

PERSONAL DETAILS

Family name:	Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given names:	Email:	
Residential address:		
Postal address (if different from above):		Telephone:
Passport Number:	In which country were you born?	
Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes language:	Do you have a disability, impairment or long term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	If yes, please select: <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Medial condition	
Are you of Aboriginal/ Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired brain Impairment <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Other	
What is your highest completed school level? (Tick 1 box only) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school	Which year did you complete that school level?	
	Are you still attending secondary school? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you completed any of the following qualifications (Tick all that apply) <input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma or associate diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other <input type="checkbox"/> No qualification		
Which best describes your current employment status? (Tick 1 box only) <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed- not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed- unpaid work in a family business <input type="checkbox"/> Unemployed- Seeking full-time work <input type="checkbox"/> Unemployed- Seeking part-time work <input type="checkbox"/> Unemployed- Not seeking employment		
Which best describes your main reason for this study? (Tick 1 box only) <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/promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> Year 9 or equivalent <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 interested/ self development <input type="checkbox"/> Never attended school <input type="checkbox"/> Other		
Unique Student Identifier: You can apply for your USI online http://www.usi.gov.au/create-your-USI/		
How did you hear about us? <input type="checkbox"/> Internet search <input type="checkbox"/> Social media <input type="checkbox"/> Current/ex-student <input type="checkbox"/> Walk past <input type="checkbox"/> Agent <input type="checkbox"/> Other		

VISA DETAILS AND OVERSEAS STUDENT HEALTH COVER

Type of visa: <input type="checkbox"/> Visitor <input type="checkbox"/> Working holiday <input type="checkbox"/> Student visa <input type="checkbox"/> Other	Start date of visa: / /
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ACCOMMODATION

Do you require CCEB to arrange your accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, this section can be skipped		
<input type="checkbox"/> Homestay (Airport pick-up included when arriving on weekend)	Do you require CCEB to arrange airport pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Sharehouse Single <input type="checkbox"/> Sharehouse Twin		
Check in date: / /	Check out date: / /	Number of weeks: Number of days:
Arrival date: / /	Arrival time:	Flight number:
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are dogs/cats ok? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are children under 16 ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		
Do you have any illnesses/ medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		
Are there any foods you don't eat? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		

COURSE (Entry to all courses is conditional on meeting entry requirements)

Course start date: / /	~ Please see course calendar for start dates ~
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DECLARATION

I confirm that the information provided on this form is complete and correct.I acknowledge this is an application only (i.e. there is no guarantee of a place)If an offer is made to me my acceptance is subject to the terms and conditions set out in the letter of offer.	Agent/ representative stamp (if applicable):
Signature: _____ Date: / /	
Parent or Legal Guardian if student is under 18 yrs old	