

# Domestic Student Application Form

Read your Student Handbook BEFORE submitting this form. This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at Boston College are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form.

## PART A – YOUR PERSONAL DETAILS

Title:	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Gender:	
Telephone:	
Mobile:	
Email:	
Alternative Email:	
Identification Verified:	Type of ID: ID Number:
Address:	Building Name:
	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:
Health Insurance Details:	Insurance provider: Insurance Type: Insurance Number: Insurance Expiry Date:
Overseas Address:	Building Name:
	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:

**Do you have a Unique Student Identifier Number?**

☐ YES

☐ NO

If Yes; Please specify: \_\_\_\_\_

If NO: ☐ I will create myself ☐ I authorise Boston College to create on my behalf

(If you wish to apply for USI (Unique Student Identifier), please follow this link to register:

<https://www.usi.gov.au/>)

## Identification Details

ID Type / Name		ID Number		Expiry Date	
ID Type / Name		ID Number		Expiry Date	
ID Type / Name		ID Number		Expiry Date	

## Passport Details

Passport Number:	
Expiry Date:	
Passport Country	

## Visa Details

Visa Type:	
Visa Grant Number	
Visa Expiry Date	
Nationality	

**Are you currently in Australia?**

☐ YES

☐ NO

**Have you ever had Australian visa refused in the past?**

☐ YES

☐ NO

## Disability

Do you consider yourself to have a disability, impairment, or long-term condition?

☐ YES

☐ NO

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list (You may indicate more than one area):

<input type="checkbox"/>	11	Hearing/deaf
<input type="checkbox"/>	12	Physical
<input type="checkbox"/>	13	Intellectual
<input type="checkbox"/>	14	Learning

<input type="checkbox"/>	15	Mental illness
<input type="checkbox"/>	16	Acquired brain impairment
<input type="checkbox"/>	17	Vision
<input type="checkbox"/>	18	Medical condition
<input type="checkbox"/>	19	Other

## Language and cultural diversity

### In which country were you born?

☐ Australia      1101      ☐ Other – please specify \_\_\_\_\_

### Do you speak a language other than English at home?

*(If more than one language, indicate the one that is spoken most often)*

☐ No, English only      1201      ☐ Yes, other – please specify \_\_\_\_\_

### How well do you speak English?

☐ Very well      1  
☐ Well      2  
☐ Not well      3  
☐ Not at all      4

### Are you of Aboriginal or Torres Strait Islander origin?

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

☐ No  
☐ Yes, Aboriginal  
☐ Yes, Torres Strait Islander

### How did you hear about us?

☐ Website      ☐ Agents      ☐ Advertisements      ☐ Friends      ☐ Other

If Agent, please specify name: \_\_\_\_\_

## Education History

### What is your highest COMPLETED school level? (Tick ONE box only)

<input type="checkbox"/>	12	Year 12 or equivalent
<input type="checkbox"/>	11	Year 11 or equivalent
<input type="checkbox"/>	10	Year 10 or equivalent
<input type="checkbox"/>	09	Year 9 or equivalent
<input type="checkbox"/>	08	Year 8 or below

<input type="checkbox"/>	02	Never attended school
--------------------------	----	-----------------------

**In which YEAR did you complete that school level?** \_\_\_\_\_

**Are you still attending secondary school?** ☐ Yes ☐ No

**Have you completed any of the following qualifications?** ☐ Yes ☐ No

*If YES, then tick ANY applicable boxes.*

<input type="checkbox"/>	008	Bachelor's degree or higher degree
<input type="checkbox"/>	410	Advanced diploma or associate degree
<input type="checkbox"/>	420	Diploma (or associate diploma)
<input type="checkbox"/>	511	Certificate IV (or advanced certificate/technician)
<input type="checkbox"/>	514	Certificate III (or trade certificate)
<input type="checkbox"/>	521	Certificate II
<input type="checkbox"/>	524	Certificate I
<input type="checkbox"/>	990	Certificates other than the above

## Employment

**Of the following categories, which BEST describes your current employment status?**

*(Tick ONE box only)*

<input type="checkbox"/>	01	Full-time employee
<input type="checkbox"/>	02	Part-time employee
<input type="checkbox"/>	03	Self-employed – not employing others
<input type="checkbox"/>	04	Employer
<input type="checkbox"/>	05	Employed – unpaid worker in a family business
<input type="checkbox"/>	06	Unemployed – seeking full-time work
<input type="checkbox"/>	07	Unemployed – seeking part-time work
<input type="checkbox"/>	08	Not employed – not seeking employment

## PART B – COURSES

Please tick the course/s you are applying for, to study at Boston College.

