

PERSONAL DETAILS

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

VISA DETAILS AND OVERSEAS STUDENT HEALTH COVER

What visa will you be studying on? <input type="checkbox"/> Visitor <input type="checkbox"/> Working holiday <input type="checkbox"/> Student visa <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, when does it expire?
Would you like CCEB to arrange your OSHC for you (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 Kangaroooms	Check in date:	Check out date:
	Arrival date:	Flight number: Arrival time:
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are dogs ok? <input type="checkbox"/> Yes <input type="checkbox"/> Yes outside only <input type="checkbox"/> No	Are cats ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are children under 5 ok? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are children 6-16 ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any foods you don't eat? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list:		
Do you have any illnesses/ medications? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list:		
Do you have any allergies? <input type="checkbox"/> No <input type="checkbox"/> 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
<input type="checkbox"/> General English Full-Time (CRICOS: 072892G)	<input type="checkbox"/> General English Part-Time *
<input type="checkbox"/> IELTS Preparation (CRICOS: 073937B)	<input type="checkbox"/> Job Ready Program* (VET Enrolment form must be completed)
<input type="checkbox"/> Cambridge First Certificate Preparation (CRICOS: 073934E)	
<input type="checkbox"/> Cambridge Advanced Certificate Preparation (CRICOS: 073935D)	
1 st course start date:	Number of weeks:
2 nd course start date:	Number of weeks:
3 rd 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: Parent or Legal Guardian if student is under 18 yrs old	Date:	