

ORIGINAL CAMPUS

STUDENT APPLICATION FORM

PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.					
Given Name:			Other Name(s):					
Family Name:								
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
Date of Birth:	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
Country of Birth:			Nationality:					

CONTACT DETAILS

Where are you currently located?	<input type="checkbox"/> Onshore	<input type="checkbox"/> Offshore							
Street Address:									
Suburb:		Postcode:							
State/City/Country:									
Phone Number:		Mobile:							
Email Address:									
Do you currently hold a visa in Australia? If yes, please indicate which type and the expiry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
	<input type="checkbox"/> Student	<input type="checkbox"/> Tourist	<input type="checkbox"/> Other (specify) _____						
	<input type="checkbox"/> Visa expiry date:	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>

UNIQUE STUDENT IDENTIFIER (USI)

Do you have a USI? If yes, please provide a USI number: If you do not have a USI number, do you consent Original Campus to create one for you by default upon signing this form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No, I will do it.							

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PASSPORT

Passport Number:	
Country of Issue:	
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

NEXT OF KIN (in case of emergency contact)

Full Name:	
Relationship:	
Phone number:	
Email address:	

EDUCATION ACHIEVED

Name of highest qualification achieved: (Please attach copies of all completed qualifications).	<input type="checkbox"/> Year 11	<input type="checkbox"/> Diploma	
	<input type="checkbox"/> Year 12	<input type="checkbox"/> Advanced Diploma	
	<input type="checkbox"/> Certificate (I-IV)	<input type="checkbox"/> Bachelor/Master	
Do you have an IELTS / PTE / TOEFL / OET / CAE score?	<input type="checkbox"/> IELTS	<input type="checkbox"/> PTE	<input type="checkbox"/> No
	<input type="checkbox"/> OET	<input type="checkbox"/> TOEFL	
	<input type="checkbox"/> CAE	Overall Score	_____

Please list the details of the ELICOS/ Language School you are currently enrolled in (if applicable)	Name of school _____
	Course(s) enrolled in _____
	Start date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	Expected end date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

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OTHER ENROLMENTS

To be completed if you are already studying or have completed a previous course in Australia.

Please provide the details of the current CRICOS provider you are enrolled in (if applicable):	Name of provider: _____ Course(s) enrolled in _____ Start date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Expected end date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Are you wishing to leave the above provider within the first 6 months of your principal course (i.e. your highest level qualification)? Please note: You may require a Letter of Release from this provider in order to study at Original Campus	<input type="checkbox"/> Yes <input type="checkbox"/> No
In order to be released from your current provider, do you require a Letter of Offer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why are you leaving your current course/provider?	
Do you owe fees to your previous provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to this question, please tell us why:

Did you abide by the conditions of your student visa with your previous provider (e.g. attend classes and progress in your course)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no to this question, please tell us why:
When did you complete your course with your previous provider in Australia?	Date of completion: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Please provide the qualification you achieved at this provider: _____

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Do you wish to apply for Course Credit/RPL? If yes, please refer to the Student Handbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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WHAT COURSE ARE YOU APPLYING FOR?

<input type="checkbox"/> Entrepreneur program (52 weeks) BSB50215 Diploma of Business (CRICOS 096919C)	Preferred Start Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<input type="checkbox"/> Leader program (52 weeks) BSB51918 Diploma of Leadership and Management (CRICOS 098923B)	
<input type="checkbox"/> Originator program (93 weeks) BSB50215 Diploma of Business (CRICOS 096919C) + BSB51918 Diploma of Leadership and Management (CRICOS 098923B)	
Are you applying for your Student Visa Onshore or Offshore?	<input type="checkbox"/> Onshore <input type="checkbox"/> Offshore

OVERSEAS STUDENT HEALTH COVER (OSHC)

Do you require Original Campus to purchase the Overseas Student Health Cover (OSHC) on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of your current cover (if applicable).	Start Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> End Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

PAYMENT PLAN OPTION

Please select one of the following payment plan for your course(s): Our students pay ongoing tuition payments via direct debit from their bank account or credit card via Ezidebit	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly For the Originator program the payment plan can be monthly only.
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STATEMENT OF PURPOSE - Please fill the fields below giving the reasons for undertaking your intended course at Original Campus

<p>How will the Original Campus course selected help you to achieve your career goals?</p>	
<p>Why have you selected Original Campus as your preferred provider?</p> <p>Did you consider any other institutions? If yes please provide details of institution(s) and courses?</p>	
<p>If you already hold a qualification in the same or similar course area, how will this selected course at Original Campus build on this knowledge?</p>	
<p>Was your last qualification completed more than one year ago?</p> <p>If yes, please provide details of what you have been doing since that qualification.</p>	

