

Academies Australasia Hair & Beauty Pty Limited trading as  
 Brisbane School of Beauty, Brisbane School of Barbering, Brisbane School of Hairdressing,  
 Gold Coast School of Barbering & Gold Coast School of Hairdressing

# APPLICATION FORM

## STUDENT DETAILS

Please print clearly

Family Name:				
Given Names:				Title: Mr/Mrs/Miss/Ms
Preferred Name:				
Previous Name/s (if applicable):				
Unique Student Identifier (USI):				
Address:				
Suburb - State - Post code				
Home Phone:				
Mobile:				
Email:				
Date of Birth:				
City/Town of Birth:				
Gender	Male		Female	
Left or Right handed?				
Aboriginal or Torres Strait Islander Decent?	Aboriginal	TSI	Both	N/A
Country of Birth/Nationality:				
If "Country of Birth" is NOT Australia, please provide a copy of either - Aust Passport, Green Medicare Card, IMME number or VEVO check documents				
How well do you speak English?	Poor	Average	Good	V-Good
Language spoken at home?				
Do you consider yourself to have a disability, impairment or long-term condition? (Tick appropriate box or boxes)	Yes		No	
If YES, then please indicate the areas of disability, impairment or long-term condition:				
Hearing/Deaf		Physical		Intellectual
Mental Illness		Vision		Learning
Medical		Anxiety		Other
Emergency Contact Details: (Provide at least one.)				
Name:		Phone:		Relationship:
Name:		Phone:		Relationship:

## COURSE DETAILS

Campus	Brisbane	Gold Coast
	<b>Hairdressing/Barbering</b>	<b>Beauty</b>
	Cert II in Salon Assistant SHB20216	Cert II in Retail Cosmetics SHB20116
	Cert III in Barbering SHB30516	Cert III in Nail Technology SHB30315
	Cert III in Hairdressing SHB30416	Cert III in Beauty Services SHB30115
	Cert IV in Hairdressing SHB40216	Cert III in Make-Up SHB30215
	Barber Pathway Programme	Certificate IV in Beauty Therapy SHB40115
	RPL/Gap Training	Diploma of Beauty Therapy SHB50115
	Cluster/Refresher/Short Course	Diploma of Salon Management SHB50216

## PREVIOUS STUDY

What is your highest COMPLETED school level? (Tick ONE box only.)					
Year 12 or equivalent		Year 11 or equivalent		Year 10 or equivalent	
Year 9 or equivalent		Year 8 or equivalent		Never attended School	
In which YEAR did you complete that school level?					
Are you still attending secondary school?			Yes		No
Have you SUCCESSFULLY completed any of the following qualifications?				Yes	No
Bachelor Degree or Higher Degree		Advanced Diploma or Associate Degree		Diploma or Associate Diploma	
Certificate IV (or Adv. Certificate/Technician)		Certificate III (or Trade Certificate)		Certificate II	
Certificate I		Certificates other than the above		Partial completion	
Are you applying for: <input type="checkbox"/> RPL (Recognition of Prior Learning) or <input type="checkbox"/> Direct Credits (Certified copies of Certs or SOA required)					

## EMPLOYMENT & STUDY REASONS

Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)					
Full-time employee		Part-time employee		Self employed (not employing others)	
Employer		Employed (unpaid worker in a family business)		Unemployed (seeking full-time work)	
Unemployed (seeking part-time work)		Not employed (not seeking employment)			

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship? (Tick ONE box only - government requirement)					
To get a job.		To develop my existing business.		To start my own business.	
To try for a different career.		To get a better job or promotion.		It was a requirement of my job.	
I wanted extra skills for my job.		To get into another course or study.		For personal interest or self development.	
Other reasons					

## PAYMENT DETAILS \*

Course Commencement Date		Attendance Pattern/Days per week	
Payment amounts. (refer to price list or BSH & BSB staff)			
Course cost		\$	
Less adjustments	(Credits/C3 Guarantee/HSL/RPL's)	\$	
<b>Total Course Costs</b>		\$	
Enrolment fee	(Deposit + tool kit)	\$	
Total Due (outstanding)		\$	
Payment Plan	monthly payments of \$	p/m	\$

\* Please refer to our Withdrawal & Refund Policy as allocation of course fees are calculated differently to your payment plan.

### Select payment method

Bank Deposit		EFTPOS		Credit Card		Cash	
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### BANK DETAILS FOR PAYMENTS

Bank: ANZ

BSB Number: 012 263 Account Number: 836404777

Account Name: DFL Education (Qld) Pty Ltd SWIFT Code: ANZBAU3M

To help us identify your payment please use **YOUR NAME as the reference** on the deposit and send a copy of the bank transaction to us by email to: [admin@brishair.com.au](mailto:admin@brishair.com.au)

Please be aware that some banks charge a fee for bank transfers.

