Residential Address		Postal Address, (if different to usual residence)	
Emergency Contact Details			
Name:		Phone Number:	
Address:			
Relationship to Applicant:			
Details of any accompanying Dependents(s)			
First Name: _____ Surname: _____ Relationship: _____			
Date of Birth: ____ / ____ / ____ Passport No.: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
First Name: _____ Surname: _____ Relationship: _____			
Date of Birth: ____ / ____ / ____ Passport No.: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Attach a separate sheet with above information, if more than two accompanying dependents.			

Language			
Do you speak a language other than English at home?			
No, English Only <input type="checkbox"/>		Yes, other – please specify: _____	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all			
Disability			
Do you consider yourself to have a disability, impairment or long-term condition?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
(If Yes, please specify the areas of disability, impairment or long-term condition. You may indicate more than one area. Please attach documentation describing your disability, impairment or long-term condition in more detail.)			
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Others			
Education & English Level			
Highest COMPLETED school level		Year of Completion	
Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Highest Qualification achieved:		Year of Completion:	
Country Qualification issued			
List score and date of English tests, if applicable	IELTS (Academic / General)	TOEFL	PEARSON

Accommodation / Airport Pick up			
Do you require accommodation?		Do you require airport pick-up?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Visa Entitlement Verification Online (VEVO)	
Education provider's use VEVO to check on your entitlement to live, work and study in Australia For Intellect English to obtain this information we require your permission for us to conduct a VEVO check on yourself	
I permit Intellect English to conduct a VEVO check	
Signature _____	Date _____
Education Agents Details	
If you were referred by an Education Agent, please provide details below	
Agent Name / Business Name:	As an approved agent of Intellect, I am also certifying that I have verified all the original documents of the student. Signature: _____

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Policy of Intellect.

I acknowledge that I have read and understood the information provided in this form. I also acknowledge that I have read Intellect English's student prospectus, marketing material, and received full information from Intellect English's and/or its Education agent (in case of enrolment through education agent) before making the decision to enrol in the course. I agree to abide by the above terms & conditions. The information and documents provided by me are true, genuine and correct in all respects.

Student's Signature: _____

Date: _____

Completed Application along with **Copies** of the following essential documents can be mailed, emailed or hand delivered to:

International Admissions Officer
Intellect English
Ground Floor, 601 Sydney Road,
Coburg
Vic 3058 (Australia)

Email: admissions@intellectenglish.com.au

Documents to be attached with the Application for Enrolment (Certified and/or verified)

(Documents not in English must be translated)

- ☐ Passport bio-data pages
- ☐ IELTS (or other English Language test) Results (if applicable)
- ☐ Birth Certificate
- ☐ Evidence of highest academic qualifications
- ☐ Agent's initial interview checklist if applicable.
- ☐ Copy of current Australian Visa, if applicable

Office Use Only

Date Application Received:		Received By:	
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Decision on Application (please *tick* one)

- ☐ Accepted
- ☐ Rejected

Signature:	
Name:	