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STUDENT DECLARATION:

1. I declare that all the information provided in this application is accurate and complete and that Original Campus may refuse my Enrolment Application or cancel my enrolment if any of the above provided information is found to be incorrect or misleading.
2. I declare and understand that if I have provided any fraudulent information with respect to Financials and/or Visa History, then I forfeit any refund of fees paid to Original Campus.
3. I understand that by completing my Enrolment Application and Genuine Temporary Entry (GTE) Questionnaire (where applicable), I am giving my written consent to Original Campus to independently verify the information provided by me and to request further documentation as required.
4. I declare that I am a Genuine Temporary Entrant and a Genuine Student. Please refer to the Department of Immigration and Border Patrol (DIBP) website for further details: <https://www.border.gov.au/Trav/Stud/More/Genuine-Temporary-Entrant>
5. I understand that by signing this application form, I may be sent a Formal Letter/s of Offer/Written Agreement Contract from Original Campus if all of the admission requirements are met.
6. I authorise Original Campus to contact me by SMS, email or phone.
7. I give Original Campus permission to obtain official records / confirm details from a previous educational institution attended by me listed on this form.
8. I have read and understood all of the information on this form.
9. I am aware of my obligation to pay outstanding fees and understand non-payment of fees can lead to payment default fees applied and cancellation of my course enrolment by Original Campus.
10. I am aware I must abide by visa conditions throughout my enrolment period in Australia including maintaining attendance and course progress.
11. I understand my enrolment fee payable with the lodgement of this form is not refundable.
12. I understand my material fee is not refundable.
13. I understand the additional CoE(s) deposit is non-refundable if a CoE is cancelled at the student's request.
14. I have read and understand the Refund Policy of my enrolment with my training provider.
15. I understand that the Refund Policy can change subject to Original Campus' discretion and any requested refunds will be subject to the Refund Policy at the time of the request.
16. I understand that Original Campus reserves the right to change the Fees and Charges Policy at its discretion and the policy applied to payment defaults, CoE changes, Change of Course Fees, Cancellation Fees, Transfer Fees etc will be the Fees and Charges Policy at the time of the payment default or requested changes.
17. I understand living costs in Australia may be higher than my home country.
18. I understand Tuition and Non-Tuition fees may change during my course and is subject to Original Campus' discretion.

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STUDENT DECLARATION:

19. I have been provided with Pre-enrolment information including the Original Campus International Student Handbook and marketing information containing:
- Entry requirements for the course including English language, academic requirements, work experience and course credit/RPL where applicable;
 - Course content, duration, qualification/s on completion, modes of study and assessment methods;
 - Original Campus' campus locations, Original Campus general description of facilities, equipment, learning and library resources;
 - Details of any arrangements Original Campus has with any other organisations to provide the course (where applicable);
 - Course related fees;
 - The Original Campus Refund, Deferment, Suspension and Cancellation Policies;
 - A description of the ESOS Framework;
 - Costs of living in Australia, accommodation options, and obligations of schooling for any school aged dependents I may have.
20. I acknowledge that prior to commencement of my course I must provide a Unique Student Identifier Number (USI). If I do not have a USI number I authorise Original Campus to enquire and apply for a USI number on my behalf.
21. I have been provided with relevant currency information such as whether a qualification has been superseded or removed from a training package.
22. I am aware I can obtain additional copies of the International Student Handbook, Policies, Procedures and Marketing Information from the Original Campus website.
23. I acknowledge that information collected on this form and during my enrolment in order to meet Original Campus' obligations under the ESOS Act and the National Code 2007; to ensure student compliance with the conditions of my visa and my obligations under Australian Immigration Laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018. Information collected about me on this form and during my enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Protection Service Administrator. In other instances, information collected on this form or during my enrolment can be disclosed without my consent where authorised or required by law.

Date of acceptance: _____ Student Signature: _____

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STUDENT DETAILS

Student name:	
Student signature:	
Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

EDUCATION AGENT DETAILS

Agent company name:	
Councillor name:	
Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

CHECKLIST

Have you completed and answered all questions?	<input type="checkbox"/>
Have you attached a copy of your Passport (colour copy)?	<input type="checkbox"/>
Have you attached evidence of your OSHC?	<input type="checkbox"/>
Have you attached certified copies of all completed qualifications including evidence of your English?	<input type="checkbox"/>
If you are currently enrolled with another CRICOS Provider have you attached your Letter of Release?	<input type="checkbox"/>
Have you attached your Financial Evidence such as bank statements, tax assessments or other documents?	<input type="checkbox"/>