

Training Enrolment Application Including a GTE section

Offshore Student

Instructions:

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required.

All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

This enrolment form contains a compulsory Genuine Temporary Entrant (GTE) section that is required to be completed.

| Location: Swann College currently has 2 loca | itions in Austr | alia. Please se | lect from the | e below: |
|---|-----------------|-----------------|---------------|----------|
| Campus Location: Adelaide | SA | | Sydney N | SW |
| Personal Details | | | | |
| Title: Mr Ms | Mrs | Miss | Dr | Other |
| Family Name: | | | | |
| Given Names: | | | | |
| Residential Address: | | F | Post Code: | |
| Postal Address: | | F | Post Code: | |
| Phone: | | Date of | Birth: | |
| Email: | | | | |
| Gender: | | | | |
| Emergency/Next of kin contact-Name: | , | | | |
| Phone: | | | | |
| Nationality | | | | |
| What Country were you born in? | | | | |
| Country of Citizenship: | | | | |



Course Details

Name of Course/Qualification you wish to enroll in:

AUR30620 Certificate III in Light Vehicle Mechanical Technology

AUR40216 Certificate IV in Automotive Mechanical Diagnosis:

AUR50216 Diploma of Automotive Technology

AUR30320 Certificate III in Automotive Electrical Technology

AUR40620 Certificate IV in Automotive Electrical Tecnology

AUR50116 Diploma of Automotive Management

UEE60220 Diploma of Electronics and Communications Engineering

BSB50215 Diploma OF Business

BSB60215 Advance Diploma of Business

Language and cultural diversity

Are you of aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

Yes, Torres Strait Islander

Were you born in Australia? Pes No

If yes, Town/City:

If no, please specify county:

Town/City of Birth:

Is English you first language Pes No

Do you speak a second language No, English only

Yes, other:

How well do you speak English? Very well Well Not well Not at all

Have you completed an English Proficiency Test within the last 12 months?

Yes No

If yes please attach a certified copy of your results

Visa Information

Have you visited Australia before?

Have you breached any visa conditions?

Have you ever been refused a visa from Australia?

Have you ever been convicted of a crime or offence in any country?

Yes

No

If yes to any of the above, please attach details

Please attach a copy of your visa to this application if already approved



Disabilities

| Do you consider (You may indicate more | | a disability, im | pairment, or lo | ong-term | condition? |
|--|--|-----------------------------|--------------------|------------|--|
| No Other | Vision (| Hearing/Deaf Mental Illness | Physica Learnii | | tedical Condition cquired brain impairmen |
| Schooling What is your high | est completed | school level? | | _ | |
| Completed year 1: | car 12 Completed year 11 Completed y | | Completed year 10 | | |
| Completed year 9 | | Completed y | ear 8 or lower | | oid not go to school |
| In which year did y Are you still attend | • | | Yes | N | 0 |
| Previous achieve Have you success | - | | ollowing quali | fications? | |
| Advanced Diploma (o | egree or Higher Diploma or Asso r Associate Diplo IV (or Advanced | ociate Degree oma) | Certifi Certifi | cate II | Trade certificate) |
| Employment De Business Name: | etails | | Cont | act Name |) : |
| Address: Town/Suburb: | | | | Phone: | |
| Employment Of the following of (Tick ONE box only) | categories, wh | ich BEST descri | bes your curre | ent emplo | yment status? |
| Full-time en Part-time e Self-employ Employer | • • | ng others | Unem | ployed-see | aid worker eking fulltime work eking part time work not seeking |
| Unique Student Do you have a U | | - | number? | Yes | No |
| If yes, my USI numb | | , , | | | _ |
| | | | | | |
| If no, I authorize Sw | vann College to | apply for my US | I number on my | / behalf. | |



| Study I | Keason | | | | |
|----------------------|---|------------------|------------------|----------------|------------|
| | following categories, which BES /traineeship /apprenticeship? | • | | son for undert | aking this |
| | To get a job | | To develop | my existing bu | ısiness |
| | To start my own business | | To try a diff | erent career | |
| | To get a better job | | It was a red | quirement of m | y job |
| | wanted extra skills for my job | | To get into | another course | e of study |
| | For personal intrest or self-develop | ment | Other reas | ons | |
| Studer | nt Checklist | | | | |
| | ensure you have included the ent Application Form: | following dod | cuments wher | n submitting y | our |
| | Passport | | | | |
| | English Language Test/Results | | | | |
| | Schooling Certificates | | | | |
| = - | Resume | | | | |
| Family | Information | | | | |
| - | have any relatives or friends in Aus | stralia? Yes | No | _ | |
| - | lease provide their details: | | | _ | |
| Names: | | | | | |
| Relation | nship to you: | | | | |
| State th | ey live in: | | | | |
| | have any immediate family membountry whilst you are in Australia? | oers (e.g. child | ren, parents) w | ho will remain | in your |
| | | | Yes | No | |
| If yes, pl Names: | lease provide their details: | | | | |
| | nship to you: | | | | |
| Kolalioi | istrip to you. | | | | |
| What is | your relationship status? | Married | Single | Divorced/S | Separated |
| If you ho student | ave a spouse/partner, is he/she co visa? | oming to Austro | alia with you, a | s a dependent | on your |
| | | | Yes | No | |
| If yes, ho | as he/she previously applied for ar | n Australia visa | Ś | _ | |
| | | | Yes | No | |
| | | | | | |
| | | | | | |



