

APPLICATION FOR ENROLMENT FORM - ELICOS STUDENTS

ABOUT THIS FORM

Thank you for your interest in seeking enrolment into West Melbourne Institute of Technology. This application for enrolment form must be completed in English. If you require any assistance in completing this form, please contact us by phone or email.

You can send this form to us by post or email. Please provide a copy of your passport and your visa (if relevant).

COURSE DETAILS

**COURSE YOU
WISH TO ENROL IN**

☐ General English (ELICOS) CRICOS Code: 114124G

**REQUESTED
START DATE**

STUDENT DETAILS

**GIVEN
NAME/S**

*(including middle name
if any)*

SURNAME

**DATE OF
BIRTH**

/ /

GENDER

☐ Male ☐ Female ☐ Other

**PREFERRED
FIRST NAME
IF DIFFERENT
TO THE
ABOVE**

**PREFERRED
TITLE**

CURRENT RESIDENTIAL ADDRESS

Please provide the physical address (street number and name –not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your

state's or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

**PHONE
NUMBER/S**

**EMAIL
ADDRESS**

NATIONALITY

**EMERGENCY
CONTACT**

*(name, relationships
and mobile phone
number)*

**DO YOU HOLD
A CURRENT
AUSTRALIAN
VISA?**

☐ Yes ☐ No

**TYPE OF VISA
AND EXPIRY
DATE**

Type of visa:

Expiry date: / /

LANGUAGE AND CULTURAL DIVERSITY

**IN WHICH COUNTRY
WERE YOU BORN?**

☐ Australia [1101]

☐ Other; please specify:

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

If more than one language, indicate the one that is spoken most often.

- ☐ No, English only [1201]
- ☐ Yes other; please specify:

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander

DISABILITY

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?

- ☐ Yes
- ☐ No – go the question about schooling

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list.

Review the disability supplement to help you select the right area(s).

- | | |
|--|----|
| ☐ Hearing/deaf | 11 |
| ☐ Physical | 12 |
| ☐ Intellectual | 13 |
| ☐ Learning | 14 |
| ☐ Mental illness | 15 |
| ☐ Acquired brain impairment | 16 |
| ☐ Vision | 17 |
| ☐ Medical condition | 18 |
| ☐ Other | 19 |

SCHOOLING

WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL?

Tick ONE box only.

- | | |
|--|----|
| ☐ Year 12 or equivalent | 12 |
| ☐ Year 11 or equivalent | 11 |
| ☐ Year 10 or equivalent | 10 |
| ☐ Year 9 or equivalent | 09 |
| ☐ Year 8 or below | 08 |

	☐ Never attended school	02
ARE YOU STILL ENROLLED IN SECONDARY OR SENIOR SECONDARY EDUCATION?	☐ Yes	
	☐ No	

PREVIOUS QUALIFICATIONS STUDIED

HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE QUALIFICATIONS LISTED BELOW?	☐ Yes	
	☐ No	
If YES, tick ANY applicable boxes.	☐ Bachelor degree or higher degree	008
	☐ Advanced diploma or associate degree	410
	☐ Diploma (or associate diploma)	420
	☐ Certificate IV (or advanced certificate/technician)	511
	☐ Certificate III (or trade certificate)	514
	☐ Certificate II	521
	☐ Certificate I	524
	☐ Other education (including certificates or overseas qualifications not listed here)	990

EMPLOYMENT

OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS? (Tick ONE box only) <i>For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35</i>	☐ Full-time employee	01
	☐ Part-time employee	02
	☐ Self-employed – not employing others	03
	☐ Self-employed – employing others	04
	☐ Employed – unpaid worker in a family business	05
	☐ Unemployed – seeking full-time work	06

hours or more per week) or part-time employed (less than 35 hours per week).

- | | |
|--|----|
| ☐ Unemployed – seeking part-time work | 07 |
| ☐ Not employed – not seeking employment | 08 |

STUDY REASON

OF THE FOLLOWING CATEGORIES, SELECT THE ONE WHICH BEST DESCRIBES THE MAIN REASON YOU ARE UNDERTAKING THIS COURSE.

(Tick ONE box only)

- | | |
|---|----|
| ☐ To get a job | 01 |
| ☐ To develop my existing business | 02 |
| ☐ To start my own business | 03 |
| ☐ To try for a different career | 04 |
| ☐ To get a better job or promotion | 05 |
| ☐ It was a requirement of my job | 06 |
| ☐ I wanted extra skills for my job | 07 |
| ☐ To get into another course of study | 08 |
| ☐ For personal interest or self-development | 12 |
| ☐ To get skills for community/voluntary work | 13 |
| ☐ Other reasons | 11 |

PRIVACY NOTICE

WHY WE COLLECT YOUR PERSONAL INFORMATION

As a CRICOS provider, we collect your personal information so we can process and manage your enrolment in a ELICOS course with us. If you do not provide this information, we will be unable to process your enrolment.

HOW WE USE YOUR PERSONAL INFORMATION

We use your personal information to enable us to deliver ELICOS courses to you, and otherwise, as needed, to comply with our obligations as a CRICOS provider. We also use your personal data to help us comply with the law.

HOW WE DISCLOSE YOUR PERSONAL INFORMATION

Your personal information may be shared with Australian government agencies as required. However, we will not disclose your personal information unless you have given written consent or we are required to provide the information under law.

CONTACT INFORMATION

At any time, you may contact West Melbourne Institute of Technology to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice.

Our contact details are:

Email: info@wmit.edu.au

Phone: +61 3 9131 8789

You may also request our privacy policy if you wish.

STUDENT DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT	☐ Yes ☐ No
I AGREE TO THE COLLECTION, USE AND DISCLOSURE OF MY PERSONAL INFORMATION AS PER THE PRIVACY NOTICE	☐ Yes ☐ No
NAME OF APPLICANT	
SIGNATURE	
DATE	

DISABILITY SUPPLEMENT

The purpose of the Disability supplement is to provide additional information to assist you with answering the disability question.

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.