

## International Student Enrolment Form

### Course Selection

Course Code	Course Name	CRICOS Code	Duration
<input type="checkbox"/> BSB50120	Diploma of Business	113269J	54 Weeks
<input type="checkbox"/> AUR30620	Certificate III in Light Vehicle Mechanical Technology	113267M	64 Weeks
<input type="checkbox"/> AUR40216	Certificate IV in Automotive Mechanical Diagnosis	113268K	30 Weeks

### Personal Details

Gender: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
Title: Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Family Name: <input type="text"/>
Given Name: <input type="text"/>	Middle Name: <input type="text"/>
Single Name Only <input type="checkbox"/> (Tick this box if you have only one name that cannot be written in the following format. Write your name in the "Family Name section").	

### Contact Details

Current Address in Australia (If any)		
Flat/unit details: <input type="text"/>	Street or lot number: <input type="text"/>	
Street name: <input type="text"/>	Suburb: <input type="text"/>	
State/territory: <input type="text"/>	Postcode: <input type="text"/>	
Postal Address (If different from above): <input type="text"/>		
Address (Home Country): <input type="text"/>		
Home Phone: <input type="text"/>	Mobile: <input type="text"/>	Work Phone: <input type="text"/>
Email Address: <input type="text"/>	Alternate email address: <input type="text"/>	

### Emergency Contact Details

Name: <input type="text"/>	Relationship: <input type="text"/>
Address: <input type="text"/>	
Phone/Mobile: <input type="text"/>	Email: <input type="text"/>

### Passport and Visa Details

Country of Passport: <input type="text"/>	Passport No. <input type="text"/>
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Do you have an Australian Visa ☐ Yes ☐ No

If Yes, Visa type: Student ☐ Visitor ☐ Others ☐ Visa Expiry date: \_\_ / \_\_ / \_\_

### Language and Cultural Diversity

Country of Birth: \_\_\_\_\_

Town/City of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Is English your first language? Yes ☐ No ☐

if not, what is your first language: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes

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

Please indicate the English test you have completed ☐ PTE ☐ IELTS ☐ TOEFL ☐ Other (Attach Evidence):  
\_\_\_\_\_

Date of Test: \_\_ / \_\_ / \_\_

Average Score: \_\_\_\_\_

Listening: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Speaking: \_\_\_\_\_

Have you completed any qualification within last two years in Australia? ☐ Yes ☐ No

if yes, please specify: \_\_\_\_\_

### Disability and Special needs

Do you need any special support such as Language, Literacy and Numeracy?

☐ Yes ☐ No

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

☐ Yes ☐ No

(You may indicate more than one area) Please refer to the

Disability supplement in the last page for an explanation of the following disabilities.

☐ Hearing/deaf ☐ Physical ☐ Intellectual ☐ Learning

☐ Vision ☐ Mental illness ☐ Medical condition ☐ Acquired brain impairment ☐ Other

If Yes, direct it to our administration Department who will assist you on the support option available to you

### Schooling

What is your highest completed school level (Tick one box only)?

☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent

### Previous Qualification Achieved

Have you successfully completed any of the qualifications listed below in Australia or hold any recognized overseas qualification? ☐ Yes ☐ No

☐ Bachelor or higher degree ☐ Advanced diploma ☐ Diploma

☐ Certificate IV ☐ Certificate III ☐ Certificate II

☐ Certificate I ☐ Other Education

In Case of overseas qualification, has the qualification been skill assessed in Australia?

☐ Yes ☐ No

### Most Recent Qualification Achieved

Name of Qualification:	
School/ Institution:	
Country:	
Country:	
Language of instruction:	<input type="checkbox"/> English <input type="checkbox"/> Other
<b>Reason of Study to undertake this Course</b>	
<input type="checkbox"/> To get a job	<input type="checkbox"/> For personal interest or self - development
<input type="checkbox"/> Required as part of my job	<input type="checkbox"/> To get a better job or promotion
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To start a new career in a different field
<input type="checkbox"/> To gain new skill	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> Others, Specify: _____	
<b>Employment</b>	
Of the following categories, which BEST describes your current employment status?	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Self-employed–not employing others
<input type="checkbox"/> Self-employed–employing others	<input type="checkbox"/> Not employed–not seeking employment
<input type="checkbox"/> Unemployed–Seeking part-time work	<input type="checkbox"/> Employed-Unpaid worker in a family business
<b>Recognition of Prior Learning/ Credit Transfer</b>	
Do you wish to apply for credit transfer or Recognition of Prior Learning? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you must attach certified translated (English) copies of your supporting documents (e.g., employment letter, position descriptions, Statement of Attainment, etc.). so that college can assess your eligibility for RPL/Credit Transfer. Please contact our reception to discuss it further. OR email us on <a href="mailto:admissions@berrycollege.edu.au">admissions@berrycollege.edu.au</a>	
<b>Overseas Student Health Cover and Airport Pickup</b>	
Do you currently hold Overseas Student Health Cover (OSHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the provider: _____ Membership Number: _____	
Expiry Date: ____ / ____ / _____	
If No, do you want college to organise OSHC for you? <input type="checkbox"/> No <input type="checkbox"/> Yes,	
Please select: _____ Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	
Do you require airport pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, airport pickup fee of \$ 150	
<b>Unique Student Identifier</b>	
Do you have USI? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide USI number: _____	