| Please give details: | | SWANN |
|---|------------------------|---------------------|
| | | |
| Do you have any children? If yes, how many and will the accompany you to Australia? | Yes | ■ No |
| Expenses | | |
| What do you expect your total expenses to be for the college include the cost for dependants (if applicable). | duration of your | stay in Australia? |
| Self | Dependants, | including partner |
| Tuition \$AUD: | Living Costs \$A | AUD: |
| Living Costs \$AUD: | Travel \$AUD: | |
| Travel \$AUD: | | |
| How will you pay for your tuition, your living expenses and you | ur travel arrangei | ments to Australia? |
| *Dia man manifela quiela non affunda /a m la male state no mate for the ang | at 2 magnitha la qua d | |
| *Please provide evidence of funds (e.g. bank statements for the paguarantee from your sponsor, etc* | si 3 monins, ioan a | ocumenis, iinanciai |
| Study Information | | |
| Have you previously applied or currently are applying for education providers? | or admission at | other Australian |
| If yes, please give details of all application processes and the | outcomes. | |
| | | |
| Have you previously studied in Australia? Yes | No | |



If yes, please state

| Name of the institution: |
|---|
| Course/s taken: |
| Period of study: |
| Why did you choose to study in Australia and not in your home country? |
| |
| Why have you chosen to study at Swann College? |
| |
| Why have you chosen to study this course/s? |
| What are the key aspects of this course/s that interests you the most? |
| |
| Please provide more details on the research you have done to base your decision to study in Australia and at Swann College. |
| |
| Are you changing your area of study from previous studies or work experience? If yes, why? |
| |
| |



| What are your future plans and professional aspirations? How will this course help you achieve them? |
|--|
| |
| What are your job prospects and salary expectations in your home country upon completion of this course? What position/roles within the industry are you considering applying for? |
| |
| |
| Other Information |
| Please provide any other information relevant to Swann College when considering your application. |
| |
| |
| |
| |

Statement of purpose

Please attach a Statement of Purpose outlining the reasons for undertaking your intended course/s at Swann College.

The Statement of Purpose is to be identical to the statement you intend to lodge with your visa application with the Department of Immigration & Border Protection (DIBP).

The Statement of Purpose needs to cover the following points:

- Your reasons for choosing to undertake the course of study specified in your application
- Your reasons for choosing Swann College
- Your reasons for choosing to study in Australia rather than in your home country
- The relevance of your intended course/s to your academic and/or employment background
- The relevance of the course/s to your future career/educational plans



Student Declaration

I understand that information contained in these forms may be provided to State and Commonwealth government agencies and I consent to that occurring. I certify that all details provided on these forms are true & correct and are <u>not</u> misleading in any way.

I declare that Swann College may refuse my application or cancel my enrolment if any information is found to be incorrect, false or misleading.

I have been explained by the agent and understand the fee structure and the refund policy.

| Student sign: | рате: |
|---|---|
| Agent Declaration | |
| Agents name: | |
| Agents business name: | |
| Postal address: | |
| Email: | Phone: |
| | t as a genuine temporary entrant and a genuine artment of Immigration and Border Protection at |
| • | pplicant is genuine in making this application and has II programs listed in the application. |
| attached and related to this ap | erify the authenticity and validity of the documentation polication. I am satisfied that the applicant has genuine ed while in Australia to cover all costs for the duration. |
| 4. I recommend the College proapplicant. | oceed with the assessment for admission of this |
| 5. I confirm that the student has | signed this application form. |
| 6. I have provided the student's | personal email address and residential address. |
| 7. I declare that I will forward all the student. | correspondence as applicable to this application to |
| I | declare to my best knowledge |
| the information in this application | on is true and correct. |
| Agents Signature: | Date: |
| | |
| | |

SWANN COLLEGE

RTO. 45046 CRICOS. 03555G



| Office | llca | Only |
|--------|------|------|
| OIIICE | OSE | |

Administrator sign:

| Onice ose Only | | | |
|--------------------------------------|--------------|-----------|------|
| Application submitted | Yes | No | |
| Application accepted | Yes | No | |
| Accepted by: Rejected by: | | Sign | Date |
| The reason for rejecting this applic | ation (if re | ejected): | |
| | | | |
| Sign: | Date: | | |
| Information entered into SMS: | Yes | Date: | |

Date: