

INSTITUTE OF MANAGEMENT & COMPUTING

Be educated & feel empowered

Ph: 0391 913 448 Email: info@imc.vic.edu.au Website: www.imc.vic.edu.au Address: Ground Floor 61, Riggall Street, Broadmeadows, VIC, 3047 Australia

International Student Application Form

PROFESSIONAL AND A	ADVANCED COURSES	DURATION (Weeks)
BSB80120	Graduate Diploma of Management (Learning)	104
BSB50420	Diploma of Leadership and Management	52
BSB60420	Advanced Diploma of Leadership and Management	78
BSB50120	Diploma of Business	52
BSB60120	Advanced Diploma of Business	78
ICT60220	Advanced Diploma of Information Technology	104
RII60520	Advanced Diploma of Civil Construction Design	104
SKILLED TRADES CO	<u>OURSES</u>	
CPC40120	Certificate III in Carpentry	52
MSF30322	Certificate III in Painting and Decorating	52
CPC33020	Certificate III in Wall and Floor Tiling	52
CPC31020	Certificate III in Solid Plastering	52
CPC31320	Certificate III in Bricklaying and Blocklaying	52
CPC30620	Certificate III in Cabinet Making and Timber Technolog	gy 52
CPC30220	Certificate IV in Building and Construction	52
☐ English for Acade	mic Purposes (Please specify the number of weeks	(CRICOS CODE: 116250
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home	: Nationality (as per passpo	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address:	Ms. Dr. Other Gender: Male port): Given name(s): Nationality (as per passpo	Female
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home	Ms. Dr. Other Gender: Male sport): Given name(s): Nationality (as per passpore country	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr	Ms. Dr. Other Gender: Male sport): Given name(s): Nationality (as per passpore country Country: Email:	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address:	Ms. Dr. Other Gender: Male sport): Given name(s): Nationality (as per passporte country Country: Email: State:	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile:	Ms. Dr. Other Gender: Male port): Given name(s): Nationality (as per passpore country Country: Email: ralia State: Email:	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile: Telephone/ Mobile: Telephone/ Mobile:	Ms. Dr. Other Gender: Male sport): Given name(s): Nationality (as per passporte country Country: Email: State: Emails	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile: Telephone/ Mobile: Emergency Contact Det Name:	Ms. Dr. Other Gender: Male port): Given name(s): Nationality (as per passport e country Country: Email: Email: Email: Phone Number:	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile: Telephone/ Mobile: Telephone/ Mobile:	Ms. Dr. Other Gender: Male sport): Given name(s): Nationality (as per passporte country Country: Email: State: Emails	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile: Emergency Contact Det Name: Address: Address:	Ms. Dr. Other Gender: Male sport): Given name(s): Nationality (as per passpore country Country: Email: State: Email: Relationship to Applicant:	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile: Emergency Contact Det Name: Address: Visa Information Passport Number:	Ms. Dr. Other Gender: Male port): Given name(s): Nationality (as per passport e country Country: Email: Email: Email: Relationship to Applicant: Expiry Date: Expiry Date:	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile: Emergency Contact Det Name: Address: Visa Information Passport Number: Visa Type:	Ms. Dr. Other Gender: Male port): Given name(s): Nationality (as per passport e country Country: Email: Falia State: Email: Relationship to Applicant: Subclass: Expiry Date: Expiry Date: Expiry Date: Subclass: Expiry Date:	Female ort):
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile: Emergency Contact Det Name: Address: Visa Information Passport Number: Visa Type: What type of visa will you	Ms. Dr. Other Gender: Male given name(s): Nationality (as per passport)	Female ort): Post Code: Post Code:
Personal Details Title: Mr. Mrs. Family name (as in pass Date of Birth (dd/mm/yy)) Contact Details in Home Address: Telephone/ Mobile: Contact Details in Austr Address: Telephone/ Mobile: Emergency Contact Details in Austr Name: Address: Visa Information Passport Number: Visa Type: What type of visa will you Student	Ms. Dr. Other Gender: Male port): Given name(s): Nationality (as per passport e country Country: Email: Falia State: Email: Relationship to Applicant: Subclass: Expiry Date: Expiry Date: Expiry Date: Subclass: Expiry Date:	Female ort):

Institute of Management and Computing Pty Ltd. RTO Code: 91615

RTO Code: 91615 ABN: 52123503480 CRICOS:04220M



Ph: 0391 913 448 Email: info@imc.vic.edu.au Website: www.imc.vic.edu.au Address: Ground Floor 61, Riggall Street, Broadmeadows, VIC, 3047 Australia

USI Information (Unique Student Identifier)				
USI Number:				
If you do not have USI yet, please go to www.ustudent undertaking nationally recognised trainior statement of attainment.				
Language and Cultural Diversity				
In which country were you born? ☐ Austra	alia 🗆 Other	- Please specify		
Do you speak a language other than English at		□Yes – Please		
How well do you speak English? \Box Very w	vell Well	□ Not well	□ Not at all	
Are you of Aboriginal or Torres Strait Islander o	rigin? 🗆 No	□Yes – Please	specify:	
Previous Education				
Have you done your schooling? Highest Qualification: Name of Institute:	Co	□No mpleted Year:		
Disability				
Do you have any of the following disabilities, im If ' Yes ', then please indicate the areas of disabi ☐ Hearing/Deaf ☐ Physical ☐ Mental Illness ☐ Vision	•	or long-term cond □Acq	lition: uired Brain Impa	□No irment
Employment				
Of the following categories, which BEST descril □Full-time employee □Part-time employee	oyee □S	elf-employed	□Emplo	-
□Employed in a family business □Unemploy	yea - seeking work	∴ □Not employed	ı - not seeking e	mpioyment
Study Reason				
Of the following categories, which BEST descril □To get a job □To start my own business □To get a better job or promotion □To get into another course of study □Other reasons	☐To develop n☐To try for a d☐It was a requ	ny existing busine	ess	?
RPL/Credit				
Are you seeking recognition of prior learning (R If 'Yes', then please contact training manager for			□Yes T process	□No
Transferring student information: (if applicable	e)			
Are you transferring from another education pro	ovider in Australia	a?	□Yes	□No
If ' Yes' , then have you completed the first 6 mo Name of Institute: If you currently enrolled in another institute in Austral			□Yes	□No
Education Agent Details				
If you were referred by an Education Agent, please prov Agent Name/Business Name:	As an approved Computing, I am	agent of Institute of also certifying that ments of the stude	I have verified a	
	Signature_			

Ph: 0391 913 448 Email: info@imc.vic.edu.au Website: www.imc.vic.edu.au Address: Ground Floor 61, Riggall Street, Broadmeadows, VIC, 3047 Australia

Privacy Notice

Under the Data Provision Requirements 2012, Institute of Management and Computing Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Institute of Management and Computing for statistical, regulatory and research purposes. Institute of Management and Computing may disclose your personal information for these purposes to third parties. This practice is also required by the ESOS Act and the ESOS National Code 2018. including:

- School: if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship
- Employer: if you are enrolled in training paid by your employer
- Commonwealth and State or Territory government departments and authorized agencies
- NCVER
- Researchers

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts
- Facilitating statistics and research relating to education, including surveys
- Understanding how the VET market operates, for policy, workforce planning and consumer information, and
- Administering VET, including program administration, regulation, monitoring and evaluation

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET data policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Declaration and Consent

- I , Declare that the information I have provided to the to the best of my knowledge is true and correct. I further declare that I have gone through the following policies and procedures available on www.imc.vic.edu.au:
 - Admissions Policy and Procedure
 - Complaints and Appeals Policy and Procedure
 - Course Progress Policy and Procedure
 - Deferring, Suspending and Cancelling Overseas Student Enrolment Policy and Procedure
 - Refund Policy and Procedure (All refunds will be in accordance with the policy and refund arrangements defined in Agreement)
 - RPL and Credit Transfer Policy and Procedure
 - Student Support Policy and Procedure
 - Transfer Between Registered Providers Policy and Procedure



Ph: 0391 913 448 Email: info@imc.vic.edu.au Website: www.imc.vic.edu.au Address: Ground Floor 61, Riggall Street, Broadmeadows, VIC, 3047 Australia

I Consent to the collection use and discloser of my personal information in accordance with the Privacy Notice Above.

Applicant Name						
Applicant Signature						
Date / /						
Document Checklist ☐ Passport bio-data pages ☐ IELTS (or other English Language test) Results (if applicable) ☐ Evidence of highest academic qualifications ☐ Copy of current Australian Visa (if applicable) ☐ OSHC Certificate (if applicable)						
FOR OFFICE USE ONL	Y					
DATE DD Approved by:	M M Y Y Y Y	Signature:				