

INTERNATIONAL APPLICATION FORM 2024

1 STUDENT'S PERSONAL DETAILS

Title: Mr Mrs Ms Miss Other Family Name: _____

Given Name: _____ Preferred Name: _____

Date of Birth (dd/mm/yy): _____ Gender: Female Male Other Passport Number: _____

Country of Birth: _____ Nationality: _____

Do you hold a current Australian Visa? Yes No If Yes, please state category of visa: _____

Do you speak a language other than English at home? No Yes, which one? _____

If yes, how well do you read, write and speak English? Very Well Well Not Well Not at all

PERMANENT ADDRESS IN HOME COUNTRY

Street Number/Name: _____

Suburb/Town: _____

Country: _____ Postcode: _____

Phone (mobile): _____

Phone (home): _____

Email: _____

ADDRESS IN AUSTRALIA

Street Number/Name: _____

Suburb/Town: _____

Postcode: _____

Phone (mobile): _____

Phone (home): _____

Email: _____

PROGRAM SELECTION

Diploma of Leadership and Management Intensive General English Unipath English 1 Unipath English 2

Bridging English Entry Program IELTS Advanced

Preferred Start Date (dd/mm/yyyy): _____ Course Duration: _____
(ELICOS enrolments may vary from 2 to 50 weeks)

FURTHER STUDY OPTIONS & PAYMENT METHOD

James Cook University Brisbane Russo Business School Other, please specify: _____

Payment Method: Up-front payment Standard payment plan Flexible payment plan (for onshore and package applicants only)

ENGLISH LEVEL TEST

Test Type: _____ Test Score: _____ Test Date (dd/mm/yy): _____

Secondary or tertiary education conducted in English medium

Name of School: _____ Program: _____ Highest Level: _____

If you are currently enrolled in an ELICOS school, please specify:

Provider Name: _____ Current English Level: _____

OVERSEAS STUDENT HEALTH COVER

Do you require us to organise Overseas Student Health Cover (OSHC)? Yes No If YES, please indicate: Single Dual Multi

Overseas students must have OSHC for the duration of their course. For more information on OSHC, please visit the Allianz Global Assistance website: www.oshcallianzassistance.com.au

EMERGENCY CONTACT

Name: _____ Relationship to you: _____

Best Phone Number: _____ Medical Condition: _____

SPONSORED STUDENTS ONLY (Please attach sponsorship letter if available)

Name of organisation sponsoring you: _____

CREDIT TRANSFER (CT) / RECOGNITION OF PRIOR LEARNING (RPL)

If you hold previous qualifications or industry experience in the area you are studying, you have the right to apply for credit transfers on units already undertaken or recognition of your prior learning on the job.

Do you wish to apply for credit transfer or RPL? Yes No Unsure, can Sarina Russo Institute please contact me to discuss this

If yes, please attach supporting documents including any transcripts of previous study, evidence of work experience etc. that might apply and Sarina Russo Institute will contact you to discuss your options.

EDUCATIONAL QUALIFICATIONS

Name of school or institution	Name of qualification or course	Years attended		Course Completed (Yes/No)
		From (Month/Year)	To (Month/Year)	

Please attach certified copies of transcripts of all academic records. (A certified copy means a stamped photocopy signed by a public notary or institution representative as being a true and accurate record of the original document). All documents must be translated into English by the issuing institution or by an official translating service.

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EMPLOYMENT STATUS

Are you currently employed?

- | | | | |
|--------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| Full-time employee | Part-time employee | Unemployed - seeking full-time work | Unemployed - seeking part-time work |
| Employer | Not employed - not seeking employment | Employed - unpaid in family business | Self employed - not employing others |

STUDY REASON

Of the following, which describes your main reason for undertaking studies at Sarina Russo Institute? (Please select one)

- | | | | | |
|---|----------------------------------|-----------------------------------|-------------------------------------|----------------------------|
| For personal interest or self-development | To get a job | To gain credit into further study | To train towards a different career | As a requirement of my job |
| To gain extra skills for my job | To get a better job or promotion | To start my own business | To develop my existing business | |
- Other reasons:

MEDICAL CONDITIONS/DISABILITY

Do you have any medical, physical restrictions, disabilities, addictions, impairments or long term conditions? If yes, then tick ANY applicable boxes:

- | | | | | | | | |
|----------|--------------|-------------------|-------------------------|----------------|---------------------------|--------|----------|
| Physical | Intellectual | Medical Condition | Hearing Impairment/Deaf | Mental Illness | Acquired Brain Impairment | Vision | Learning |
|----------|--------------|-------------------|-------------------------|----------------|---------------------------|--------|----------|
- Other (Please provide details):

