CCEB
study in paradise

ENROLMENT FORM - **ENGLISH COURSES**

PERSONAL DETAILS

FAMILY NAME:	Date of Birth (dd/mm/yyyy):
Given name:	Gender: ☐ Male ☐ Female ☐ Indeterminate
Email:	Telephone:
Residential address: Number & Street Suburb/Town State Postcode Country	Postal address (if different from residential):
Nationality:	In which country were you born?:
Mother tongue:	Passport number:
Do you consider yourself have a disability, impairment or long term condition? ☐ No ☐ Yes If yes, please provide information:	

VISA DETAILS AND OVERSEAS STUDENT HEALTH COVER

What visa will you be studying on? ☐ Visitor ☐ Working holiday ☐ Student visa ☐ Other please state:
Start date of visa:

Student visas only - The Australian Government requires anyone on a student visa to have Overseas Student Health Cover (OSHC) for the length of their visa. Do you have OSHC at the moment? ❑ No ❑ Yes - If yes, when does it expire?
Would you like CCEB to arrange your OSHC for you (if available)? ❑ Yes ❑ No

ACCOMMODATION

Do you require CCEB to arrange your accommodation? ☐ Yes ☐ No - If no, this section can be skipped

☐ Homestay (airport pick up included when arriving on weekend) ☐ Sharehouse Kangarooms ☐ Sharehouse Cairns Sharehouse ☐ Sharehouse MiHaven Student Living	Do you require CCEB to arrange airport pick up? ☐ Yes ☐ No
	Check in date: Check out date:
	Arrival date: Flight number: Arrival time:

Do you smoke? ❑ Yes ❑ No	Are dogs ok? ❑ Yes ❑ Yes outside only ❑ No	Are cats ok? ❑ Yes ❑ No
Are you vegetarian? ❑ Yes ❑ No	Are children under 5 ok? ❑ Yes ❑ No	Are children 6-16 ok? ❑ Yes ❑ No

Are there any foods you don't eat? ❑ No ❑ Yes - If yes, please list:

Do you have any illnesses/ medications? ❑ No ❑ Yes - If yes, please list:

Do you have any allergies? ❑ No ❑ Yes - If yes, please list:

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

Full Time Courses	**Part Time Courses** *Not suitable for students on a student visa
☐ General English Full-Time (CRICOS: 072892G)	☐ General English Part-Time *
☐ IELTS Preparation (CRICOS: 073937B)	☐ Job Ready Program* (VET Enrolment form must be completed)
☐ Cambridge First (CRICOS: 073934E)	
☐ Cambridge Advanced (CRICOS:073935D)	
1st course start date:	Number of weeks:
2nd course start date:	Number of weeks:
3rd course start date:	Number of weeks:
Any holiday requests (must be full weeks Mon-Fri):	

Note: All courses start on a Monday unless that Monday is a public holiday. See course calendar for start dates.

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	

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