

STAFF-IN-CONFIDENCE
 (WHEN COMPLETE)

Application for Enrolment Form

Note: Information contained in this document is utilised in accordance with AGI's Privacy Policy. Please refer to our 'International Student handbook' or AGI website for further information.

1. Personal Details (Please choose by circling the option that applies to you). You must be 18 years old or older to apply for AGI courses				
Title:	Mr	Mrs	Ms	Miss Other:
Gender:	Male	Female	Date of Birth:	
Surname:				
Given Names:				
Nationality:				
2. Contact Details				
Address (Home Country)				
Address:				
Home Phone:		Mobile:		
Email:				
Address (Australia)				
Address:				
Suburb:				
State:		Postcode:		
Phone (Home):		Phone (Work):		
Mobile:		Fax:		
Email:				
Correspondence Address (which address should we send letters to you)				
Correspondence Address:	Home Country	Australia	Agent Address (Part 5)	
3. Passport Details				
Passport Status:	Issued		Pending	
Passport Country of issue:				
Passport Number:				
Passport Expiry Date:				
<input type="checkbox"/> A certified true copy of your passport must be provided as part of your application				
Verified By: (Print Name)				
Date:				
Signed:				

Do you think you need any additional language support?		Yes	No
If yes, please specify:			
<input type="checkbox"/> A certified true copy of your English test result, no more than 2 years old must be provided as part of your application			
8. Disability Status (Please choose by placing an X in the boxes that apply to you)			
Do you suffer from any physical / mental disability that may affect your participation in the course?			
Yes- Please select from the options below No – Go to Question 9			
Disability, Impairment or Long-Term Condition			
<input type="checkbox"/>	Hearing / Deafness	<input type="checkbox"/>	Acquired Brain Impairment
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other
<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Not Specified
9. Qualification Selection (Please choose by placing an X in the boxes that apply to you)			
Course Number/Course Code and qualification name / CRICOS course code			Intake date
<input type="checkbox"/>	SIS30413 Certificate III in Outdoor Recreation- CRICOS course code 0100396		
<input type="checkbox"/>	SIS40313 Certificate IV in Outdoor- CRICOS course code 0100397		
Note: Details of Intake dates can be obtained from our website: www.agi.edu.au			
10. Course fees			
For the most up to date fees schedule for our courses and a copy of the Fees and Refund Policy, please visit our website or email AGI requesting a copy.			
11. Recognition of Prior Learning / Credit Application			
Would you like to make an application for RPL / Credit transfer?		Yes	No
Note: If you select yes, you can find the RPL/Credit transfer application form in our website or send us an email and we will email you a copy of this form			
12. Education Details			
What is your highest qualification achieved?			
What year did you complete the qualification above?			
Do you have any qualifications in the areas of outdoor recreation, sport or fitness? If yes, please specify in the table below.			
Name of qualification	College/ Institution	Country/ State	Year completed
<input type="checkbox"/> A certified true copy of the above listed qualifications including transcripts must be provided as part of your application			

13. Previous Experience			
Do you have any previous experience or pre-existing skills relevant to your selected course? If yes, please specify below.			
Employer	Position	Start/ Finish date	Responsibilities
Please add any other relevant experience:			
<input type="checkbox"/> Please attach evidence of experience as part of your application (e.g. resume, work references, testimonials)			
14. Skills and medical requirements			
Swimming ability			
Can you swim 200 metres with any stroke and be able to tread water or float for at least 10 minutes? Yes no			
Medical requirements			
Please complete the Scuba Medical questionnaire attached below and return it with your application form. If any of the conditions in the questionnaire apply to you, you will be requested to provide a signed medical form by a registered medical doctor/physician to confirm you are fit to dive Scuba Dive medical			
15. Payment Details			
Application must be accompanied by a NON-REFUNDABLE Application Fee of AUD\$200.00 otherwise the application will not be processed. This fee applies to all applications submitted directly to AGI or through AGI's agents. Payment details must be included with this application form.			
<input type="checkbox"/> Credit Card Payment for AUD\$200.00			
VISA	MasterCard	Other:	
Credit Card Number:			
Cardholder Name:			
Cardholder Signature			
Expiry Date:			
<input type="checkbox"/> Bank Transfer for AUD\$200 made payable to AGI			
Account Name:	Australian Global Institute		
Account Number:			
Bank Name:			
Branch:			
Bank Address:			
SWIFT Code:			
16. Applicant Declaration			
<ul style="list-style-type: none"> I understand that I may be sent a Letter of Offer along with a Written Agreement and Acceptance of offer form if all the entry requirements for my chosen qualification have been met I authorise Australian Global Institute to verify the information I have provided on this form and to contact me if any further information is required I understand the \$200 application fee payable with this form is non-refundable 			

- I have been provided with Pre-enrolment information including AGI International Student Handbook, Information and enrolment kit and AGI policies and procedures. I am aware I can obtain additional information from the AGI website including copies of the International Student Handbook and the policies and procedures.
- I understand the entry requirements for my course as well as course content, duration, modes of study and assessment methods, delivery locations and the facilities and equipment available at each campus, details of any third party arrangements, tuition and non-tuition fees, fees and refund policy, privacy policy, Deferment, Suspension and Cancellation Policies, transfers between providers and the support services available at AGI
- I understand Tuition and Non-Tuition fees may change over the duration of a course
- I declare that to the best of my knowledge, the information I have supplied in this form is accurate and complete in every detail.

Applicant Name:	
Signature:	
Date:	

AGENT'S CANNOT SIGN ON BEHALF OF A STUDENT.

AUSTRALIAN GLOBAL INSTITUTE

AGI Admin Use Only					
Application					
Accepted		Incomplete: Part _____		Declined	
Application fee (\$200)					
Payment Made:	Yes	No	Date:		
Application processed by:					
Staff Name		Date:		Initials:	