

# Overseas 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/>)

### 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"/>	Hearing/deaf
<input type="checkbox"/>	Physical
<input type="checkbox"/>	Intellectual
<input type="checkbox"/>	Learning
<input type="checkbox"/>	Mental illness
<input type="checkbox"/>	Acquired brain impairment
<input type="checkbox"/>	Vision
<input type="checkbox"/>	Medical condition
<input type="checkbox"/>	Other

**How did you hear about us?**
☐ Website    ☐ Agents    ☐ Advertisements    ☐ Friends    ☐ Other

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

**PART B – COURSES**

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

Tick	Course code	Qualification	Duration (weeks)	CRICOS Code
<input type="checkbox"/>	AUR30620	Certificate III in Light Vehicle Mechanical Technology	78	110589F
<input type="checkbox"/>	AUR40216	Certificate IV in Automotive Mechanical Diagnosis	26	110590B
<input type="checkbox"/>	AUR50216	Diploma of Automotive Technology	26	110592M
<input type="checkbox"/>	BSB50420	Diploma of Leadership and Management	60	110593K
<input type="checkbox"/>	BSB60420	Advanced Diploma of Leadership and Management	80	110594J
<input type="checkbox"/>	SIT40521	Certificate IV in Kitchen Management	94	114308K
<input type="checkbox"/>	SIT50422	Diploma of Hospitality Management	104	114309J

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 – 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 E – ACCOMMODATION AND TRANSPORT**

### **Accommodation**

Boston College can refer students to appropriate accommodation services and is always available to discuss any challenges a student may have with their accommodation arrangements.

The following websites can be used to find suitable accommodation:

- Gumtree [www.gumtree.com.au](http://www.gumtree.com.au)
- Easy Roommate [www.au.easyroommate.com](http://www.au.easyroommate.com)
- Domain [www.domain.com.au](http://www.domain.com.au)
- Adelaide Homestay

[https://www.adelaidehomestay.org/?gclid=EALalQobChMI0t2ns5XH9wIVDTErCh3M9gOiEAAYASAAEgIhJ\\_D\\_BwE](https://www.adelaidehomestay.org/?gclid=EALalQobChMI0t2ns5XH9wIVDTErCh3M9gOiEAAYASAAEgIhJ_D_BwE)

### **Do you require assistance with accommodation?**

☐ Yes ☐ No

*If you indicate YES, you will be contacted to discuss this further.*

### **Transport**

- Transport from the Airport: information on taxi, public transport, car rental, pick-up and drop off <https://www.adelaideairport.com.au/parking-transport/>
- Information on how to use Adelaide metro transport services which include buses, trains and trams can be found at: <https://www.adelaidemetro.com.au/using-adelaide-metro/how-to-catch-a-bus-train-or-tram> or call: Adelaide Metro InfoLine Phone: 1300 311 108. Open 7am–8pm every day.

### **Do you require assistance with transport and/ or airport pick up?**

☐ Yes ☐ No

*If you indicate YES, you will be contacted to discuss this further.*

## 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:	
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## 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:

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

Student Offer Number:
Application Assessed by:
Date:

Admissions Officer Name:			
Admissions Officer Signature:		Date:	

**ENQUIRIES**

Email: [info@bostoncollege.com.au](mailto:info@bostoncollege.com.au)  
Address: 91-95 Currie Street Adelaide SA 5000  
Phone: 0432 243 725  
Website: [www.bostoncollege.com.au](http://www.bostoncollege.com.au)

**LODGEMENT**

Submit the completed application form via email, mail or through our website.  
Email: [info@bostoncollege.com.au](mailto:info@bostoncollege.com.au)  
Address: 91-95 Currie Street Adelaide SA 5000  
Phone: 0432 243 725  
Website: [www.bostoncollege.com.au](http://www.bostoncollege.com.au)

**Genuine Temporary Entrant - (GTE)**

- 1) What has interested you to study at Boston College?**
  
  
  
  
  
  
  
  
  
  
- 2) How would you benefit from studying the selected course at Boston College?**
  
  
  
  
  
  
  
  
  
  
- 3) Explain in few words about yourself, your family and about your home country?**
  
  
  
  
  
  
  
  
  
  
- 4) What other countries and institutions have you applied to study?**
  
  
  
  
  
  
  
  
  
  
- 5) Have you ever visited or study in Australia?**
  
  
  
  
  
  
  
  
  
  
- 6) Briefly explain about your work experience in your home country.**
  
  
  
  
  
  
  
  
  
  
- 7) Do you have any family or friends in Australia?**

**8) Did you ever receive visa refusal from any foreign countries or Australia?**

**9) Who will support your studies and stay in Australia?**

**10) What other qualifications do you hold?**

**11) What was the medium of instruction taught in your school?**

**12) How many languages can you speak?**

I acknowledge the above information is completed solely by me.

Student Name			
Student Signature		Date:	