



International Student Application Form

Please complete this form in clear English using black / blue ink, please where applicable

Part A: PERSONAL DETAILS

Title: Mr. Mrs. Ms. Miss

Family Name:

Given Names:

Gender: Male Female Other

Date of Birth: DD/MM/YYYY

Mobile/Phone:

E-mail:

Address in Australia (if applicable):

Address:

Suburb:

State:

Postcode:

Permanent Address in Home Country

Address:

Country:

Postcode/ ZIP Code:

Mobile/Phone:

E-mail:

Emergency Contact

Name:

Relationship:

Address:

Country:

Postcode/ ZIP Code:

Mobile/Phone:

E-mail:

PART B: PASSPORT and VISA DETAILS

Passport Number:

Expiry Date:

Country of Passport:

Are you currently in Australia? Yes No (If No, skip the following section)

What type of visa are you currently holding (if currently holding a visa)?

**Please leave blank if you are not holding a visa*

Student Visa, Subclass: _____

Visitor Visa

Working Holiday Visa

Other, please specify _____

Visa Expiry Date: _____

Are you currently enrolled with any other education provider?

Yes No (If No, skip the following section)

**If currently enrolled with any other education provider, please provide a copy of your current student visa and all eCoEs that you are holding with your application.*





If Yes,

Do you have a Letter of Release? Yes No

Did you abide by the conditions of your student visa with your previous provider? Yes No

State the reason of leaving your current provider: _____

Confirmation of Enrolment (CoE)

Do you require a CoE to lodge your visa application? Yes No, please state your reason and provide supporting evidence: _____

Are you lodging your visa application in Australia? Yes No

If No, please specify Country: _____

Has your visa been cancelled / refused before? Yes No

Overseas Student Health Cover (OSHC)

Do you require OLEI to arrange OSHC for you? Yes No

If Yes, please select cover type: Single Couple Family

OSHC Policy Start Date: DD/MM/YYYY

(if different from course commencement Date)

NOTE:

- Overseas Student Health Cover (OSHC) is compulsory for students on student visas. If OLEI is not arranging OSHC, student is fully responsible for his/ her own insurance and must provide proof of currency.
- You will also need to arrange cover for your dependent(s)

PART C: ENGLISH LANGUAGE PROFICIENCY

Have you ever completed any of the English tests within the last 1 year? Yes No

If yes, please specify:

IELTS PTE Others, please state: _____

Year of Test:

Test Score:

PART D: EDUCATION AND EMPLOYMENT HISTORY

Have you SUCCESSFULLY completed any qualification in the past? Yes No

If yes, please indicate below

Year attained	School or Institute	Title of qualification eg "Victoria Certificate of Education" or "Bachelor of Business"	Country

Please indicate your work experience below if you have any:

Based on your past work, study and life experiences, applicants may be eligible for Recognition of Prior Learning (RPL), or credit transfer (CT) or meet the work experience entry requirement for specified qualification. More evidence will be required for PRL/CT application and entry requirement evidence.

Year of Employment	Company Name	Position / Job Duty

Do you wish to Apply for RPL/Credit Transfer: Yes No

If yes, OLEI will contact you for further information.





PART E: Accommodation/ Airport Transfer

Do you wish OLEI to arrange your accommodation? Yes No

Do you wish to be met at the airport and transferred to your accommodation? Yes No

PART F: Intake Dates

2024 Commencement Date for VET Course:

23 Sep Other: _____

2025 Commencement Date for VET Course:

13 Jan 07 Apr 30 June 22 Sep

Other: _____

PART G: COURSE INFORMATION

ELICOS Program (Intake on every Monday of the week)

<input type="checkbox"/> General English (CRICOS Code:113280C)	Proposed Start Date		Number of weeks	
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VET Course	CRICOS Code	Duration
Commercial Cookery & Hospitality		
<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery	111725F	52 Weeks
<input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management	111726E	78 Weeks
<input type="checkbox"/> SIT50422 Diploma of Hospitality Management	111727D	78 Weeks
Package Course		
Package for Hospitality program 1		
<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery SIT40521 Certificate IV in Kitchen Management	111725F 111726E	78 Weeks
Package for Hospitality program 2		
<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery SIT40521 Certificate IV in Kitchen Management SIT50422 Diploma of Hospitality Management	111725F 111726E 111727D	104 Weeks





PART H: Unique Student Identifier (USI)*

Do you have a USI Number? If 'YES', please provide: _____

If 'NO' or unknown, you may apply online via the government website <https://www.usi.gov.au/students/create-your-usi> OR you can authorize OLEI to apply USI on your behalf:

I do not have a USI (Unique Student Identifier) and authorize OLEI to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <https://www.usi.gov.au/about-us/privacy>

I understand that OLEI will provide to the Registrar the following items of personal information:

- My name, including first or given names(s), middle name(s)
- and surname or family name as they appear in an identification document.
- My date of birth as it appears, if shown, in the chosen document of identity
- My city or town of birth / My country of birth
- My gender and contact details

