

## Application Form for Australian 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**  **Passport/Driver's License Number**  **Expiration Date**

**Home Address**

**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:**

### 2. 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?**

### 3. 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

Ayurveda College, 27 Campbell Rd., Kyogle NSW 2474 Australia

Are you on a sponsorship?

No  Yes

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

**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

**8. Additional Documentation**

**PLEASE ATTACH A COPY/PHOTO OF THE PASSAPORT/DRIVER'S LICENSE 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/driver's license ID Page

**POST TO:**

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

**9. 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)

**10. 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	<input type="text"/>	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Completed
Letter of Acceptance Issued	<input type="checkbox"/> No <input type="checkbox"/> Yes	Issued Date	<input type="text"/>	
Agreement & Consent Signed	<input type="checkbox"/> No <input type="checkbox"/> Yes	Confirmation of Enrolment issued date	<input type="text"/>	
Enrolment Fee Received	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount	\$ <input type="text"/>	Date <input type="text"/>
Course Fee Received	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount	\$ <input type="text"/>	Date <input type="text"/>
Special Arrangements	<input type="checkbox"/> No <input type="checkbox"/> Yes	If 'Yes', enter details		
<input type="text"/>				
<input type="text"/>				
Student ID N <sup>o</sup>	<input type="text"/>	eCoE N <sup>o</sup>	<input type="text"/>	