

CRICOS Provider Code 02552G TOID 21438

Level 1/380 Bourke Street Melbourne, Victoria 3000 Australia

Phone: +61 3 9642 1770 Email: info@bit.edu.au

Website: www.bit.edu.au

#### **APPLICATION FOR ADMISSION VET**

#### INTERNATIONAL APPLICANTS ONLY

- 1. Complete all sections using BLOCK LETTERS.
- 2. Attach supporting documents, including CERTIFIED copies of your passport and academic documents.
- 3. Students will be charged AUD \$300.00 (non-refundable) Application Fee.

1. Personal Details (Please ch	noose by placing an X in	the boxes	that apply to you)		
Single name only [] (Tick this box section).	if you have one name only t	hat cannot l	pe written in the follow	ving format. Write your sir	ngle name in the 'Family name
Family name (surname)					
First given name					_
Second given name (middle)	)				
Gender:	□Male	□Fem	nale	☐ Other	
Enter your birth date	Day/month/year		/	/	
* Please write the name that you use Brighton Institute of Technology to a you choose to use for this purpose. So	oply for a USI on your behalf, <b>y</b>	ou must writ	e your name, including	any middle names, exactly	,
Country of Birth:		Natio	onality:		
Do you speak a language other than English at home?	□ No English only	□Yes, other - please specify			
Are you of Aboriginal or Torre (For persons of bo	ens Straight Islander origoth Aboriginal and Torres		der origin, mark bot	h 'Yes' boxes)	
□No	☐Yes, Aboriginal		☐Yes, Torrens Str	aight Islander	
DHA Office where you applied for your VISA	□Onshore				□Offshore
Unique Student Identifier (USI):					



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Please note from January 2015, all students undertaking nationally recognized training delivered by a registered training organization in Australia will require a USI. You can create your own USI at <a href="http://usi.gov.au/create-your-USI/Pages/default.aspx">http://usi.gov.au/create-your-USI/Pages/default.aspx</a>.

If you wish Brighton Institute of Technology (BIT) to create a USI on your behalf, be aware of the following:

BIT will collect information about you for the purpose of creating a USI, this information is collected under the Student Identifiers

Act 2014

This information can only be used for:

- Applying for, verifying and giving a USI.
- Resolving problems with a USI; and
- Creating authenticated vocational education and training (VET) transcripts.

This information may be shared with:

- Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
  - The purpose of administering and auditing VET, VET providers and VET programs.
  - Education related policy and research purposes; and
  - To assist in determining eligibility for training subsidies
- VET regulators to enable them to perform their VET regulatory functions.
- VET admissions Bodies for the purpose of administering VET and VET programs,
- Current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for

2. Contact Details								
Address (Home Country)								
Address:								
State/Province:								
Country:	Postcode:		de:					
Phone:		Mobile	:					
Email:								
Residential Address (Australi	ia)							
Building/Property name (if ap	plicable):							
Flat/unit details (if applicable): Street or lot number (e.g. 205 or lot 118)								
Street name:								
Suburb				S	State:	P	ostcode:	
Phone home:			Phone work:					
Phone mobile:	Email:		Email:					
Postal Address in Australia	(If different from Reside	ential)						
Address:								
Suburb:								
State:	Postcode:							
Preferred contact method: 2	Email 2 Phone							
Emergency Contact Details								
Name of person:			Relati	ionship	to you:			
*					=			



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Address:				
Mobile/phone:		Email:		
3. Passport Details				
Passport Number:		Passport Expiry Date:		
Country and place of Passport Issue:				
A certified true copy of you	r original documents m	ust be provided as part of you	our application.	
4. VISA Details				
VISA Type		VISA Sub	oclass	
VISA Number		VISA Exp	piry Date	
5. Education Agent	□ YES □	NO		
Name of Agent:				
Address:				
Phone:		Mobile:		
Email:		Fax:		
6. Overseas Student Health	n Cover (OSHC)			
OSHC Arranged	Yes (Part A)		No (Part B)	
Part A – Insurer Details	_			
Name of Insurer:				
Member Number:				
Part BBrighton Institute o	f Technology (BIT) to ar	range:		
Cover Type – Fron Single/Double/Family	n Date: / /	To Date: /	/ /	
The Australian Governme     The length of your OSHC		entering Australia on a Stude ength of your course(s).	ent Visa to have OSH	C.
7. English Language Proficie	ncy (Please choose by բ	placing an X in the boxes that	apply to you)	
Assessment Type (IELTS, PTE, TOEFL etc.)	Score Achieved		Date	
	<u> </u>			
· ·		d Kingdom   Ireland   C  Ge, Literacy and Numeracy to		
		n the boxes that apply to you		



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Do you consider yourself to have a disability, impairment or long-term condition?						□ No	
Disability, Impairment or Lor	ng-Term Condition						
☐ Hearing / Deafness	☐ Intellectual	ectual   Acquired Brain Impairment					
☐ Physical	☐ Medical Condition	☐ Vision					
□Learning	☐Mental Illness	□Other					
<b>9. Course Selection</b> (Please o	choose by placing an X in the l	boxes that app	ly to you)				
<ul> <li>Please be advised that be required to do a p</li> <li>Course Code and Name</li> </ul>	at as part of the application produce training review.	cess you will	CRICOS Code	Duration (Weeks)	X	Specify intake date (intake every Month)	
SIT30821 Certificate III in Commercial Cookery*			109787K	52			
SIT40521 Certificate IV in Kitch	en Management*		109655M	78			
SIT50422 Diploma of Hospitalit	y Management*		112250F	104			
SIT60322 Advanced Diploma o	f Hospitality Management*		112251E	130			
AUR30620 Certificate III in Ligh	t Vehicle Mechanical Technolog	ВУ	103668K	70			
AUR40216 Certificate IV in Aut	omotive Mechanical Diagnosis		091657E	26			
AUR50116 Diploma of Automo	AUR50116 Diploma of Automotive Management			52			
BSB50420 Diploma of Leadersh	nip and Management		104155E	52			
BSB60420 Advanced Diploma o	of Leadership and Management		105399K	70			
within a commercial kitchen.	e compulsory workplace training the compulsory workplace training the computer that				e unpa	id practical placement	
·	eted any of the following qua					□YES □NO	
☐ Certificate IV	her	Certificate II	ree	□Diploma □ Certificate I		L	
In the case of overseas quali equivalent to an Australia	fication, has the qualification n qualification?	been assesse	ed as	☐ YES ☐	NO		
public notary or a BIT educat translated copy. If you believ curriculum vitae etc.)	ling certified copies of all acad ion agent representative. Aca e you have relevant work exp	ademic records	not in Engli	ish must also be acc	compan	nied by a certified	
11. Schooling What is your highest COMPL	ETED school level? (Tick ONE	hox only □ Ye	ar 12 or equi	ivalent		□Year 11 or	
equivalent  \( \sum \text{Year 10 or equivalent} \)  \( \sum \text{Year 8 or below} \)		_	equivalent			_ real 110	
Are you still enrolled in second	dary or senior secondary educa o	tion?					
12. Employment							
Which of the following best	describes your current emplo	yment status?					



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☐ Full time employee		☐ Part time	employ	VEE			
	Full time employee						
☐ Self-employed - not employed		☐ Not employed - not seeking employment					
☐ Employed - unpaid worke	, •	☐ Self-employed — employing others					
13. Reasons for study	u .u, uuumee		,	empreym <sub>8</sub> cenero			
□To get a job		☐ To get a b	etter iol	o or promotion			
□ It was a requirem	ent of my job	_	-	xisting business			
☐ To start my own business		☐ To try for		=			
☐ To get into another cou	rse of study	☐ I wanted e					
☐ For personal interest or se		☐ To get skil	ls for co	mmunity/voluntary work			
□Other							
In case of Others, please stat	e reason:						
14. Recognition of Prior Lear	ning /Credit Application						
Would you like to make an a		s		□No			
Credit transfer?							
If you are seeking credit tran							
outline/syllabus and other re				• • •			
etc., so that BIT can assess yo		-			relevant qualifications or		
experience. Complete the RP		at ww.bit.edu.a	ı orat l	BIT reception.			
15. Accommodation Require	ments		T				
Do you require BIT to arrang	e accommodation?	Yes		No			
If yes, please specify below.		1	ı		1		
What type of accommodation you like?	n arrangements would	Shared		Private			
Do you require BIT to arrang	e for Airport pickup?	Yes		No			
Any other additional informa	ition:	1	ı		1		
This other additional information.							
16. Marketing							
How did you find out about t	his course?						
$\square$ Advertisement	☐ Newspaper	☐ Inter	net				
□Friends	$\square$ Search engines/google	☐ Othe	r, specif	y:			
17. Payment Details							
☐ Payment by Credit Card (Please fill in the credit authorisation form)							
☐ Bank Cheque made payable to BRIGHTON INSTITUTE OF TECHNOLOGY							
☐ Bank Transfer to be made	to the following bank	account:					



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Account Name:	BRIGHTON INST	TUTE OF TECHNOL	.OGY			
Account Number:	BSB:063-115	63-115 ACCOUNT NUMBER: 101-768-72 SWIFT Code: CTBAAU2S			CTBAAU2S	
Bank Name:	COMMONWEAL	COMMONWEALTH BANK				
Bank Address:	385 BOURKE STF	REET,				
	MELBOURNE, VI	CTORIA 3000				
18. Declaration						
					read and understood the Entry echnology (BIT) provided to me	
					d conditions and I agree to be a	
		·			vithholding of information or	
documentation relating to	-					
Name:						
Signature:				Date:		
19. Application Checklist						
☐ Completed all section	s of this application	□Atta	ched certified copi	ies of your English	Proficiency	
☐Attached relevant empl	oyment documenta	ition	☐ Attached any other relevant documentation			
☐Attached certified copie	es of your Passport	□Read	☐ Read and signed the declaration			
☐Attached certified copie	s of your qualificati	ons				
NOTE: BIT must repo	rt to The Depar	tment of Home	Affairs on stu	dent progress.	Students must maintain 50%	
or better course prog						
, ,	,	, ·				
All prospective stude	nts are require	d to familiarise	themselves wi	ith the Admiss	ions policy and procedure of	
BIT. This is available	at https://www	.bit.edu.au/pol	icies/p1-Admis	sions-Policy-an	d-Procedure-(International-	
Student).pdf						
☐I have read and un	derstand BIT's	Admission poli	cv and procedu	ıre.		
			-,	<del></del>		



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#### **Privacy Notice**

Under the *Data Provision Requirements 2012*, Brighton Institute of Technology is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Brighton institute of Technology for statistical, administrative, regulatory and research purposes. Brighton Institute of Technology may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth.), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). 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 Notice above.

STUDENT SIGNATURE [or electronic acknowledgement]	DATE
PARENT/GUARDIAN SIGNATURE [or electronic acknowled	gement] * DATE

\*Parental/guardian consent is required for all students under the age of 18.



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FOR OFFICE USE ONLY						
The student has submitted the appropriate evidence/documentation in support of the application		□Yes	□No			
Student satisfies the entry requirements		□Yes	□No			
Status of Application		☐ Place Offered		application declined		
		☐ Further information requeste	ed			
Reason for declining the application or further information requested						
The student has been notified of the outcome of the application		□Yes □N				
Staff name:	Staff Sign	ature:		Date:		