

STUDENT APPLICATION FORM

Domestic Student
 International Onshore Student
 International Offshore Student

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

A. PERSONAL INFORMATION			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Name			
Given Name			
Date of Birth		Passport number:	
Passport Expiry Date		Passport Issuing Country	
Country of Birth		Country of Citizenship	
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Other:		
ADDRESS IN AUSTRALIA			
Street Address			
Suburb		State	
Postcode		Country	
Home phone		Mobile	
Email			
ADDRESS IN HOME COUNTRY (Mandatory)			
Street Address			
Suburb		State	
Postcode		Country	
Home phone		Mobile	
Email			
EMERGENCY CONTACT DETAILS (Mandatory)			
Full Name of Person			
Street Address			
Suburb		State	
Postcode		Country	
Home phone		Mobile	
Email			
VISA DETAILS			
Are you currently in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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If yes, what type of visa are you holding?	<input type="checkbox"/> Student Visa (Subclass 500) <input type="checkbox"/> Other:	
If not, which DOHA office will you apply?		

B. COURSES OF STUDY

Please tick the course(s) you are applying for to study at Rockford College.

CRICOS Course Code	Course Code - Course Name	Select
114521E	ELICOS - General English Levels 1-6	<input type="checkbox"/>
116620H	CHC22015 - Certificate II in Community Services	<input type="checkbox"/>
113474D	CHC33015 - Certificate III in Individual Support	<input type="checkbox"/>
115653G	CHC43015 Certificate IV in Ageing Support	<input type="checkbox"/>
118798K	CHC52025 – Diploma of Community Services	<input type="checkbox"/>
116619A	CHC62015 - Advanced Diploma of Community Sector Management	<input type="checkbox"/>
119657D	CHC30125 – Certificate III in Early Childhood Education and Care	<input type="checkbox"/>
118645E	CHC50125 – Diploma of Early Childhood Education and Care	<input type="checkbox"/>
115652H	RIL60520 - Advanced Diploma of Civil Construction Design	<input type="checkbox"/>
109591M	SIT40521 - Certificate IV in Kitchen Management	<input type="checkbox"/>
112144H	SIT50422 - Diploma of Hospitality Management	<input type="checkbox"/>
112145G	SIT60322 - Advanced Diploma of Hospitality Management	<input type="checkbox"/>
110023M	FNS40222 - Certificate IV in Accounting and Bookkeeping	<input type="checkbox"/>
112146F	FNS50222 - Diploma of Accounting	<input type="checkbox"/>
105702H	ICT50220 - Diploma of Information Technology	<input type="checkbox"/>
105703G	ICT60220 - Advanced Diploma of Information Technology	<input type="checkbox"/>
108672G	BSB50820 - Diploma of Project Management	<input type="checkbox"/>
108673F	BSB60720 - Advanced Diploma of Program Management	<input type="checkbox"/>
104423A	BSB50420 - Diploma of Leadership and Management	<input type="checkbox"/>
105349J	BSB60420 - Advanced Diploma of Leadership and Management	<input type="checkbox"/>
105704F	BSB80120 - Graduate Diploma of Management (Learning)	<input type="checkbox"/>

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C. SELECT CAMPUS LOCATION

Rockdale, Sydney	Level 1, 507 Princes Highway, ROCKDALE NSW 2216	<input type="checkbox"/>
Rockdale, Sydney	Level 3, 633 Princes Highway, ROCKDALE NSW 2216	<input type="checkbox"/>

D. INTAKE OF STUDY

Please tick the Intake you are applying for to study at Rockford College.		Intake Year	
January	<input type="checkbox"/>	February	<input type="checkbox"/>
April	<input type="checkbox"/>	May	<input type="checkbox"/>
July	<input type="checkbox"/>	August	<input type="checkbox"/>
October	<input type="checkbox"/>	November	<input type="checkbox"/>
ELICOS (Please provide the Start Date)			
Start Date			DD/MM/YYYY
Specify Duration in Weeks (Minimum 5 weeks and maximum 60 weeks)			

E. CREDIT TRANSFER (CT) AND RECOGNITION OF PRIOR LEARNING (RPL)

Have you enrolled in a similar course elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes', please provide supporting documents such as official transcript or statement of attainment or any other evidence to Student Administration at admissions@rockford.edu.au .		
Name of education provider last attended		
Year of last enrolment		
Is qualification complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been employed in the area covered by the course applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' to any of the questions above, you may be eligible for a Credit Transfer or Recognition of Prior Learning. Please contact Student Administration for further information at admissions@rockford.edu.au .		