Verified By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/

*If not, please complete the below section for further process.*

From 1 January 2015, we can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at: <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the "Forgotten USI" Link on the USI Website at: <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>

If you would like Berry International College to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. 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.

I [NAME] .....authorise Berry International 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 (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Privacy Notice

### Why we collect your personal information:

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

### How we use your personal information:

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### How we disclose your personal information:

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### How the NCVER and other bodies handle your personal information:

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage.

- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy)

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specific functions and activities.

For more information about how the DESE will handle your personal information, please

refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

#### Surveys:

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

#### Contact information:

At any time, you may contact **Berry International College** to:

- request access to your personal information
- Correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice on Level 1, 190 Queen Street Melbourne Vic 3000

M: 0478 501 493

Email: [admissions@berrycollege.edu.au](mailto:admissions@berrycollege.edu.au)

### Application Checklist

Please check that you have:

<input type="checkbox"/> Completed Application Form	<input type="checkbox"/> Attached Copy of your current OHSC
<input type="checkbox"/> Attached Copy of Passport	<input type="checkbox"/> Attached Copy of Visa (if applicable)
<input type="checkbox"/> Attached certified true copies of your qualifications	<input type="checkbox"/> Attached Evidence of English proficiency
<input type="checkbox"/> Any other relevant documentation	<input type="checkbox"/> Other

### Student Declaration

- I have read, understood and agreed to be bound by the Terms and Conditions as outlined by Berry International College.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I understand that if I have applied through an approved Berry International College agent, all correspondence relating to my application will be forwarded to that agent.
- I understand that all Berry International College courses are offered on the basis of full-time study and that I am required to attend a minimum of 20 scheduled course contact hours per week.
- I understand that any vocational placement undertaken as a part of any of the courses offered at Berry International College will be unpaid.

- I confirm I have been informed about the training and assessment and support services to be provided and about my rights and obligations as a student in Berry International College.
- I understand that I must attend orientation, since it is a legal requirement and falls within my study plan. Failing to do so is reportable to DHA. Rescheduling fee shall apply if the students are unable to attend the orientation on the scheduled date. (Your Orientation date and time will be emailed to you prior to the orientation and course commencement).

Tick here to confirm you have declared and consented to the above mentioned.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Note: *Berry International College do not enroll any students under the age of 18.*

### Submitting an Application

Address:

Phone:

Email:

### Education Agent Details (if Applicable)

Agency Name:

Agent Name:

Email Id:

#### Agent declaration: (Please Tick all the checklist to indicate your agreement)

As the Education Agent of this student seeking to apply for enrolment at BIC, I confirm:

- ☐ That I comply with the standards of the ESOS framework (including the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018.
- ☐ That the information contained within this application form is accurate, and that the supporting documentation including, but not limited to the "certified copy" of the applicant's academic record is correct and has not been altered in any way.
- ☐ That I understand Berry International College expects Education Agents to act ethically in dealings with the Overseas Students and their families.
- ☐ That any Enrolment Fees paid to me by the student to support this application will be immediately transferred to Berry International College so that college can uphold its commitment to ESOS legislation with regards to enhancing the refund policy where appropriate.
- ☐ That I understand Berry International College expects Education Agents to ensure that each student applying for entry to Berry International College is familiar with the information contained in: The Application Form, Overseas Student Pre-Enrolment Information and the student Handbook.
- ☐ I confirm the student has signed this application form.
- ☐ I have provided the student's personal email address and residential address, as disclosed to me by the student

Agent Signature/ Stamp:

BIC's Staff Signature:

Date:

### Disability Supplement:

#### Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

**‘11 — Hearing/deaf’**

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/ or sign language.

**‘12 — Physical’**

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

**‘13 — Intellectual’**

In general, the term ‘intellectual disability’ is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

**‘14 — Learning’**

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the lifespan. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

**‘15 — Mental illness’**

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person’s usual pattern and level of functioning.

**‘16 — Acquired brain impairment’**

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

**‘17 — Vision’**

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

**‘18 — Medical condition’**

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn’s disease, cystic fibrosis, asthma or diabetes.

**‘19 — Other’**

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.