

Application to Study Form International

How to Complete this Form

- Please write clearly in black ink using capital letters in English.
- Include one set of supporting documents with this application including certified English translation copies where required.
- All supporting documents for this application must be certified as true copies of originals.
- Refer to the following <https://immi.homeaffairs.gov.au/help-support/applying-online-or-on-paper/on-paper/certified-copy> for more details.
- Ensure that you sign the declaration in the end of this form.
- Please note that delays may occur in the processing of this application if the application is incomplete.

(A) COURSE DETAILS

Term (Intake) : Month	Year :	Campus :	MEL	ADL
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Select	CRICOS Code	NTIS Code	Course Title	Duration	Tuition Fee	Work Placement Fee	Material Fee
	104035B	BSB50820	Diploma of Project Management	52 WEEKS	\$12,000.00	N/A	\$350.00
	104439D	BSB60720	Advanced Diploma of Program Management	52 WEEKS	\$12,000.00	N/A	\$350.00
	090551A	CHC33015	Certificate III in Individual Support	44 WEEKS	\$6,000.00	N/A	\$250.00
	090552M	CHC43015	Certificate IV in Ageing Support	60 WEEKS	\$9,000.00	\$250.00	\$250.00
	090557F	CHC43115	Certificate IV in Disability	56 WEEKS	\$9,000.00	\$250.00	\$250.00
	090553K	CHC52015	Diploma of Community Services	104 WEEKS	\$20,000.00	\$700.00	\$350.00
	090595M	CHC62015	Advanced Diploma of Community Sector Management	66 WEEKS	\$10,000.00	\$500.00	\$350.00
	108095B	CHC30121	Certificate III in Early Childhood Education and Care	50 WEEKS	\$10,000.00	\$250.00	\$200.00
	108094C	CHC50121	Diploma of Early Childhood Education and Care	57 WEEKS	\$12,000.00	\$250.00	\$200.00
	090550B	HLT37215	Certificate III in Pathology Collection	32 WEEKS	\$7,000.00	\$800.00	\$500.00
	090556G	HLT52015	Diploma of Remedial Massage	77 WEEKS	\$12,000.00	N/A	\$500.00
	108324E	HLT54121	Diploma of Nursing	85 WEEKS	\$32,000.00	\$5,500.00	\$1,500.00**

Note : Application Fee \$250 and Overseas Student Health Cover (OSHC) are not included in the Tuition fee.

** This indicates consumable fee for lab use

(B) PERSONAL DETAILS (AS SHOWN IN PASSPORT)

Title :	Gender :	Male	Female	Indeterminate/Intersex/Unspecified	Rather not say
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Given Name(s) :	Last Name :
Date of Birth (dd/mm/yyyy):	Country of Birth :
Nationality :	First Language :
Passport Number :	Expiry Date (dd/mm/yyyy) :

(C) CONTACT DETAILS

Address (Home Country) :

City :

Country :

Postcode :

Address (if in Australia) :

Suburb :

State :

Postcode :

Phone Number :

Mobile :

Email Address :

(D) EMERGENCY CONTACT DETAILS

Name :

Number :

Relationship :

Postcode :

In Case of an Emergency: In the event of circumstances requiring urgent medical care where the student is incapable of speaking on their own behalf, SCEI is authorised as a matter of urgency to seek and provide appropriate medical care on behalf of the student.

(E) DISABILITY SUPPORT

Do you consider yourself to have a disability, impairment of long-term condition? No Yes, please specify

If yes, please indicate the areas of disability, impairment or long-term condition: *You may indicate more than one area*

Hearing / Deaf

Physical

Intellectual

Mental illness

Vision

Medical condition

Learning

Acquired brain impairment

Other, please specify :

(F) LANGUAGE & CULTURAL DIVERSITY

Language and Cultural Diversity

Question	Answer
In which country were you born?	Australia Other, please specify
Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often</i>	No, English only Yes, please specify:
How well do you speak English?	Very Well Well Not Well Not at all
Are you Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes</i>	No Yes Yes, Torres Strait Islander

(G) EDUCATION DETAILS

G.1 Schooling

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

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking.

