



Please complete all sections and ensure all certified copies of your academic transcripts, English language assessments and passport are attached. You may also be required to provide a resume and proof of work experience for some courses. If under 18 years of age on the date of arrival in Australia, please also complete and send the Care Arrangements form together with this Application (available from [www.chisholm.edu.au/international](http://www.chisholm.edu.au/international)).

Chisholm student ID: \_\_\_\_\_  
(If you have previously applied for a Chisholm course)

**Section A: PERSONAL DETAILS**

Family name \_\_\_\_\_ Given name \_\_\_\_\_

Preferred name/Nickname \_\_\_\_\_

Date of birth (dd / mm / yyyy)       Sex  Male  Female

Applicant's Home address \_\_\_\_\_

Applicant's Home Phone \_\_\_\_\_ Applicant's Mobile Phone \_\_\_\_\_

Applicant's Email \_\_\_\_\_ Passport Number \_\_\_\_\_

Citizenship \_\_\_\_\_ Country of birth \_\_\_\_\_

1. Are you currently studying in Australia?  YES  NO If yes, what Institute? \_\_\_\_\_

2. Do you hold an Australian Visa?  YES  NO If YES, what subclass? \_\_\_\_\_ Expiry

3. If NO, what type of visa will you apply for?  Student  Visitor  Business  Working holiday  Other

4. Do you consent to be contacted by SMS?  YES  NO

**Section B: COURSE PREFERENCE**

**Course/s applying for:**  
1st Preference Course Name \_\_\_\_\_

CRICOS Code \_\_\_\_\_ Campus \_\_\_\_\_

2nd Preference Course Name (if 1st Course not available) \_\_\_\_\_

CRICOS Code \_\_\_\_\_ Campus \_\_\_\_\_

Commencing intake and year  February  July  YEAR

Are you applying for Recognition of Prior Learning (RPL) or Credit Transfer  YES  NO

AUTOMOTIVE STUDENTS ONLY: *Tick preference*  
 Mechanical Technology  Vehicle Body (Panel Beater)  Vehicle Body (Vehicle Painting)

ENGINEERING STUDENTS ONLY: *Tick preference*  
 Mechanical Trade  Fabrication  Refrigeration and Air Con  Electronics  Robotics and Mechatronics  Mechanical Design

**Section C: ENGLISH LANGUAGE PROFICIENCY**

Have you studied at secondary/tertiary level with English as the language of instruction?  YES  NO If YES, please provide documentation.

Have you undertaken the Academic IELTS, TOEFL or PTE test for English?  YES  NO

If YES, please indicate overall score achieved and attach **certified** copies of documentation. Score

Date achieved (dd / mm / yyyy)

**Section D: ELICOS**

Please indicate how many weeks you wish to study ELICOS (Number of weeks required to commence a course of study will depend on assessment or IELTS score).

None  5 Weeks  10 Weeks  15 Weeks  20 Weeks  25 Weeks  30 Weeks  Other \_\_\_\_\_

### Section E: QUALIFICATION/ACADEMIC RECORDS

Please provide details and documentation of all qualifications either from Australia or overseas. Documents not in English must be accompanied by certified translations.

	Secondary studies	Senior Secondary studies	Bachelor Degree
Name of qualification			
Year completed			
School/University			
If not completed are you awaiting results?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Chisholm or other scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state type	

### Section F: WORK EXPERIENCE/RELEVANT EMPLOYMENT HISTORY

Please provide additional information on a separate sheet if required.

Name of Employer	Position	Start/Finish Dates of Employment

### Section G: STUDENT SERVICES

Do you hold Overseas Student Health Cover (OSHC)?  YES  NO Expiry date (dd / mm / yyyy)

If NO, would you like Chisholm to organise this? (cover is a requirement of all student visas)  YES  NO

Cover type  Single  Dual Family  Multi Family

Do you require airport pick-up on arrival?

Yes  No

Do you require homestay accommodation?

Yes  No

(Please note: Charges apply for these services, please check the International Guide or website for details. Minimum 2 weeks notice.)

Do you have a disability for which you may require assistance? Please complete this section so we can provide appropriate course advice. If yes, tick the applicable boxes below.

Hearing/Deaf  Physical  Intellectual  Learning  Mental Illness  Vision  Medical Condition  Other \_\_\_\_\_

The Chisholm Disability Support staff can arrange assistance for students with a disability. The cost associated with the support is to be paid by the student.

### Section H: HOW DID YOU FIND OUT ABOUT CHISHOLM

Relative/Friends  Agent  Internet  Educational Expo

School/College \_\_\_\_\_

(Agent Stamp)

### Section I: DECLARATION AND SIGNATURE

I agree to the terms and conditions of enrolment and will abide by the class attendance and academic performance requirements. I understand Chisholm has a duty to inform DIAC of any changes to my enrolments and any breaches of my visa conditions as outlined in the ESOS Act 2000 and National code 2007. I confirm that I have received and read a copy of Chisholm Institute's current International Guide, the Student Code of Conduct, and information available on [www.chisholm.edu.au](http://www.chisholm.edu.au) and fully understand the requirements of the course, terms and conditions of enrolment, payment of tuition fees, refund policy, personal information, change of address, grievance procedure and other requirements at Chisholm Institute. I authorise the Institute to release personal and/or medical information for educational purposes or to meet legal obligations or in the case of an emergency, as authorised by the Director, Organisational Culture and Communications Division in accordance with the Institute's privacy policy and procedures and the Victorian Privacy and Health Records Act.

I declare that the information contained in this application is true and correct.

Signed (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Parent/Custodian) for under 18 applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Custodian's name: \_\_\_\_\_ Relationship with Student: \_\_\_\_\_

### Section J: PLEASE CHECK THE FOLLOWING LIST

All questions were answered  Signed and dated  If you are under the age of 18 – Custodian signed and Care Arrangements form completed

All necessary documents are attached (Certified copies of your academic transcripts, English language assessments and passport. You may also be required to provide a resume and proof of work experience for some courses.)

Send this application to: International Student Programs, Chisholm Institute, PO Box 684, Dandenong Victoria 3175, Australia  
or fax +61 3 9212 5374 or email [international.admissions@chisholm.vic.edu.au](mailto:international.admissions@chisholm.vic.edu.au)