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 choose by placing an X in the boxes that apply to you)*

Single name only ☐ (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section).

Family name (surname)

First given name

Second given name (middle)

Gender:	☐ Male	☐ Female	☐ Other

Enter your birth date	Day/month/year	/	/

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Brighton Institute of Technology to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Country of Birth:		Nationality:	

Do you speak a language other than English at home?	☐ No English only	☐ Yes, other - please specify	

Are you of Aboriginal or Torrens Straight Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

☐ No	☐ Yes, Aboriginal	☐ Yes, Torrens Straight Islander

DHA Office where you applied for your VISA	☐ Onshore	☐ Offshore

Unique Student Identifier (USI):	

BRIGHTON INSTITUTE OF TECHNOLOGY

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

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 http://usi.gov.au/create-your-USI/Pages/default.aspx.

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 training subsidies.

2. Contact Details

Address (Home Country)

Address:	
State/Province:	

Country:		Postcode:	
Phone:		Mobile:	

Email:	

Residential Address (Australia)

Building/Property name (if applicable):	

Flat/unit details (if applicable):	Street or lot number (e.g. 205 or lot 118)

Street name:	

Suburb		State:	Postcode:
Phone home:		Phone work:	
Phone mobile:		Email:	

Postal Address in Australia (If different from Residential)

Address:	
Suburb:	

State:	Postcode:	

Preferred contact method: ☐ Email ☐ Phone

Emergency Contact Details

Name of person:		Relationship to you:	

Address:			
Mobile/phone:		Email:	

3. Passport Details

Passport Number:		Passport Expiry Date:	
Country and place of Passport Issue:			

A certified true copy of your original documents must be provided as part of your application.

4. VISA Details

VISA Type		VISA Subclass	
VISA Number		VISA Expiry Date	

5. Education Agent   ☐ YES   ☐ NO

Name of Agent:			
Address:			
Phone:		Mobile:	
Email:		Fax:	
Agent Stamp (If applicable)			

6. Overseas Student Health Cover (OSHC)

OSHC Arranged	Yes (Part A)	☐	No (Part B)	☐

Part A – Insurer Details

Name of Insurer:			
Member Number:		Date of expiry:	

Part B --Brighton Institute of Technology (BIT) to arrange:

Cover Type – Single/Double/Family	From Date: / / To Date: / /

1. The Australian Government requires all persons entering Australia on a Student Visa to have OSHC.
2. The length of your OSHC MUST cover the total length of your course(s).

7. English Language Proficiency *(Please choose by placing an X in the boxes that apply to you)*

Assessment Type (IELTS, PTE, TOEFL etc.)	Score Achieved	Date

☐ Not Required. I am from (please tick) ☐United Kingdom ☐ Ireland ☐ Canada ☐ South Africa ☐ USA

*Please note all students must undertake a Language, Literacy and Numeracy test before starting any study at BIT.

8. Disability Status *(Please choose by placing an X in the boxes that apply to you)*

Do you consider yourself to have a disability, impairment or long-term condition?	☐ Yes	☐ No

Disability, Impairment or Long-Term Condition

☐ Hearing / Deafness	☐ Intellectual	☐ Acquired Brain Impairment
☐ Physical	☐ Medical Condition	☐ Vision
☐ Learning	☐ Mental Illness	☐ Other

9. Course Selection *(Please choose by placing an X in the boxes that apply to you)*

• Please be advised that as part of the application process you will be required to do a pre-training review. Course Code and Name	CRICOS Code	Duration (Weeks)	X	Specify intake date (intake every Month)
SIT30821 Certificate III in Commercial Cookery*	109787K	52		
SIT40521 Certificate IV in Kitchen Management*	109655M	78		
SIT50422 Diploma of Hospitality Management*	112250F	104		
SIT60322 Advanced Diploma of Hospitality Management*	112251E	130		
AUR30620 Certificate III in Light Vehicle Mechanical Technology	103668K	70		
AUR40216 Certificate IV in Automotive Mechanical Diagnosis	091657E	26		
AUR50116 Diploma of Automotive Management	091686M	52		
BSB50420 Diploma of Leadership and Management	104155E	52		
BSB60420 Advanced Diploma of Leadership and Management	105399K	70		

Note: Details of Intake can be obtained from our Course Guide or by visiting our website: www.bit.edu.au

These qualifications include compulsory workplace training, which may require the student to undertake unpaid practical placement within a commercial kitchen.

10. Previous qualification achieved (PLEASE DO NOT LEAVE IT BLANK ITS MANDATORY)

Have you successfully completed any of the following qualifications in Australia or hold any overseas qualification?	☐ YES ☐ NO

☐ Bachelor's degree or higher   ☐ Advanced Diploma or associate degree   ☐ Diploma
☐ Certificate IV   ☐ Certificate III   ☐ Certificate II   ☐ Certificate I
☐ Other education (including certificates or overseas qualifications not listed above)

In the case of overseas qualification, has the qualification been assessed as equivalent to an Australian qualification?	☐ YES ☐ NO

Attach documentation including certified copies of all academic records. A certified copy is a photocopy stamped and signed by a public notary or a BIT education agent representative. Academic records not in English must also be accompanied by a certified translated copy. If you believe you have relevant work experience, attach details and documentation (e.g. employer reference, curriculum vitae etc.)

11. Schooling

What is your highest COMPLETED school level? (Tick ONE box only
☐ Year 12 or equivalent   ☐ Year 11 or equivalent   ☐ Year 10 or equivalent
☐ Year 9 or equivalent   ☐ Year 8 or below   ☐ Never attended school

Are you still enrolled in secondary or senior secondary education?
☐ Yes   ☐ No

12. Employment

Which of the following best describes your current employment status?

☐ Full time employee	☐ Part time employee
☐ Unemployed-seeking full time work	☐ Unemployed-seeking part time work
☐ Self-employed - not employing others	☐ Not employed - not seeking employment
☐ Employed - unpaid worker in a family business	☐ Self-employed – employing others

13. Reasons for study

☐ To get a job	☐ To get a better job or promotion
☐ It was a requirement of my job	☐ To develop my existing business
☐ To start my own business	☐ To try for a different career
☐ To get into another course of study	☐ I wanted extra skills for my job
☐ For personal interest or self-development	☐ To get skills for community/voluntary work
☐ Other	

In case of Others, please state reason: _____

14. Recognition of Prior Learning /Credit Application

Would you like to make an application for RPL/ Credit transfer?	☐ Yes	☐ No

If you are seeking credit transfer/recognition of prior learning, you must attach certified translated (English) copies of the course outline/syllabus and other relevant documents such as academic transcripts, graduation certificates, grading system information etc., so that BIT can assess your eligibility for credit recognition. Also attach certified copies of previous relevant qualifications or experience. Complete the RPL/CT Form available online at ww.bit.edu.au or at BIT reception.

15. Accommodation Requirements

Do you require BIT to arrange accommodation?	Yes	☐	No	☐
If yes, please specify below.				
What type of accommodation arrangements would you like?	Shared	☐	Private	☐
Do you require BIT to arrange for Airport pickup?	Yes	☐	No	☐

Any other additional information:

16. Marketing

How did you find out about this course?

☐ Advertisement	☐ Newspaper	☐ Internet
☐ Friends	☐ Search engines/google	☐ Other, specify: _____

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:**

Account Name:	BRIGHTON INSTITUTE OF TECHNOLOGY		
Account Number:	BSB:063-115 ACCOUNT NUMBER: 101-768-72	SWIFT Code:	CTBAAU2S
Bank Name:	COMMONWEALTH BANK	BOURKE STREET	
Bank Address:	385 BOURKE STREET, MELBOURNE, VICTORIA 3000		

18. Declaration

I declare that the information on this form and supporting documentation is true and correct. I have read and understood the Entry Requirements, the Privacy Policy and the Cancellation and Refund Policy of Brighton Institute of Technology (BIT) provided to me along with this application. I confirm that I have been fully advised of the fees, cancellation and refund conditions and I agree to be a student at BIT. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of my enrolment.

Name:	
Signature:	Date:

19. Application Checklist

☐ Completed all sections of this application	☐ Attached certified copies of your English Proficiency
☐ Attached relevant employment documentation	☐ Attached any other relevant documentation
☐ Attached certified copies of your Passport	☐ Read and signed the declaration
☐ Attached certified copies of your qualifications (Year 12 and above)	

NOTE: BIT must report to The Department of Home Affairs on student progress. Students must maintain 50% or better course progress in each study period.

All prospective students are required to familiarise themselves with the Admissions policy and procedure of BIT. This is available at https://www.bit.edu.au/policies/p1-Admissions-Policy-and-Procedure-(International-Student).pdf

☐ **I have read and understand BIT's Admission policy and procedure.**

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 …………………………….……

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OF TECHNOLOGY**

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PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement] * ……………………… DATE …………………………

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

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 requested
Reason for declining the application or further information requested	
The student has been notified of the outcome of the application	☐ Yes ☐ No
Staff name:	**Staff Signature:** **Date:**