Year 12

Year 10

Year 8 or lower

Year 11

Year 9 or equivalent

Never attended school

Year completed

Are you still attending secondary school?

Yes

No

(G) EDUCATION DETAILS (cont.)

G.2 Previous qualifications achieved

Have you **successfully** completed any of these qualifications? Yes No

If yes, please provide details of your qualifications. Highest Level (Select one only)

Select	Course	A	E	I	Note: If you have multiple Prior Education Achievement Recognition Identifiers for any other qualifications, use the following priority order to determine which identifier to use: A - Australia E - Australia Equivalent I - International
	Bachelor Degree of Higher Degree				
	Advanced Diploma or Associate Degree				
	Diploma (or Associate Diploma)				
	Certificate IV (or Advanced Certificate/Technician)				
	Certificate III (or Trade Certificate)				
	Certificate II				
	Certificate I				
	Certificates other than the above				

Do you wish to apply for Credit Transfer? No Yes If Yes, your Application must include a completed **Credit Transfer Application Form** available from the SCEI Website: www.scei.edu.au

Do you wish to apply for RPL? No Yes If Yes, please download the **RPL Policy and Application Form** from the SCEI Website: www.scei.edu.au and **contact us** for your relevant RPL Kit.

Are you currently studying with another provider? No Yes If Yes, Date commenced (dd/mm/yyyy):

(H) ENGLISH PROFICIENCY

Please provide details of any English test / Course taken :

IELTS Academic PTE Academic OET TOEFL iBT®

Reading Score	Writing Score	Speaking Score	Listening Score	Overall Score	Date Achieved

ELICOS

Course Name :

Date Completed :

Other

Please Specify :

(I) Barrier

Do you have any barriers that may prevent you from successfully completing your study?

Yes No (skip to the next step)

Learning difficulties

Primary caregiver responsibilities

Other, please specify:

Transport issues

Ongoing regular appointments

Unstable housing

Legal issues

(J) Diploma of Nursing Applicants ONLY

Please read the [NMBA English language skills registration standard](#) to assist you to understand the requirements and then tick the box that applies to you:

Pathway 1: English is primary language.

English is your primary language and you have completed at least six years of primary and secondary education taught and assessed in English in any of the recognised countries, and includes at least two years between grades 7 and 12.

Timeframe	Level of education	Program name <i>If applicable</i>	Educational institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>		Study status
Study commenced: <div><input type="text"/></div> <div><input type="text"/></div>	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: <div><input type="text"/></div> <div><input type="text"/></div>	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: <div><input type="text"/></div> <div><input type="text"/></div>	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: <div><input type="text"/></div> <div><input type="text"/></div>	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: <div><input type="text"/></div> <div><input type="text"/></div>	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: <div><input type="text"/></div> <div><input type="text"/></div>	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time

I declare that English is my primary language as defined above and I meet the NMBA English language skills registration standard requirements.

Name :

Signed:

Date :

Pathway 2: English is not your primary language but you achieve the required minimum scores as specified in the NMBA English language registration standard.

Were your results from the English language tests obtained in one or two sittings?

In certain circumstances, you can use English language test results from a maximum of two test sittings in a six month period. For more information, refer to the NMBA's English language skills registration standard.

IELTS Academic

PTE Academic

OET

TOEFL iBT

One sitting. Provide details for one sitting.

Two sitting. Provide details for both sittings.

