



COLLEGE



1. Personal I	Details						4. Vi	sa De	tails							
Title:		☐ Mr ☐ Miss ☐ Ms ☐ Mrs			If you hold a current Australian visa:											
Family Name:							Curren	t locatio	n:	Onshore	□ 0	offshore				
Given Names:							Type of	f visa:		Student  Visitor	□ w	Vorking Other		orking oliday		
Gender:		☐ Male	Female	☐ Indet	erminate		Expiry	Date:			_					
Date of birth:		/ /	' First	Languag	ge:		If you do not hold a current Australian visa:									
Passport Details:							Depart		Home Affairs	office where you	r applicat	ion will				
Passport number:																
Passport expiry:		/ /	Countr	ry of birt	:h:		Date of	applicat	tion/ Intende	d application:		/	/			
City of birth:			Nation	ality:			2011					,	,			
USI number (for VET co	urse student	t <b>s):</b> Provide you	ur USI Numbe	er below					irst arrive in a			/	/			
							Have y	ou ever Yes		<b>l a visa to Australia</b> e provide details:	a?					
2. Contact D	etails								ii yes, pieas	e provide details.						
In Australia:							_				ı	Please attach do	cumentat	tion for eviden		
Street address:							Have y	ou ever		a student visa to	other co	untries?				
Town/City:		State:		Postcoo	le:		No	Yes	If yes, please p	rovide details:						
Email:							Цауо у		visited Austr	alia and broachod	any visa	canditions				
Phone Number:							No	Yes	If yes, please p	alia and breached rovide details:	ally visa	conditions				
Permanent address	in your hon	ne country:														
Street address:							5.0	•			(OTE)					
Town/City:		State:		Postcoo	le:					rary Entrant						
Country:							•		of the Genuir Home Affairs	ne Temporary Entra ?	ant (GTE)	requiremen	ts by th	ne		
Email:							Yes	No								
Phone Number:																
Emergency contact	details:						6. Do	you	require l	JIC to organ	ize					
Contact full name:							Overse	as Stude	ent Health Co	over (OSHC)						
Relationship to you	:						☐ Yes	, I authori:	ze UIC to organi	se OSHC on my behalf	:					
Mobile:									] Single	Couple  Fan	nily					
Email:							□ No		☐ No	Yes (Please S	Specify)					
3. English Proficiency*				(please provide the name, duration and expiry date of your OSHC  Airport pick-up:												
What is your currer	nt English le	evel?					Arrival Da	ate:	/ /	Arrival Time:		Flight Numb	oer:			
Beginner	E	Elementary		☐ Pr	e interme	ediate	Accom	modatio	on arrangeme	ent:						
☐ Intermediate	e 🔲 (	Upper Intermediate  Advanced			Yes, I authorize UIC to organize accommodation arrangements on my behalf:											
Have you complete	ed any of th	e following t	ests?						Single [	Couple Fan	nily					
IELTS:			PTE:				No. of W	еек:		Start Date:		☐ No				
CAE			Other:													





VET Courses													
Course Group	Select a Course	CRICOS Code	Course Code		Course Name	Duration	Date of Commencement 2024 Intake! 2025						
		113376F	BSB4052	20	Certificate IV in Leadership and Management	52 Weeks (40 Study Weeks)	□ 02 Jan □ 05 Feb	□ 06 Jan					
Leadership & Management		113377E	BSB5042	20	Diploma of Leadership and Management	75 Weeks (80 Study Weeks)	□ 01 Apr □ 06 May	☐ 07 Apr ☐ 12 May					
		113378D	BSB6042	20	Advanced Diploma of Leadership and Management	62 Weeks (50 Study Weeks)	□01 July □05 Aug	☐ 07 July ☐ 11 Aug					
Management	Management 115133J				Graduate Diploma of Management (Learning)	101 Weeks	□ 01 Oct □ 04 Nov	☐ 06 Oct					
7. Do you knoregarding the	ing information	on		B. What is your reason to lease choose the best option.	choose this	course?							
Course Informa	ation including	NO	YES										
<b>3</b>			. 25		☐ To get a job								
Contents of your course					To develop or start my own business								
Entry requirements for the course					To try for a different career								
Duration of cour	rse				☐ To get a better job or promotions								
School locations			П		It is a requirement of my job								
					To get skills for comm	unity voluntary w	vork						
Delivery method of course					To increase my self-esteem								
Course requirem (attendance, cou					To assist me for further study								
How assessment	is conducted				Other reason (please								
Any course requi must have access (Computers, etc.)													





Please provide evidence for any "Yes" answers   Do you have a disability, impairment or permanent medical condition this may effect your studies?   Yes   No   No (Please skip to the next section)   Yes   No   Yes   No   Yes   No   Yes   Please answer the questions below)   What is the nature of your situation?   What is your highest completed qualification in Australia?   Yes   No   Learning   Yes   No   Learning   Other (please specify):   What is your highest completed qualification in Australia?   Yes   No   Yes   Yes of Study:   Y	9. Previous Studi	es			1	O. Support Quest	tions						
No. yes Session to the desirent sections below	Please provide evidence f	or any "Yes" answ	/ers			-	•	l condition					
What is the nature of your situation?    Name of School/institute:	Have you previously s	tudied in Austra	alia?	Yes No	_								
Hearing   Vision   Mobility						Yes (Please answer	the questions below)						
Do you want to apply for recognition of Prior Learning?   Yes   No    What is your highest completed qualification in Australia?  Name of School/institute:  State/Country:  Name of Qualification:  Year Completed:  No   Yes (Please Specify)  Course Name:  Institute Name:  State/Country:  State / Country:  What is your highest completed qualification from overseas?  Name of School/institute:  State/Country:  Name of School/institute:  State/Country:  Name of Qualification:  Potential End Date years of study:  What is your highest completed qualification from overseas?  Name of School/institute:  State/Country:  Name of Qualification:	Are you transferring from	n another educatio	on provider?	Yes No		What is the nature of y	our situation?						
What is your highest completed qualification in Australia?  Name of School/Institute:  State/Country:  11. Credit Transfer (CT)/ Recognition of Prior learning (RPL) (Only VET Courses)  Please fill up the CT form available with the Admissions Team and provide the Certificate/SO <sub>2</sub> of the CT units.  Year Completed:  Year of Study:  Are you currently studying? No Yes (Please Specify)  Course Name:  Institute Name:  State/Country:  Agent Name:  Start Date:  Potential End Date years of study:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  Name of Qualification:					[	Hearing	☐ Vision	☐ Mobility					
Name of School/Institute:  State/Country:  Name of Qualification:  Year Completed:  Year of Study:  Are you currently studying?   No   Yes (Please Specify)  Course Name:  Institute Name:  State/Country:  State/Country:  What is your highest completed qualification from overseas?  Name of Qualification:  11. Credit Transfer (CT)/ Recognition of Prior learning (RPL) (Only VET Courses)  Please fill up the CT form available with the Admissions Team and provide the Certificate/SOA of the CT units.  Do you want to apply for Credit Transfer?   No   Yes   Do you want to apply for Recognition of Prior   No   Yes   Do you want to apply for Credit Transfer?   No   Yes   Do you want to apply for Recognition of Prior learning    The please fill up the CT form available with the Admissions Team and provide the Certificate/SOA of the CT units.  Do you want to apply for Credit Transfer?   No   Yes   Pes   Pes    Do you want to apply for Credit Transfer?   No   Yes   Pes   P	Do you want to apply for	recognition of Price	or Learning? [	Yes No	[	Learning	Other (please spec	ify):					
State/Country:    11. Credit Transfer (CT)/ Recognition of Prior learning (RPL) (Only VET Courses)    12. Credit Transfer (CT)/ Recognition of Prior learning (RPL) (Only VET Courses)    13. Credit Transfer (CT)/ Recognition of Prior learning (RPL) (Only VET Courses)    14. Credit Transfer (CT)/ Recognition of Prior learning (RPL) (Only VET Courses)    15. Course fill up the CT form available with the Admissions Team and provide the Certificate/SOA of the CT units.   15. Do you want to apply for Credit Transfer?   No   Yes     16. Do you want to apply for Recognition of Prior   No   Yes     17. Do you want to apply for Recognition of Prior   No   Yes     18. How did you learn about us?	What is your highest of	completed qual	ification <b>in Aust</b>	ralia?									
Name of Qualification:    Year Completed:   Year of Study:   Year of Study:   Do you want to apply for Credit Transfer?   No   Yes   Please Specify   Or you want to apply for Recognition of Prior   No   Yes   Please Name:     Through my agent	Name of School/Institute	:											
Year Completed:  Year of Study:  Are you currently studying?   No   Yes (Please Specify)  Course Name:  Institute Name:  Start/Country:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  Name of Qualification:	State/Country:							of Prior learnin					
Year of Study:  Are you currently studying?   No   Yes (Please Specify)  Course Name:  Institute Name:  State/Country:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  Name of Qualification:	Name of Qualification:					•		ssions Team and					
Are you currently studying? No Yes (Please Specify)  Course Name:  Institute Name:  State/Country:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  State/Country:  Mame of Qualification:	Ve an Commission de		Value of Structure		D	Do you want to apply for Credit Transfer? 🗌 No 🗌 Yes							
Are you currently studying? No Yes (Please Specify)  Course Name:  Institute Name:  State/Country:  Agent Name:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  Name of Qualification:	Year Completed: Year of Study:						or Recognition of Prior	No 🗌 Yes					
Course Name:  Institute Name:  State/Country:  Agent Name:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  Name of Qualification:	Are you currently study	/ing? 🗌 No 📋 `	Yes (Please Spec	ify)		_							
State/Country:  Start Date:  Potential End Date years of study:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  Name of Qualification:	Course Name:				_	z. How ala you i	earn about us?						
Start Date:  Potential End Date years of study:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  Name of Qualification:	Institute Name:					☐ Through my agent							
Start Date:  years of study:  What is your highest completed qualification from overseas?  Name of School/Institute:  State/Country:  Name of Qualification:	State/Country:					Agent Name:							
Name of School/Institute:  State/Country:  Name of Qualification:	Start Date:			ite		☐ (Please Specify): Ot	:her						
State/Country:  Name of Qualification:	What is your highest	completed qual	lification <b>from o</b>	verseas?									
Name of Qualification:	Name of School/Institute	ı:											
	State/Country:												
Year Completed:  Year of Study:	Name of Qualification:												
	Year Completed:		Year of Study:										