- ☐ AUR30620 Certificate III in Light Vehicle Mechanical Technology
- ☐ AUR40216 Certificate IV in Automotive Mechanical Diagnosis
- ☐ AUR50216 Diploma of Automotive Technology
- ☐ BSB50420 Diploma of Leadership and Management
- ☐ BSB60420 Advanced Diploma of Leadership and Management
- ☐ SIT40521 Certificate IV in Kitchen Management
- ☐ Sit50422 Diploma of Hospitality Management

Please tick the intake date below:      ☐ January      ☐ April      ☐ July      ☐ Oct

Other (Specify): \_\_\_\_\_

**Do you wish to apply for Credit Transfer?**

If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Transfer Application Form.      ☐ Yes      ☐ No

**Do you wish to apply for Recognition of Prior Learning?**

If you indicate YES, you will be contacted to discuss this further.      ☐ Yes      ☐ No

**Reason to choose the above course(s):**

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

**Have you enrolled with Boston College before?**      ☐ YES      ☐ NO

**PART C – EDUCATION HISTORY**

Please provide details and documentation of your past education including the highest qualification completed (attach with the form).

Year Completed	Name of Institution	State / Country	Name of Qualification	Course Duration


## PART D – EMPLOYMENT HISTORY

Please provide details of your past employment.

Date Employed	Name of Employer	State/Country	Position	Duties

## PART E – ENGLISH LANGUAGE PROFICIENCY

Please tick ( ☐ ) which of the following applies to you. Attach relevant evidence / documentation to support your selections.

- ☐ English is my first language  
☐ I have completed a recognised English language test.

### Test taken

☐ IELTS      ☐ PTE      ☐ TOEFL      ☐ Other (Please Specify) \_\_\_\_\_

Score (Overall): \_\_\_\_\_

If you have not taken any of the above, please specify how you would satisfy the English proficiency requirements for the application:

- ☐ I intend to complete an ELICOS course in Australia.  
☐ Other: \_\_\_\_\_

Please make sure you refer to the specific entry requirements that apply to the course you are applying for. These requirements are detailed in the student prospectus.

## PART F – NEXT OF KIN/EMERGENCY CONTACT

Next of kin are people that Boston College may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Boston College.

**In Australia (if any):**

Name:		Relationship to you:	
Address:	Building Name:		
	Unit Name:		
	Street:		
	Suburb/Town:		
	State:		
	Postcode:		
	Country:		
Email:		Phone:	

**Overseas:**

Name:		Relationship to you:	
Address:	Building Name:		
	Unit Name:		
	Street:		
	Suburb/Town:		
	State:		
	Postcode:		
	Country:		
Email:		Phone:	

**PART G – MEDIA CONSENT**

From time to time, Boston College staff may request to take photographs/videos or verbal/written interviews/testimonials of students at Boston campus or at places where the student is involved in an activity. These creations may be used in a classroom or on-the-job work activities or could be published by Boston College in print, digital or broadcast media such as documents, student magazine, website, TV, newsletters, displays, journals, professional development materials for trainers and marketing collateral. Staff may also at times request students provide any of the above of the students' own creation for the same purposes.

- ☐ I do give consent to Boston College using any of the above materials involving me for the purposes outlined above.
- ☐ I do not give consent to Boston College using any of the above materials involving me for the purposes outlined above.

Student Name			
Student Signature		Date:	



## PART H – DECLARATION OF RECEIPT OF STUDENT INFORMATION

This is to certify that I have received and read the Boston College Student Handbook outlining the policies, practices, and regulations which I agree to observe and follow during my period of study with Boston College:

### Student Declaration

- I understand that it is my responsibility to be familiar with the contents of the Boston College Student Handbook, and to ask questions on any matters I do not understand.
- I understand that this declaration will be recorded in my student file.
- I confirm that I have read and understood Boston College's current Student Prospectus or information provided on Boston College website ([www.Bostoncollege.com.au](http://www.Bostoncollege.com.au)) which details information about the ESOS Act 2000, course entry requirements, English entry requirements, LLN requirements. I also understand fees payments and refund policy, including an explanation of what occurs, if for some unforeseen reason, the course is not delivered.
- 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 confirm that I am fully aware of the fees and refund policy, conditions of enrolment and privacy statement as set out in Privacy Act 1988, which I agree to abide by as a student at Boston College.
- I declare that all information provided in this application form is complete and correct. I understand that failure to provide correct information or documentation in relation to this application form may result in cancellation of my enrolment.
- I confirm that the following has been discussed with me during my enrolment process:

