

2017 INTERNATIONAL STUDENT ENROLMENT FORM													
PLEASE SELECT THE COURSE YOU WISH TO ENROL IN													
Dual Diploma of Aviation (CPL + Multi-Engine Instrument Rating)					<input type="checkbox"/>	Preferred Start Date:							
Diploma of Aviation (CPL) only					<input type="checkbox"/>								
Diploma of Aviation (Instrument Rating) only					<input type="checkbox"/>								
PERSONAL INFORMATION(please to complete in BLOCK CAPITALS)													
TITLE	GIVEN NAMES			FAMILY NAME									
RESIDENTIAL STREET ADDRESS				TOWN/SUBURB									
STATE	POSTCODE			COUNTRY									
HOME PHONE				MOBILE PHONE									
DATE OF BIRTH			/ /		GENDER		<input type="checkbox"/> Male <input type="checkbox"/> Female						
EMAIL													
POSTAL ADDRESS, if different from residential													
EMERGENCY CONTACT DETAILS													
NAME													
RELATIONSHIP TO YOU													
HOME PHONE					MOBILE PHONE								
EMAIL													
DEMOGRAPHIC and EDUCATIONAL INFORMATION													
Country of Birth				Nationality									
Language		Do you speak a language other than English at home?				<input type="checkbox"/> No English only <input type="checkbox"/> Yes other							
		How well do you speak English?				Please specify. <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all							
Culture		Are you of Aboriginal or Torres Strait Islander origin?				<input type="checkbox"/> No							
						<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander							
Disability		<b>Do you have a disability, impairment or long term condition?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Hearing/Deaf				<input type="checkbox"/> Acquired Brain Injury							
		<input type="checkbox"/> Physical				<input type="checkbox"/> Vision							
		<input type="checkbox"/> Intellectual				<input type="checkbox"/> Medical Condition							
		<input type="checkbox"/> Learning				<input type="checkbox"/> Other							
		<input type="checkbox"/> Mental Illness											
EDUCATION													
What is your highest completed school level?		<input type="checkbox"/> Year 12 or equivalent		<input type="checkbox"/> Year 11 or equivalent		<input type="checkbox"/> Year 10 or equivalent		<input type="checkbox"/> Year 9 or equivalent		<input type="checkbox"/> Year 8 or below		<input type="checkbox"/> never attended school	
In what year did you complete that school level? e.g 2014					Are you still attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Have you <b>successfully</b> completed any of these qualifications?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Master Degree or Higher			<input type="checkbox"/> Certificate III						
				<input type="checkbox"/> Bachelor Degree			<input type="checkbox"/> Certificate II						
				<input type="checkbox"/> Advanced Diploma or Associate Degree			<input type="checkbox"/> Certificate I						
				<input type="checkbox"/> Certificate IV or Advanced Certificate/Technician			<input type="checkbox"/> Other						

<b>EMPLOYMENT</b>		
Of the following categories, which BEST describes your current employment status. Tick ONE box only		
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business	
<input type="checkbox"/> Part-time or casual employee	<input type="checkbox"/> Unemployed – seeking full-time work	
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work	
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment	
<b>STUDY FOR REASON</b>		
Of the following categories, which BEST describes your main reason for undertaking this course /apprenticeship?		
<input type="checkbox"/> To get a job	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To start my own business	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> For personal interest or self development
Other reasons:		

<b>PAYMENT OF TUITION FEES</b>
Diploma of Aviation (CPL) 46 weeks CRICOS CODE: 073912M - payment made in 3 instalments prior to and throughout the course. See Student Handbook for more information.
Diploma of Aviation 12 weeks CRICOS CODE: 089866C - payment made in 2 instalments prior to and throughout the course. See International Student Guide for more information.

By submitting this form, I acknowledge the following:

Submission of this application form does not in any way obligate me to proceed with booking the course and I will not be charged a fee for applying. Submission of this application form does not in any way obligate Air Gold Coast to offer me a position in the course.

I understand that Air Gold Coast / Aviation Study Centre will contact me (or my appointed agent, if relevant) within approximately 10 business days, after reviewing my application.

I have read and understood the Programme Guide and / or otherwise sought sufficient information to make an informed programme selection and I understand the financial commitment, inclusions and exclusions of my selected programme.

I understand that by submitting this application, I give my permission for Air Gold Coast / Aviation Study Centre to make contact with me via electronic mail and SMS messages; obtain additional education records (enrolment, assessment, certification) from third parties, if required; discuss all aspects of my booking with my appointed agent, if relevant.

I understand that Air Gold Coast / Aviation Study Centre respects my privacy and I agree to the terms of the Air Gold Coast Privacy Policy.

I declare that I am genuinely seeking to become a student of Air Gold Coast, to undertake the programme for which I am applying. I have no ulterior motivation for apply for this programme and will use my status as a student for no other purpose.

I declare that I have sufficient funds to undertake the programme for which I am applying including the costs of traveling, accommodation and living as outlined by the Australian Government Study In Australia guide for international students

I declare that the information provided in this application is true and correct to the best of my knowledge. I accept that I may be refused enrolment if it becomes evident that any information or supporting documentation provided is incomplete or false.

<b>STUDENT CONDITIONS–</b>	
I have read and understand the terms and conditions and accept my obligations as a student (please tick) : <input type="checkbox"/>	
<b>STUDENT SIGNATURE</b>	<b>DATE</b>

Please scan and email this form together with certified copies of your passport, school certificates and results and evidence of your English language level to:

**manager@aviationstudycentre.com**