

Application Form for International Students

* All dates must be filled in DD/MM/YYYY format

1. Student Details

Title (Mr, Miss, Mrs, Ms) **Family Name(s)**

Given Name(s) **Age**

Date of Birth **Time of Birth** (if known) **Place of Birth**

Country of Birth **Country** (Currently Living) **Country of Citizenship** (as shown on Passport)

Passport Number **Passport Expiry Date**

Home Address (Outside Australia)

State **Post Code** **Country**

Home Phone **Work Phone/Fax** **Mobile**

Home Address (If in Australia)

Suburb **State** **Post Code**

Home Phone **Work Phone/Fax** **Mobile**

E-mail **Facebook**

Disabilities (if any) **Do you take any prescription medicine?**
 No Yes

If 'Yes' for what condition(s) and for how long have you been on this medication?

Name and Telephone of Doctor/ Health Care Practitioner

Emergency Contact Name **Relationship with you** **Phone**

Mobile **E-mail:**

Sign _____ **Date** _____

2. Australian Visa

What type of Australian Visa do you hold?

Visa Reference Number

Visa Expiry Date

3. English Language Proficiency

Is English your first language?

 No Yes

Have you studied at secondary or higher level in English?

 No Yes

Language spoken at home

Would you require any assistance with language, literacy or numeracy skills?

Have you passed a recognized English language test in the past 12 months?

 No Yes Test Name

Result

Date Test Taken

4. Overseas Student Health Cover (OSHC)

Have you arranged your Overseas Student Health Cover?

 No Yes

If 'Yes', with which Provider?

Membership Number

Start Date

Expiry Date

Do you require Ayurveda College to arrange OSHC for you?

 No Yes

If 'Yes', which Cover Type?

 Single Couple Family No. of Members

Attach in a separate sheet family members details, such as name, date of birth, passport, etc.

5. Training Enrolment

I am enrolling in the following course(s)

HLT52615 Diploma of Ayurvedic Lifestyle Consultation (CRICOS Code: 089378G)

Enrolment Fee \$500 and Course Tuition Fees \$ 11640 - Duration: 78 weeks

Commencing

HLT62615 Advanced Diploma of Ayurveda (CRICOS Code: 089379G)

Enrolment Fee \$500 and Course Tuition Fees \$20100 - Duration: 132 weeks

Commencing

To be delivered at

Ayurveda College, 1 & 6, 5-11 Byron Street, Byron Bay NSW 2481, Australia

I will require airport reception (Costs \$140)

I will require accommodation placement (Costs \$180)

6. Studies in Australia and Overseas

Are you currently enrolled in any other course/training in Australia?

 No Yes

If 'Yes', please provide details (Institution Name and Address, Course Name, Start and End Date, etc.)

Do you have a Unique Student Identifier (USI) number?

 No Yes

USI Number

Have you studied in Australia before?

 No Yes

If 'Yes', please provide details (Institution Name and Address, Course Name, Start and End Date, etc.)

Have you studied Overseas before?

 No Yes

If 'Yes', please provide details (Institution Name and Address, Course Name, Start and End Date, etc.)

| |
|--|
| |
|--|

7. Previous Ayurveda Knowledge/Experience

Have you undertaken any studies in Ayurveda?

No Yes If 'Yes', please provide details

| Formal Studies/Course | Name and Address of Institution | Period Studied | Completed By |
|-----------------------|---------------------------------|----------------|--------------|
| | | | |
| | | | |
| | | | |

Have you attended Workshop(s)/Seminar(s) in Ayurveda?

No Yes If 'Yes', please provide details

| Speaker/Institution | Subject & Duration | Venue | Year attended |
|---------------------|--------------------|-------|---------------|
| | | | |
| | | | |
| | | | |

Do you have Ayurveda Clinic Experience?

No Yes If 'Yes', please provide details

| Attended with (name, address & Phone number of Practitioner) | Duration |
|--|----------|
| | |
| | |
| | |

Informal studies in Ayurveda/ Self-study/ Life experiences in Ayurveda

| |
|--|
| |
|--|

8. Recognition of Prior Learning (RPL)

Do you have any RPL/Course Credit to apply for?

No Yes

If 'Yes', provide details in a separate attachment sheet adding detailed information on units and descriptors

9. General Information

Where did you hear about the Ayurveda College?

Friend Ex-Student Internet Advertisement Other

Are you on a sponsorship?

No Yes

If 'Yes', please provide details (name, address, phone, duration of sponsorship, etc.)

| |
|--|
| |
|--|

Do you have any dependents accompanying you / joining you?

No Yes If 'Yes', please provide details

When joining?

| Family Name | Given Name | Relationship | Date of Birth | Passport Number |
|-------------|------------|--------------|---------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Academic Qualifications/ Previous Experience/ Courses/ Training undertaken. Please begin with the highest level of qualification completed (Provide details on separate sheet if not enough space)

| From Year | To Year | Course / Training Qualification | Qualification Awarded | Year of Award | Instituted Attended | State / Country | Language of Instruction | Workplace Experience |
|-----------|---------|---------------------------------|-----------------------|---------------|---------------------|-----------------|-------------------------|----------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

10. Additional Documentation

PLEASE ATTACH A COPY/PHOTO OF THE PASSAPORT ID PAGE WITH YOUR APPLICATION

ON RECEIPT OF LETTER OF ACCEPTANCE THE FOLLOWING MUST BE SENT BY POST:

- CV/ Resume
- Certified copies of all qualifications, training/experience
- Completed application form
- 2 Passport size photographs
- Copy of your valid passport ID Page and Visa (If you have an Australian Visa)

POST TO:

Ayurveda College Pty Ltd, Ayurveda House, 27 Campbell Road, Kyogle, NSW 2474 Australia

11. Privacy of Information

All information is treated as confidential. Except as required by Law, information about students/ clients will not be disclosed to a third party without the written consent from the students/ clients.

Under the ESOS Act:

- (i) Any information provided to the provider may be made available to Commonwealth and State agencies and
- (ii) The provider is required to inform DIBP about changes to the student's Enrolment (Standard 10, 11, 12, 13 National Code 2007) and any breaches of a Student Visa condition relating to attendance or satisfactory academic performance (Standards 10, 11, 12, 13 The National Code 2007)

12. Mandatory Declaration

I certify that the information on this form and the supporting documents are correct and I authorize the Ayurveda College Pty Ltd to obtain any further information relating to my academic record(s) and application. I understand and acknowledge that provision of incorrect information relating to my application may result in my enrolment cancellation. I also acknowledge that the provider may make this information available to Australian Government, States and other Agencies, as may be required.

Sign _____ **Date** _____

Full Name _____

For Ayurveda College Admin Use

Date Application Received Complete Incomplete Completed

Agreement & Consent Signed No Yes Confirmation of Enrolment issued date

OSHC Detail with From To

Enrolment Fee Received No Yes Amount \$ Date

Course Fee Received No Yes Amount \$ Date

Special Arrangements No Yes If 'Yes', enter details

Student ID N^o eCoE N^o