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F. REASON FOR CHOOSING THIS COURSE/S (please tick one)

<input type="checkbox"/> To get a job	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> Other reasons:		

Where did you hear about us?

<input type="checkbox"/> Press & Print media	<input type="checkbox"/> Internet	<input type="checkbox"/> Agents	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
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G. EDUCATION HISTORY (Mandatory)

COMPLETION YEAR	NAME OF THE COURSE	PROVIDER	COUNTRY

H. ENGLISH LANGUAGE PROFICIENCY

How well do you speak English?	<input type="checkbox"/> Native <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
Have you completed an acceptable English language test in the last 2 years?	<input type="checkbox"/> IELTS <input type="checkbox"/> PTE <input type="checkbox"/> TOEFL <input type="checkbox"/> CAE <input type="checkbox"/> OET		
Date of test taken	(DD/MM/YYYY)	Test score	
Have you completed at least five years' study in one or more of the following countries: Australia, UK, USA, Canada, New Zealand, South Africa, or the Republic of Ireland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a citizen and hold a passport from UK, USA, Canada, NZ, or Republic of Ireland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In last two years in Australia, have you completed, either the Senior Secondary Certificate of Education or a substantial component of a course leading to a qualification from the Australian Qualifications Framework at the Certificate IV or higher level, in English language while you held a student visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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I. UNIQUE STUDENT IDENTIFIER (USI)

Do you have a USI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please enter your USI (if known):		
Would you like Rockford College to apply for a USI on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If you would like Rockford College to apply for a USI on your behalf, you must authorize us to do so and declare that you have read the privacy information at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.</p>		
<p>I, _____, authorize Rockford College to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the detailed information.</p> <ul style="list-style-type: none"> • http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.as • I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey. 		

J. DISABILITY

Please provide information about disability or medical condition. This is to assist us in providing relevant assistance to accommodate the need			
Do you consider yourself to have disability, impairment, or a long-term medical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'Yes', please provide details:			
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Intellectual
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other: _____

K. OVERSEAS STUDENT HEALTH COVER

Do you currently have OSHC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify details:		
OSHC Provider Name		
Membership Number		
Expiry Date (DD/MM/YYYY)		
If not, would you like Rockford College to organize OSHC for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(Please note that it is mandatory for international students to have OSHC before applying for a student visa. For more information regarding the OVERSEAS STUDENT HEALTH COVER (OSHC) premium and type of cover, please contact the Rockford College on admissions@rockford.edu.au.)</p>		

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K. AGENT DETAILS

Have you been referred to by an agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency name		
Email		
Website		
Representative Name		
Phone No		

L. PRIVACY STATEMENT AND DECLARATION

I confirm that I have read Rockford College's current Student Information guide or information on website (www.rockfordcollege.com.au) which provides the information about the ESOS framework, course requirements, fees payments and refund policy, including an explanation of what occurs, if for some unforeseen reason, the course is not delivered.

I confirm that I am fully aware of the fees and refund policy and conditions of enrolment set out on this prospectus (also available from our website www.rockfordcollege.com.au) which I agree to abide by as a student at Rockford College.

I understand that I am not required to pay more than the initial tuition fee amount as stated on this offer letter (or 50% of the tuition fee) before the start of the course. However, I am also aware that I have a choice to pay more than 50% of the tuition fees or the full course fees upfront if I choose to do so. Any amount of fees paid before the start of the course will be reflected in my Confirmation of Enrolment (COE).

I understand that this agreement, and the availability of complaints and appeals processes, does not remove my rights of a student to act under Australia's consumer protection laws.

I declare that all information provided in the application is complete and correct. I understand that failure to provide correct information or documentation in relation to this application may result in the cancellation of my enrolment.

I understand that my RTO, Rockford College, is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement.

The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Government departments and agencies and authorized VET related bodies.
- VET regulators

Student's Signature	
Full Name of Student	
Date	

APPLICATION CHECKLISTS			
<input type="checkbox"/> Valid copy passport	<input type="checkbox"/> Valid visa (onshore students)	<input type="checkbox"/> Relevant academic transcripts	<input type="checkbox"/> Evidence of English Proficiency <input type="checkbox"/> Genuine Temporary Entrant Assessment Form <input type="checkbox"/> Other documents
OFFICE USE ONLY			
Application received by:		Date:	
Assessed by:		Date:	
Outcome:	<input type="checkbox"/> Approved	<input type="checkbox"/> Refused	Date: