APPLICANT INFORMATION					
Title Mr. Mrs. Ms.	Ms. Exist ng student number:				
First Name:	Last Name:	Second Given Name:			
Date of birth (dd/mm/yyyy):/	Gender: Male	Female Other			
From 1 January 2015, we [Queensford College] can when you complete your course if you do not have NCWin computy/harvermetty/biletdcined A A	* t den fe	ally recognised VET qualif cat on or statement of at ainment er (A A A e are re ir t ://cc c			

Building/Property Name:	illding/Property Name:		Suburb:		
Flat/Unit Details:		State: Postcode:			
Street or Lot Number:	Street Name:	Country:			
POSTAL ADDRESS (IF DIFF	ERENT)				
Building/Property Name:		Postal Delivery Informat on:			
Flat/Unit Details:		Suburb:	State:	Postcode:	
Street or Lot Number:	Street Name:	Country:			

ege is the trading name of Malekhu Investments Pty Ltd

Are you currently enrolled with another CRICOS provider? Yes No If not, skip to the next sect on

If so, do you have a Let er of Release? Yes No

Do you require a Let er of Of er to be released by your current provider? Yes No

Why are you leaving your current course provider?

Do you owe fees to your previous provider? Yes No

Did you abide by the conditions of your student visa with your previous provider? (At endance and course progress) Yes No

When did you complete your course with your previous provider in Australia? *

Are you st II enrolled in secondary or senior secondary education? Yes

PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the qualif cat ons listed above?

Yes No If no - go to next quest on

EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-t me employee Part-t me employee Self employed – not employing others

Self employed – employing others Employed – unpaid worker in a family business Unemployed – seeking full-t me work

Unemployed – seeking part-t me work Not employed – not seeking employment

Please at ach a copy of your resume. Ensure you provide your employment history starting with the latest on the top.

PASSPORT AND VISA DETAILS Passport No: Country of Passport: Student Visa, subclass Visitor Visa Working Holiday Visa Other, please specify: If applying for student visa, where will you apply: In Australia Outside Australia Have you been refused entry into Australia? Have you ever breached any VISA conditions? Yes No Yes No Have you been convicted of any crime or of ence in Have you ever had a visa applicat on rejected including Yes No Yes No countries such as UK, USA, Canada and New Zealand? any country? Have you been issued a protect on visa in any Are you aware of work restrict ons while studying in Yes No Yes No country to date? Australia? Are you planning to stay back in Australia af er Are you bringing parent(s)/spouse/guardian with

COURSE AND CAMPUS SELECTION

Diploma of Leadership and Management BSB50420 (CRICOS 104201D)

complet on of your study?

Advanced Diploma of Leadership and Management BSB60420 (CRICOS 106287K)

Yes

No

Cert f cate III in Individual Support CHC33015 (CRICOS 089224D)

you while studying in Australia?

Cert f cate IV in Ageing Support CHC43015 (CRICOS 089225C)

Yes

No









BRISBANE (Head Of ce) Level 2, 359 Queen Street Brisbane QLD 4000 Australia +61 7 3221 1626 info@queensford.edu.au

ADELAIDE Level 11, 90 King William Street Adelaide SA 5000 Australia +61 8 8410 4605 sa@queensford.edu.au FITZWILLIAM STREET - PARRAMATTA Level 3, 1 Fitzwilliam Street Parramat a NSW 2150 Australia +61 2 8660 0040 syd@queensford.edu.au WENTWORTH STREET - PARRAMATTA Level 5, 9 Wentworth Street Parramat a NSW 2150 Australia +61 2 8660 0040 svd@queensford.edu.au HOBART Unit 1, 86 Collins St, Hobart, Tasmania 7000 +61 03 6169 9595 tas@queensford.edu.au

APPLICANT AND FAMILY BACKGROUND					
Please list your immediate family members (e.g. parents, siblings) and their current country of residence below.					
Name	Relatonship	Country of Residence	Occupat on		
Is your family support ve of your stu	dy in Australia? Yes No				
Do you have any relat ves in Austral	a? Yes No				
What is their relat onship to you? What is their occupat on?					
In which city/state do they live? City: State:					
Have you previously travelled or studied overseas? Yes No					
If yes, which countries?					
What is your relat onship status? Sin	ngle Engaged Married	De Facto Separated/Divorced	Widowed		
If relevant, will your partner/spouse/children accompany you to Australia? Yes No					
Do you have any dependants? Yes No If yes, what are their ages?					
Are you currently pregnant? Yes No					
Will any dependants: Travel to Aust	ralia Remain at home				
Have your dependants (if any) had a student visa rejected from Australia or other countries in the past.					
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Do you require airport pickup? Yes No If yes, airport pick up fee of \$180 applies

Do you require accommodat on assistance? Yes No If yes, accommodat on placement fee of \$200 applies

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What is your career goal and how do you think studying this course at Queensford College would help you in achieving your career goal?
what is your career goal and now do you trink studying this course at Queension doinege would help you in achieving your career goal:
What sort of job opportunities do you think you have after completing the course and where do you see yourself in the next 5 years?
Have you commenced any course that you haven't completed? Yes No
Has your applicat on ever been refused by any Australia Provider? Yes No

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STUDENT DECLARATION AND SIGNATURE

- I declare that the informat on I have provided to the best of my knowledge is true and correct.
- I consent to the collect on, use and disclosure of my personal information in accordance with the Privacy Notice on page 1.
- I understand that giving false or incomplete information may lead to refusal of my application or cancellation of enrolment.
- I give Queensford College permission to obtain of cial records from an educational institution that I have at ended.
- I understand that Queensford College collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be

EDUCATION AGENT	DECLARATION AND SIGN	ATURE		

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- Students must be aged 18 years or above at commencement of course
- The requirements related to the proficiency in English language for people with English as a second language as a requirement of enrolment into NMBA approved course and the registration with AHPRA as an enrolled nurse;
- The compulsory need for a National Police Check and Working With Children and Young People Check before students can be allocated clinical placement in health care facilities;
- · Minimum immunizat on requirements before students can be allocated clinical placement in health care facilities.
- 1. English is their primary language and:
 - a. The applicant has attended and satisfactorily completed at least six years of primary and secondary education taught and