

# Application Form – Short Course

- Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

## PERSONAL DETAILS

Title: ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Other \_\_\_\_\_

Given Names: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Name: \_\_\_\_\_ Gender: Male ☐ Female ☐

Passport Number: \_\_\_\_\_

Visa Type: \_\_\_\_\_

Visa Number: \_\_\_\_\_

Have you been enrolled at Melbourne City College Australia previously? ☐ Yes ☐ No

Student No (If known) \_\_\_\_\_

## Contact Details – Place of Residence

Street Address: \_\_\_\_\_

Suburb/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Fax (H): \_\_\_\_\_

Telephone (W): \_\_\_\_\_ Fax (W): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Next of Kin (Emergency Contact Details)

Relationship: \_\_\_\_\_

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Other Details

Do you have a disability, medical condition, impairment or long term condition which requires special assistance from the College? (eg. Hearing/visual impairment, mobility requirements)? ☐ Yes ☐ No If you require assistance, please contact 03 9614 8422.

## COURSE DETAILS

Please indicate the course(s) you are applying for:

Select Course	Course	Course Duration (Weeks)	Tuition Fee AUD	Enrolment Fee (Non-refundable)	Materials & Services Fee	Course Start Date (If you are not sure provide month/year)
<input type="checkbox"/>	General English	Min 1 Week	\$300/ Week	\$300	\$25/ week, max \$860 (may include textbooks if applicable)	
<input type="checkbox"/>	English for Academic Purposes (EAP)	Min 1 Week	\$350/ Week	\$300	\$35/ week (may include textbooks if applicable)	

## WORK HISTORY

Company \_\_\_\_\_ Years of Service \_\_\_\_\_

Position Title \_\_\_\_\_

### Payment Method

A request for payment or tuition and other fees will be made if you receive a letter of Offer. Payment of fees will need to be made to Melbourne City College Australia. Please make your payment by bank cheque, credit card, telegraphic transfer or direct deposit into our account. Melbourne City College Australia has no obligation until funds are cleared and an official receipt is issued.

Melbourne City College Australia accepts payment of no more than \$1,500 from each individual student prior to the commencement of the course. Following course commencement, it may require payment of additional fees in advance from the student but only such that at any given time, the total amount required to be paid which is attributable to tuition or other services yet to be delivered to the student does not exceed \$1,500.

### Feedback

How did you hear about Melbourne City College Australia:

☐ Relative/Friend ☐ Internet ☐ Social Media ☐ Agent/JSA ☐ Centrelink ☐ Other Please specify \_\_\_\_\_

### Privacy Statement:

The information collected in this form is for the purpose of processing your application with the Melbourne City College Australia. The information will be held by the College in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed/engaged by the College. The information may be made available to government departments and agencies in relation to the College's obligations under law.

### Declaration:

I declare that the information provided by me in this Application Form, is correct. I confirm that I have read, fully understand, and accept the College TERMS AND CONDITIONS and Policies and Procedures available on the College Website, and agree to be bound by them including the Fee and Refund Policy, and that I have the financial capacity to meet tuition fees and agree to pay fees as they become due. I acknowledge and agree to the terms described in this privacy statement

Applicant Signature:

\_\_\_\_\_

Applicant Full Name:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For under 18 years old applicant:

Parent/ Guardian Signature:

\_\_\_\_\_

Parent/ Guardian Full Name:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Provider Offer (College Use Only)

1. Applicant's ID is sighted and the copy is attached:

☐ Drivers Licence ☐ Passport ☐ Birth Certificate ☐ Proof of Age Card ☐ Keypass Card ☐ Other Please specify \_\_\_\_\_

### Provider Offer (College Use Only)

☐ No Offer or ☐ Offer (Indicate course(s) to be offered below)

☐ General English

☐ English for Academic Purposes (EAP)

Authorised Staff Name:

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_