## 13. Privacy Policy and Student's Declaration

## Notice - National Vet Data Policy 2020

- Why we collect personal information:
  - As a registered training organization (RTO), UIC collects your personal Information so we can process and manage your enrolment in a vocational education and training (VET) course with us:
- How we use your personal information:

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO

How we disclose your personal information:

UIC is required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analyzing and communicating research and statistics about the Australian VET sector. We are also authorized by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information:

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

- o The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.
- o The NCVER does not intend to disclose your personal information to any overseas recipients.
- o For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy
- If you would like to seek access to or correct your information, in the first instance, please contact UIC.
- VET Data Use Statement (National VET Data Policy 2020)

Under the Data Provision Requirements 2012 and National VET Data Policy (which includes the National VET Provider Collection Data Requirements Policy at Part B), Registered Training Organizations are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Reconised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used and disclosed for purposes that include:

- o populating authenticated VET transcripts
- o administering VET, including program administration, regulation, monitoring and evaluation
- o facilitating statistics and research relating to education, including surveys and data linkage
- o Understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER is authorised by the National Vocational Education and Training Regulator Act 2011 (NVETR Act) to disclose to the following bodies, personal information collected in accordance with the Data Provision Requirements or any equivalent requirements in a non-referring State (Victoria or Western Australia), for the purposes of that body:

