

APPLICATION FORM

Instructions to Applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:
Insight Academy, Level 1, 209 Lonsdale Street Melbourne, VIC-3000, Australia or email to
startup@insightacademy.edu.au

FORM MUST BE COMPLETED IN FULL. INCOMPLETE FORMS WILL NOT BE PROCESSED.



PERSONAL DETAILS

Title: Mr. Mrs. Ms. Miss.

Sex: M F Indeterminate

Family Name: (as shown in passport) _____

Given Name(s): _____

Preferred Name: _____

Passport Number: _____ Date of Birth: _____

Country of Birth: _____ Nationality / Citizenship: _____



CONTACT DETAILS

Australian Address (*If you are currently living outside Australia, please provide your overseas address below.)

Home phone: _____ Mobile number: _____

E-mail address: _____

Facebook Address: Purely for communication purposes _____

Overseas Address: _____

Suburb /Town /Country: _____ Zip/Postcode: _____



PASSPORT AND VISA DETAILS

Passport issued by: _____ Passport expiry date : _____

Are you currently studying in Australia? Yes No

If yes, please provide Name of Education Institute _____

If yes, what is the type of Visa? _____

Visa Subclass: _____ Visa Expiry Date _____



HEALTH COVER

Do you have current Overseas Student Health Cover (OSHC)? Yes No

If yes, please Provide Following Details:

Name of Insurance Provider (Company): _____

Membership Number? _____ OSHC Expiry Date: _____

If no, what type of OSHC will you require?

Single
(Student only)

Dual Family
(Student plus spouse or children)

Multi Family
(Student plus spouse and children)

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? Australia Other, Please Specify:

Citizenship status: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Do you speak a language other than English at home? Yes No

How well do you speak English? Very well Well Not well Not at all



COURSE PREFERENCES

Program	Course code	Course name	Weeks	Intake date
<input type="radio"/> iStart / Diploma of Business	(BSB50215)	Diploma of Business	52	___/___/___
<input type="radio"/> iGrow / Advanced Diploma of Business	(BSB60215)	Advanced Diploma of Business	52	___/___/___

Do you wish to apply for credit transfer? Yes No

Do you wish to apply for Recognition of Prior Learning (RPL)? Yes No

ENGLISH LANGUAGE LEVEL

Provide details and documentation confirming your English language level:

- I have taken a recognised English language test in the last two years (e.g. IELTS, TOEFL, Pearson, and /or Cambridge).

Name of test: _____ Score _____ Score _____

- I have successfully completed an English Course in Australia (please attach Certificate).
- I have completed studies where English was the language of instruction.
- English is my first language.
- I have successfully completed Insight Academy English Placement Test.
- Other _____



ACADEMIC RECORD AND PREVIOUS QUALIFICATION ACHIEVED

Attach all Confirmation of Enrolment (CoE) and all documentation including certified copies of full academic transcripts. (Documents not in English must be accompanied by certified translations.)

List details of your previous education: (A - Australia, E - Australian Equivalent, I - International)

Have you previously been enrolled at Insight Academy? Yes No

If yes, please provide student number: _____

Are you transferring from another education provider in Australia? Yes No

If yes, please provide Name of Education Institute _____

Have you **successfully** completed any of the following Yes No

If yes, please select which qualifications from the list below: **Australia** **Equivalent** **International**

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| • Bachelor Degree or Higher Degree | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Advanced Diploma or Associate Degree | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Diploma (or Associate Diploma) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Certificate IV (or Advanced Certificate/Technician) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Certificate III (or Trade Certificate) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Certificate II | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Certificate I | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Certificates other than those listed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



What is your highest completed secondary school level? (Tick one box only)

- Completed year 12
 Completed year 11
 Completed year 10
 Pre- Intermediate Level
 Completed year 9 or equivalent
 Completed year 8 or below
 Never attended school

Which year did you complete that secondary school level? _____

Are you still attending secondary school? Yes No

Highest qualification completed and year: _____

Education Organisation: _____

DISABILITY AND MENTAL HEALTH

In order to provide appropriate support services, we invite you to give us information about any disability or mental health issue you may have.

- Do you consider yourself to have a disability, impairment or long term condition? Yes No
- If yes, then please indicate the area of disability, impairment or long term condition: (you may indicate more than one area)
 - Hearing / deaf Learning Vision Physical
 - Mental illness Medical condition Intellectual Acquired brain injury
 - Other: _____
- Do you require special assistance? Yes No

*There is no wheelchair access currently available



REASON FOR STUDY

Of the following categories, which BEST describes your main reason for undertaking this Course (Tick one box only)

- To get a job
 To develop my existing business
 To start my own business
 To try for a different career
 For Personal interest/ Self- development
 To get a better job/promotion
 It was a requirement of my job
 I wanted extra skills for my job
 To get into another course of study
 Other (please specify): _____



VICTORIAN STUDENT NUMBER (VSN)

*To be completed by all students up to 24 years

Enter your Victorian Student Number: _____

Have you attended any Victorian school since 2009 or had any training with a Vocational Education and Training (VET) registered training organisation provider or an Adult and Community Education provider in Victoria since 2011?

Yes - I have attended a Victorian school since 2009

No - I have not attended a Victorian school since 2009 or a TAFE or VET training provider since the beginning of 2011

If yes, please list most recent Victorian school attended _____ And / or

Yes - I have participated in training at a TAFE or other training organisation since the beginning of 2011



UNIQUE STUDENT IDENTIFIER (USI)

Compulsory for all students enrolling in accredited courses as at 1 January 2015

Yes - I already have a USI

No - I do not have a USI

If yes, enter your USI: _____

For information on the Student Identifiers Registrar's Privacy Policy please refer to:
<http://usi.gov.au/Documents/Student-Identifiers-Registrar-privacy-policy-v1.1.docx>

This site contains information about how you may:

- Access and seek correction of the personal information held; and
- Complain about a breach of privacy and how such complaints will be dealt with.



DECLARATION

I certify that the information supplied in this application and the supporting documentation are true and correct. I have read and agreed to the terms and conditions of enrolment including fees and refund policy. I understand that any incorrect information or withholding of information or may result in cancellation of enrolment by Insight Academy:

I have read and understood the policies available at <http://www.insightacademy.edu.au/forms-and-policies/>

Student Signature

Date



AGENT DETAILS

— Please complete this section if you are using an education agent or representative.

Agent Name: _____

Agent E-mail: _____

Agent Mobile Number: _____ Agent Address: _____

Suburb /City: _____ State / Town: _____

Country: _____ Postcode: _____



APPLICATION CHECKLIST

— Have you completed all sections of this application

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Attached certified true copies of your visa | <input type="checkbox"/> Attached certified true copies of your qualifications | <input type="checkbox"/> Attached any other relevant documentation | <input type="checkbox"/> Have you completed the GTE Pack (as applicable) |
| <input type="checkbox"/> Attached certified true copies of your Passport | <input type="checkbox"/> Attached certified true copies of your English Proficiency | <input type="checkbox"/> Completed the payment details | <input type="checkbox"/> Read and signed the declaration |
| <input type="checkbox"/> Reason for study | | | |