

ELITE EDUCATION VOCATIONAL INSTITUTE INTERNATIONAL STUDENT APPLICATION FORM

PERSONAL DETAILS

Family Name:	Given Names:	
Date of Birth (dd/mm/yyyy):	Gender: Male	Female
Citizenship:	Country of Birth:	
Are you a citizen or permanent resident of Australia?	No Yes	
Mailing Address:		
		Postcode:
International Students only		
Passport No.:		
Visa No.:		_
Do you have OSHC (Overseas Students Health Cover)?	No Yes	
Permanent Address in Home Country:		
		Postcode:
Telephone No.:	Mobile No.:	
E-mail:	Fax No.:	

ACADEMIC PROGRAM SELECTION

I wish to enroll in the:
Diploma of Business (CRICOS Code: 093456J) Advanced Diploma of Business (CRICOS Code: 093456J) (52 Weeks)
Diploma of Accounting (CRICOS Code: 093456J) ELICOS EAP1 (CRICOS Code: 098097J) (10 Weeks)
ELICOS EAP2 (CRICOS Code: 098098G) (10 Weeks)
Commencement Dates I wish to begin on: VET Course 16 July 2018 B 0 Cotober 2018 7 January 2019 ELICOS 6 August 2018 I 5 October 2018 7 January 2019 I 8 March 2019
English Language Proficiency
Please attach relevant documents showing your current English language level: IELTS score PTE score Other (please specify)

EDUCATION BACKGROUND DETAILS

Highest level of education completed. Attach certified photocopies of institute certificates.

Name of examination	Year	Name of Institute

REFUND OF TUITION FEES

Enrolment Fee	Non-refundable
Tuition Fees	
Visa refused prior to course commencement	Full refund less enrolment fee of \$250
Withdrawal at least 28 days (prior to agreed start date)	75% refund of tuition fees less administration fee of \$250
Withdrawal less than 28 days (prior to agreed start date)	50% refund of tuition fees less administration fee of \$250
Withdrawal after the agreed start date	No refund
Visa cancelled due to actions of the student	No refund
Visa extension is refused	Return of unused tuition fees
Withdrawal from study - current students	Refund of unused tuition fees (of the following term/s)* *Deferment, Suspension or Cancellation of Enrolment Application Form must be received at least 28 days prior to the commencement of the following term/s
Compulsory Health Insurance (Student visa holders	Refer to OSHC provider
Airport Pick-up	Full Refund if service cancelled prior to flight arrival

AGREEMENT

I have read and understood the prospectus and the conditions of enrolment set out in the application form. I have read and agree to the attached fee schedule. I acknowledge and agree to the conditions of enrolment relating to Refund of Tuition Fees.

I declare that all information given is true and complete. I authorise Elite Education to obtain further official records if necessary from any educational institution I have attended.

Student Signature:	Date:	Day/	Month/	Year.
Parent Signature:	Date:	Day/	Month/	Yea
For student under the age of 18, a parent's signat	ure is required			
Please note that applications cannot be processed without a signature	e on this form.			
OFFICE USE ONLY				
Date: Student	Number:			
Accept Reject Other	A second how			
Placement Offer Letter Sent Information collected on the form and during your enrolment in order to meet our obligations und visa and their obligation under Australian immigration laws generally. The authority to collect the Overseas Students Regulations 2001 and the National Code of Practice for Registration Authority you on this form and during your enrolment can be provided, in certain circumstances, to the Aust the ESOS Assurance Fund Manager. Information collected on this form or during your enrolment	er the ESOS Act and the National Coo information is contained in the Educa ties and Providers of Education and Ti stralian Government and designated a	de 2007, to ensure stu tion Services for Over aining to Overseas S authorities and, If rele	udent compliance with the rseas Act 2000, the Educ tudents 2007.Information vant, the Tuition Assuration	cation Services for n collected about