- o a VET regulator
- o the Australian Government Department of Education, Skills and Employment another Commonwealth authority
- o A state or territory authority (other than a registered training organization) that deals with or has responsibility for matters relating to VET

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

## **Student Declaration (Please tick)**

- ☐ 1. I declare that I am aware of and understand my financial obligations relation to study in Australia and with UIC. (https://www.homeaffairs.gov.au/trav/stud/more/student-visa-living-costs-and-evi dence-of-funds) 🗆 2. I understand that I am not required to pay more than 50% of my tuition fees before my studies commence, but that I may do so if I choose. By submitting this application,
- □ 3. I declare that all information and documentation provided in support of it is accurate and true.
- ☐ 4. I understand that as per the above VET Data Use Statement, my personal information (including the personal information contained on this application form), may be used or disclosed by UIC for statistical, administrative, regulatory and research purposes. UIC may disclose my personal information for these purposes to Commonwealth and State or Territory government departments and authorized agencies and NCVER Survey: I may receive a student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or other authorized agencies. I am aware that I may opt out of the survey at the time of being contacted; I am aware that NCVER will collect, hold, use and disclose my personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy 2020 and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au
- 5. I declare that the information contained in this application and the supporting documentation is true and correct. I understand giving false or misleading information is a serious offence under state and/or federal law
- ☐ 6. I agree to advise UIC if there are any changes to the information, I have provided in this application;
- ☐ 7. I understand that by completing this application, I am giving a written consent to UIC to independently verify the information supplied by me in this application;
- ☐ 8. I declare that I am a genuine student and a genuine temporary entrant as outlined by the Department Home Affairs;
- 9. I am aware of the estimated total course fees at UIC and living costs for my stay in Australia. I understand that the total course fees do not cover the costs of books, materials, field trips or any additional cost related to my course, unless otherwise specified:
- ☐ 10. I understand that I can pay full course fee if I wish to, but I am not required to pay more than 50% upfront;
- □ 11. I understand that UIC also reserves the right to vary courses, subjects, and the mode of delivery, assessment and admission requirements at any time at its discretion;
- □ 12. I understand that I will be required to take Pre-Training Review Interview (PTR) with the UIC staff and also appear for Language, Learning and Numeracy Assessment (LLN) prior to my course enrolment;
- 13. I have read and understood the UIC's policies on "Student Fee and Refund Policy", "Attendance Policy", "Course Progress monitoring Policy" (Complaints and Appeals Policy", "Deferment and Suspension Policy", "Transfer between Registered Provider Policy" and other policies that are published on UIC website;
- 14. I understand that UIC will monitor my attendance and course progress to complete my course in the given duration. I am responsible to attend timetabled classes and maintain at least 70% attendance in every term. I understand that if my course progress is below 50% in two consecutive terms, UIC will follow the Course Monitoring Policy and report this to the DHA via PRISMS; ☐ 15. I authorize UIC to check my visa status on VEVO as and when required;
- ☐ 16. I declare that the signature on this form is my signature and has not been signed on my behalf by another person including my Education agent or sponsor.
- 17. I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, and disclosure of my personal information in accordance with the Privacy Notice above.
- ☐ 18. I understand that my right s and obligations and the college's obligations and rules are set out in the International Student Handbooks and the Website.

## 14. Applicant Acknowledgement and Signature

Student full name:												
Student signature*:					Date:							
15. Applicant Checklist. Please ensure you attach the following documents with your application.  Day Month Year												
Completed all sections of	the International Student Application Form		Certified co	py of all acade	emic quali	ifications,	, including s	secondary so	chool studies			
Certified copy of personal details page of your passport CoE document(s) for all courses enrolled - if you are currently studying in Australia												
Certified copy of your En	copy of your English language qualification or provide details of your English proficiency  Certified official translation of any document not in English											

Email: admissions@uic.nsw.edu.au | Web: www.uic.edu.au | RTO Code: 46043 | CRICOS Provider Code: 04159M