<input type="checkbox"/>	My enrolment and the Qualification details
<input type="checkbox"/>	My training plan (If applicable)
<input type="checkbox"/>	My assessment process
<input type="checkbox"/>	Evidence requirements
<input type="checkbox"/>	Who to contact for support and advice
<input type="checkbox"/>	How Recognition of Prior Learning (RPL) can be integrated into my training plan
<input type="checkbox"/>	Resources required for my enrolment
<input type="checkbox"/>	Any special needs I have which need to be taken into consideration
<input type="checkbox"/>	Boston College appeals and complaints procedure
<input type="checkbox"/>	Fees, charges, and method of payment available
<input type="checkbox"/>	Confidentiality of records and access to my records
<input type="checkbox"/>	Information contained in the Student Handbook
<input type="checkbox"/>	Boston College has permission to use of my image and or testimonial in the Marketing and Advertising materials of Boston College

Student Signature	Date:
-------------------	-------

## PART I – AGENT AGREEMENT

As an authorised Boston College agent, I/we take full responsibility for verifying any of the information provided in this application on behalf of Boston College and that Boston College may take action under that agreement, including the cancellation of the agreement for any false or misleading information or breach of the Code of Conduct.

Agency Name:
Agent Representative/ Staff Name:
Signature:
Date:

## PART J – PRIVACY NOTICE

Boston College follows the Privacy Act 1988 that guides the collection, storage, use and disclosure of information. This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to allocate appropriate resources for your learning and assessment needs. All staff at Boston College are required by law to protect the information provided on this Enrolment Form.

### Emergency Contacts

These are people that Boston College may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Boston College.

### Personal Information

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

### Collection Of Your Data

Boston College is required to provide the Department with student and training activity data. This includes personal information collected in the Boston College enrolment form and unique identifiers such as Commonwealth's Unique Student Identifier (USI).

### Use Of Your Data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning. A student's USI may be used for specific VET purposes including the verification of student data provided by Boston College; the administration and audit of VET providers and

programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

## **Disclosure Of Your Data**

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Boston College for statistical, regulatory and research purposes. Boston College may disclose your personal information for these purposes to third parties, including:

- ☐ Commonwealth and State or Territory government departments and authorised agencies;
- ☐ NCVER;
- ☐ Organisations conducting student surveys; and
- ☐ Researchers.
- ☐ Personal information disclosed to NCVER may be used or disclosed for the following purposes:
  - ☐ Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
  - ☐ facilitating statistics and research relating to education, including surveys;
  - ☐ understanding how the VET market operates, for policy, workforce planning and consumer information; and
  - ☐ administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## **Legal And Regulatory**

The Department's collection and handling of enrolment data is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

## **Survey Participation**

You may be contacted to participate in a survey conducted by NCVER, Boston College's registering body, Australian Skills Quality Authority (ASQA) or a department-endorsed project, audit or review relating to your training. If you participate you may choose to

keep your responses confidential. This provides valuable feedback on the delivery of VET programs in SA.

Please note you may opt out of the NCVER survey at the time of being contacted.

### **Consequences Of Not Providing Your Information**

Failure to provide your personal information may mean that it is not possible for you to enrol in VET qualification in Boston College.

### **Access, Correction And Complaints**

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

### **Further Information**

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>

### **Updating Your Records**

Please let us know if any of your details change by providing updated information to our office. This is particularly important if your phone number, residential, postal or email address change during your enrolment with Boston College.

**OFFICE USE ONLY (FOR STAFF ONLY)**

Student Offer Number:
Application Assessed by:
Date:

Admissions Officer Name:			
Admissions Officer Signature:		Date:	

**ENQUIRIES**

Email: [info@boston.edu.au](mailto:info@boston.edu.au)

Address: 91-95 Currie Street Adelaide SA 5000

Phone: 0432 243 725

Website: <https://boston.edu.au/>

**LODGEMENT**

Submit the completed application form via email, mail or through our website.

Email: [info@boston.edu.au](mailto:info@boston.edu.au)

Address: 91-95 Currie Street Adelaide SA 5000

Phone: 0432 243 725

Website: <https://boston.edu.au/>