Sittings	Reading Score	Writing Score	Speaking Score	Listening Score	Overall Score	Date Achieved
Sitting 1						
Sitting 2						

NMBA English language skills registration standard Information:

All applicants who do not have English as their primary language need to provide English Language test score results showing:

- a) an IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking). OR
- b) an OET with a minimum score of B in each of the four components (listening, reading, writing and speaking). OR
- c) a PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking). OR
- d) a TOEFL iBT with a minimum total score of 94 and the following minimum score in each section of the test:
 - 24 for listening
 - 24 for reading
 - 27 for writing
 - 23 for speaking

I declare that I have undertaken/I will undertake an approved English language test and achieve the minimum scores to meet the NMBA English language skills registration standard requirements. I have/I will attach/provide my test results prior commencing the course.

Name :

Signed:

Date :

(K) STUDY REASON

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

- | | |
|----------------------------------|--|
| To get a job | I wanted extra skills for my job |
| To develop my existing business | To get into another course of study |
| To start my own business | For personal interest or self-development |
| To try for a different career | Other reasons |
| To get a better job or promotion | To get skills for community/voluntary work |
| It was a requirement of my job | |

(L) EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (Select one only)

- | | |
|--------------------------------------|---|
| Full-time employee | Employed – unpaid worker in a family business |
| Part-time employee | Unemployed – seeking full-time work |
| Self employed – not employing others | Unemployed – seeking part-time work |
| Self employed – employing others | Not employed – not seeking employment |

Which of the following classifications BEST describes your current or recent occupation? (Select one only)
If never employed go to next question.

- | | |
|--|-------------------------------------|
| 1 – Managers | 6 – Sales Workers |
| 2 – Professionals | 7 – Machinery Operators and Drivers |
| 3 – Technicians and Trade Workers | 8 – Labourers |
| 4 – Community and Personal Service Workers | 9 – Other |
| 5 – Clerical and Administrative Workers | |

(M) EMPLOYMENT (cont.)

Which of the following classifications BEST describes the Industry of your current or previous Employer?
(Select one only)

- | | |
|--|---|
| Agriculture, Forestry and Fishing | Financial and Insurance Services |
| Mining | Rental, Hiring and Real Estate Services |
| Manufacturing | Professional, Scientific and Technical Services |
| Electricity, Gas, Water and Waste Services | Administrative and Support Services |
| Construction | Public Administration and Safety |
| Wholesale Trade | Education and Training |
| Retail Trade | Health Care and Social Assistance |
| Accommodation and Food Services | Arts and Creation Services |
| Transport, Postal and Warehousing | Other Service |
| Information Media and Telecommunications | |

(N) UNIQUE STUDENT IDENTIFIER

Enter Unique Student identifier (if you already have one):

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From 1 January 2015, we SCEI can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <https://usi.gov.au/your-usi/create-usi> on a computer or mobile device. If you want SCEI to apply to the Student Identifiers Registrar on your behalf for a USI, please complete and attach the Unique Student Identifier Application form.

(O) SURVEY CONTACT STATUS

Survey Contact Status is used to exclude clients from participating in the student Outcomes Survey and other communications
Of the following categories, which BEST describes your Survey Contact Status (Tick ONE box only)

- | | |
|--|---|
| Available for survey use | Invalid address/Itinerant student (very low likelihood of response) |
| Correctional facility (address or enrolment) | Minor - under age of 15 (not to be surveyed) |
| Deceased student | Overseas (address or enrolment) |
| Excluded | |

(Q) VISA DETAILS

Do you currently hold any type of Australian Visa?

Yes (provide details below) No

Visa Type :	Subclass :	Expiry Date (dd/mm/yyyy) :
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What type of student visa application will you submit to Department of Home Affairs (DHA)?

Single Couple Family

DHA office where Application is lodged (or will be lodged)

Country :	City :
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Visa Application Date (Or intended if known) :

Have you ever or any other person involved in the visa application ever been convicted of a criminal offence?

No Yes (provide a statement to explain)

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Have you ever or any other person involved in the visa application had any visa refused or cancelled in Australia or any other countries before?

No Yes (provide a statement to explain)

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(P) OVERSEAS STUDENT HEALTH COVER (OSHC) DETAILS

Do you already have OSHC? If Yes then please provide details.