PART I: PAYMENT OPTIONS

Pay in Full (for programs less than 24 weeks)

Standard Payment Plan: Deposit prior to enrolment + multiple instalments

Payment Information (Fee can be paid in)

EFT – Electronic Fund Transfer (Bank Details are)

Bank Name	National Australia Bank				
Account Name	Oak Leaf Education				
BSB Number	083266	Account Number	182343919	Swift Code	NATAAU3303M

PART J: DECLARATION AND SIGNATURE

I confirm and understand the following:

1. I have read, understood and agree to be bound by the **Terms and Conditions** as outlined by OLEI.
2. I hereby declare that the **information supplied** to OLEI is true and correct, and will be used for the enrolment process, managing my study at OLEI, and may also be made available to Commonwealth and State authorities and agencies for quality assurance, statistical, law enforcement and tuition assurance purposes.
3. If I don't have a USI number and I authorise OLEI to apply USI number on my behalf. I understand that OLEI will provide to the Registrar the required personal information as stated in **Unique Student Identifier (USI) section**
4. I also agree to abide by the **payment schedule** and **refund policy**.
5. I understand that it is my responsibility for keeping a copy of the written agreement and payment receipt as supplied by OLEI.
6. I consent to the collection, use and disclosure of my personal information in accordance with the NCVER Privacy Notice above
7. I understand that this agreement and the availability of complaints and appeals processes, does not remove my right to take action under Australia's consumer protection laws. A description of the Education Services for Overseas Students (ESOS) framework is available electronically by DET. "The ESOS Acts and regulations set out the legal framework governing [delivery of education to overseas students](https://internationaleducation.gov.au/Regulatory-Information/Education-Services-for-Overseas-Students-ESOS-Legislative-Framework/ESOS-Regulations/Pages/default.aspx) studying in Australia on a student visa". Students may view it online. <https://internationaleducation.gov.au/Regulatory-Information/Education-Services-for-Overseas-Students-ESOS-Legislative-Framework/ESOS-Regulations/Pages/default.aspx>

Applicant's Name			
Applicant's signature		Date	





AVETMISS Student Questionnaire

As part of the requirements from the Australian Government, OLEI is required to collect some statistical data from our students, please kindly fill out the following form. Please note that data collected using this form are only for statistical purposes, and will have no impact on your study progress and its outcome – the only exception is we may use this data to improve our service to you.

Schooling	Are you still studying in the secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>What was your highest school level completed refer to the highest school level? Please list the year you left your highest school level (e.g. 1982)</p> <p><input type="checkbox"/> Year 8, Year _____ <input type="checkbox"/> Year 9, Year _____ <input type="checkbox"/> Year 10, Year _____</p> <p><input type="checkbox"/> Year 11, Year _____ <input type="checkbox"/> Year 12, Year _____ <input type="checkbox"/> Did not attend</p>
Further Studies	<p>Have you SUCCESSFULLY completed any of the following qualifications?</p> <p><input type="checkbox"/> Bachelor or higher degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III</p> <p><input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> Miscellaneous: (Please Specify) _____</p>
Country of Birth	Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'No', then where were you born? _____
Language	Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'No', then what is your first language? _____
Disability	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If 'Yes', please describe:</p> <p><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"/> Medical Condition</p> <p><input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Other _____</p>
ATSI (Aboriginal or Torres Strait Islander)	<p>Are you of Aboriginal or Torres Strait Islander origin?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Residency Status	<p>Your residency status are/ will be in Australia?</p> <p><input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Tourist Visa</p> <p><input type="checkbox"/> Temporary Visa (e.g Student Visa) <input type="checkbox"/> Other _____</p>
Employment	<p>Your current employment status?</p> <p><input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Self-Employed – Not Employing Others</p> <p><input type="checkbox"/> Self-employed – employing others <input type="checkbox"/> Employed – Unpaid Family Worker</p> <p><input type="checkbox"/> Unemployed – Seeking Part Time Work <input type="checkbox"/> Unemployed – Seeking Full Time Work</p> <p><input type="checkbox"/> Not Employed – Not Seeking Employment</p>
Study Reason	<p>Why are you enrolling in this course?</p> <p><input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business</p> <p><input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion</p> <p><input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job</p> <p><input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development</p> <p><input type="checkbox"/> To get skills for community/voluntary work <input type="checkbox"/> Other _____</p>

International Student Application Form V2.0

Oak Leaf Education Pty Ltd | Address: 13 Elizabeth Street, Richmond, VIC 3121, Australia
 Oak Leaf Education Pty Ltd | Provider Code: 45942 | CRICOS – 04081F
 Version 2.0: July 2024, Approved: CEO, Next Review: July 2025





OAK LEAF

PART K: REPRESENTATIVE, EDUCATION AGENTS OR EMPLOYER REFERRAL (OPTIONAL)

Education Agent Name		Counsellor Name	
Representative/ Referral Company Stamp (if applicable)			

PART L: OFFICE USE ONLY

Application Considered by	Date	
Decision on Application	<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined
<i>If declined, provide details</i>		
Signature		Date

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