PRIVACY NOTICE & CONFIDENTIALITY

Privacy Notice

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. SRI may not be able to enrol you if you do not provide some or all of Your Information.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

Your information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by SRI as outlined below and otherwise as detailed under the SRI Privacy Policy. Without limiting the SRI Privacy Policy, SRI may disclose your personal information for these purposes to third parties, including:

- Commonwealth and State or Territory government departments and authorised agencies;
- employers and other training providers whereby the disclosure is relevant to the process of providing educational services to you;
- your employment service provider/s (current and previous, where relevant), this includes attendance and enrolment details;
- our contractors and suppliers – e.g. our IT contractors and database designers
- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Organisations conducting student surveys;
- Researchers; and
- Other students where it is reasonably required to facilitate group projects or assessments; and
- any person, entity or authority with a lawful entitlement to obtain the information.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations, Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

The Department of Employment and Workplace Relations is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the department will handle your personal information, please refer to the VET Data Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

Surveys

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

Contact information

At any time, you may contact Sarina Russo Institute to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Further Information

Further details regarding Your Information and your ability to correct or raise concerns regarding the handling of Your Information are located in our Privacy Policy. Students must notify SRI in writing in relation to changes in personal details.

Sarina Russo Institute's privacy policy: <https://www.sri.edu.au/privacy-policy>

Sarina Russo Institute's Consent Notice: <https://www.sarinarusso.com/privacy-policy/#SRIConsent>

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DECLARATION

Please visit www.sri.edu.au for full Conditions of Enrolment.

DECLARATION

I declare that the information I have supplied in this application form is, to the best of my knowledge, complete and correct. I acknowledge that my application for admission is subject to acceptance by Sarina Russo Institute, which has power to impose conditions. I further acknowledge that in the event my application for admission as a student at Sarina Russo Institute is accepted, and in consideration of provision of educational resources by Sarina Russo Institute, I will be bound by the provisions of Sarina Russo Institute's relevant student handbooks, statutes, rules and policies as are in force from time to time, and will be subject to the lawful instructions of officers of Sarina Russo Institute.

I understand that information on this form is collected for enrolment and administrative purposes. Information is otherwise held in accordance with the SRI Privacy Policy available at <http://www.sri.edu.au/privacy.aspx> and may be made available to Australian Government agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the Education Services for Overseas Students Act 2000 and the National Code available at <https://www.legislation.gov.au/Details/F2017L01182>. The applicable law for this agreement shall be the law of Queensland, Australia.

AGREEMENT

I have read and understood the SRI Conditions of Enrolment of the Institution as specified on our website.

I understand that, if I have indicated on this form that I wish to apply for entry into another program delivered through an alternative provider, copies of this form and all supporting documents will be forwarded to respective third parties for consideration. I understand that timetables may vary between morning, afternoon and evening.

I understand if I don't have a USI, SRI can apply on my behalf if appropriate identification has been supplied.

GENUINE STUDENT REQUIREMENT

I make this declaration in relation to my application for my preferred course/s at Sarina Russo Institute (SRI). I understand that the Institute will rely on this declaration in relation to any offer of enrolment in the course which is made to me. I understand the Institute will rely on this declaration in relation to any offer of enrolment in the course which is made to me.

I declare that:

- I am a Genuine Temporary Entrant and a Genuine Student*;
- Studying the course is my primary purpose for coming to Australia;
- I understand that if I am granted an Australian student visa, I will have to comply with the conditions on that visa;
- I believe that I am academically qualified for the course I have applied for and have, or will have, the English proficiency level required to commence the course;
- I have calculated the cost of my course, am aware of the current exchange rate between the currency of my home country and the Australian dollar and understand that the exchange rate will vary from time to time;
- I have genuine access to the total funds required, while in Australia, to cover all tuition fees, travel (including return airfare), living costs and overseas student health cover for myself and my dependants (if any) for the duration of the course; and
- If I have ever been refused a visa for entry into Australia, I have advised SRI and provided a copy of the visa refusal notification from Department of Home Affairs (DHA) and any other relevant documentation.

*For the definition of Genuine Student and details of visa requirements visit: <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/genuine-student-requirement>

SIGNATURE

Applicant's Signature: _____ Date (dd/mm/yy): _____

For student's under the age of 18, a parent/guardian signature is required.

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date (dd/mm/yy): _____

REPRESENTATIVE / AGENT STAMP