Provider's Name :

Type :

Single

Couple

Family

Membership Number :

Expiry Date (dd/mm/yyyy) :

Do you want SCEI to arrange OSHC for you? If yes then please provide details :

(Note: SCEI will arrange NIB OSHC only)

Type :

Single

Couple

Family

(R) HOW DID YOU HEAR ABOUT SOUTHERN CROSS EDUCATION INSTUTE?

Agent

Instagram / LinkedIn / Google+

Google Search

Events

Newspaper / Magazine

Radio

Exhibitions

SCEI Student. Please provide ID:

Facebook

SCEI Staff. Please provide name:

(S) AGENT DETAILS (If applying through an agent)

Company Name :

Agent's Name :

Email Address :

Contact Number :

I confirm that I have verified the above mentioned potential student's application, supporting and financial documents and I am satisfied that this "Enrolment Form" contains the correct information. I have assessed the applicant as a Genuine Temporary Entrant and Genuine. I am satisfied that the information and documentation provided is authentic and where the document has been stamped or translated by the agency, the original document has been sighted and certified.

Agent's / Representative Signature

Agent's Stamp

(T) PAYMENT PLAN OPTIONS (Conditions apply)

Prior to establishing a payment plan, please ensure your initial deposit has been made.

Please choose one preferred payment plan option :

Every Month

Every 2 Months

Every 3 Months

Every 6 Months

(U) ENROLMENT PROCEDURE

1. Enrolment Procedure

Fill out the Application to Study Form provided by SCEI and send it through email to enroll@scei.edu.au OR Post to:

a. Melbourne Campus
155-161 Boundary Road,
North Melbourne, VIC,
Australia 3051, OR

b. Adelaide Campus
14 Grote Street,
Adelaide, SA
Australia 5000

2. Enrolment and Acceptance

SCEI enrolment officer will assess the application to study form and if accepted successfully letter of offer will be issued through email within 5 working days.

3. Payment of Fee

The application will accept the letter of offer and deposit fee in the nominated bank account of SCEI. SCEI will then issue Confirmation of Enrolment (CoE) and send through email.

(V) ATTACHMENT CHECKLIST

Provide all the relevant documents, incomplete applications will cause delays in processing:

Certified evidence of English language proficiency like IELTS, TOEFL, PTE and ELICOS, etc.

Certified documented evidence of Year 12 education or equivalent (with certified translation, if not in English)

Certified documented evidence of other previous qualifications if applicable (with certified translation, if not in English)

Certified copy of Passport

Financial declaration form (if applicable)

Copy of Visa (if applicable)

Evidence of Overseas Health Cover (if applicable)

Copies of Confirmation of Enrolments (if applicable)

Certified copies of documents to be assessed for Credit Transfer and/or Recognition of Prior Learning (RPL) if required

Other

(W) DECLARATION AND AGREEMENT

In signing this Application Form, I agree that I have read and understood the following:

I declare that I have a genuine intention to study the course for which I have applied, and that I have access to sufficient funds to cover tuition fees, living expenses, travel expenses, Overseas Student Health Cover for the duration of my studies and to support my dependants (if coming along with me).

I understand that the application fee accompanying this application to study form is non-refundable.

I acknowledge that any false or misleading statement may result in denial of my admission application or subsequent cancellation of my enrolment at SCEI, which may affect the validity of my visa.

The information on this form is true and correct. This information may be used for monitoring, program planning and statistical purposes.

I declare that I will be solely responsible for meeting the conditions listed on my current student visa and liaise with DHA and my agent (if applicable).

I declare that I have also read the ESOS framework provided by SCEI in Student's Handbook.

I, _____ have honestly and accurately completed this application form.

Student Signature:

Date (dd/mm/yyyy) :



www.scei.edu.au

CRICOS Provider Number 02934D
RTO Provider Number 121952
ABN Number 56 121 182 027

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