## INTERNATIONAL STUDENTS ONLY

Nationality:	Passport Number:
Visa Number (if you have one)	
Where will you apply for your Student Visa? (Country and City)	
<p>ENGLISH ABILITY. Please note ALL applicants are required to complete our Literacy &amp; Numeracy test. This can be done at the school or online (for students who are not in South East Queensland when they are enrolling). You must have at least the equivalent of IELTS 5. before commencing any Cert II/III or IV course &amp; IELTS 5.5 before commencing any Diploma course.</p>	
Do you have a recent IELTS (or equivalent) score?	Yes <input type="checkbox"/> No <input type="checkbox"/> Score <input type="text"/>
If you do not have IELTS, what level of English study have you completed?	
International Residential Address (required):	
Post Code:	

### Previous Australian Studies

Are you studying in Australian now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Education Provider?
Name of course undertaking and level:		
How long have you been studying there?	Expected completion date:	

### Letter of offer/Placement.

Do you require a letter of offer/placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
You must have Overseas Student Health Cover (OSHC) to successfully apply for a Student Visa.		
Do you want us to arrange your Overseas Student Health Cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes' please tick the box that suits your needs and remember to include this amount in addition to your deposit. OSHC prices are subject to change each year. This cover must be for the full period of your studies. PRICES QUOTED SHOULD ONLY BE USED AS A GUIDE AND ARE SUBJECT TO CHANGE.		
1 Year SINGLE - AUD\$544	1 year COUPLE - AUD\$3,062	1 year FAMILY - AUD\$5,373
2 years SINGLE - AUD\$1,115	2 years COUPLE - AUD\$6,313	2 years FAMILY - AUD\$12,345
For more information about your Overseas Student Health Cover please visit <a href="http://www.bupa.com.au/students">www.bupa.com.au/students</a> If you are applying for family cover please attach a list of names and birth dates of all people to be covered and the date you want your cover to commence. Please include a list of the names and birth dates of OTHER people to be covered under Family Cover here.		
Name	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Name	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Name	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>

### STUDENT Visa Conditions

Will you be studying on a Student Visa?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'NO' please specify:	
If you are studying on a Student Visa it is a requirement you attend regularly and make reasonable academic progress. If your attendance falls below 80% and/or you fail to make reasonable academic progress you will be reported to DHA for breach of your visa conditions and this will result in your visa being cancelled. It is a requirement of your Student Visa that you keep the school advised of your current residential address at all times whilst studying with us. It is a condition of your Student Visa that, if you have permission to work, you must not work more than 40 hours per fortnight. Any work you do must not interfere with your ability to study effectively or attend according to your timetable.	

CRICOS course codes for your student visa application are as follows

HAIRDRESSING COURSES			BEAUTY COURSES		
	CRICOS Code	CRICOS Duration		CRICOS Code	CRICOS Duration
Certificate II in Salon Assistant - SHB20216	092333F	12 weeks	Certificate II in Retail Cosmetics - SHB20116	091480C	26 weeks
Certificate III in Barbering - SHB30516	092335D	60 weeks	Certificate III in Nail Technology - SHB30315	092337B	34 weeks
Certificate III in Hairdressing - SHB30416	092334E	97 weeks	Certificate III in Beauty Services - SHB30115	089085K	52 weeks
Certificate IV in Hairdressing - SHB40216	091502B	32 weeks	Certificate III in Make-up - SHB30215	092338A	34 weeks
Diploma of Salon Management - SHB50216	092336C	35 weeks	Certificate IV in Beauty Therapy - SHB40115	089041M	65 weeks
Diploma + Cert III in Hairdressing	as above	132 weeks	Diploma of Beauty Therapy - SHB50115	089062F	79 weeks

Are you using an education agent to assist you with your visa application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Agents details - Include company name, contact name, email, phone and fax:	

## STUDENT AGREEMENT

Please read and <b>initial all boxes</b> and sign where applicable. (Student handbook & important information can be found at <a href="http://www.brishair.com.au/enrol">www.brishair.com.au/enrol</a> )	
<input type="checkbox"/>	I hereby apply for enrolment at Acadamies Australasia Hair & Beauty PTY Limited
<input type="checkbox"/>	I have read, understand and agree to the information provided to me in the important information book.
<input type="checkbox"/>	I understand that by signing this agreement and paying my application fee I am committing to and formalising my enrolment.
<input type="checkbox"/>	I will pay the balance of the total fees according to the payment plan selected.
<input type="checkbox"/>	I have filled in this form truthfully, accurately & completely and I have not omitted any relevant information that may affect the school's ability to assess this application.
<input type="checkbox"/>	I will abide by the Student Handbook which further outlines my rights and responsibilities as a student of this school.
<input type="checkbox"/>	I understand and agree to the withdrawal & refund policy as it applies to me as indicated in the student handbook and important information.
<input type="checkbox"/>	I understand and agree to the additional charges and fees policy as indicated in the student handbook and important information.
<input type="checkbox"/>	I understand and agree to the course completion requirements and certificate issuing policy as indicated in the student handbook and important information.
<input type="checkbox"/>	I understand and agree to the privacy and release policy as indicated in the student handbook and important information.
<input type="checkbox"/>	I understand and agree to the social media policy as indicated in the student handbook and important information.
<input type="checkbox"/>	I understand and agree to the school rules as indicated in the student handbook and important information.
<input type="checkbox"/>	I hereby give AAHB permission to search, retrieve or create a USI on my behalf (if required).
If you feel that you are unable to comply with any of these school rules please make an appointment to discuss your concerns with our General Manager before you finalise your enrolment. Appropriate action will be taken in the event of any misconduct.	

STUDENT SIGNATURE	DATE	
GUARDIAN SIGNATURE	DATE	
GUARDIAN NAME	RELATIONSHIP	
Guardian only needs to sign if student is under 18 years of age.		
If the student named in this enrolment application is not responsible for the payment of fees please provide contact information of the account payer:		
Name		
Address		
Mobile	Email	
AAHB hereby accepts this enrolment application.		
AAHB Representatives signature:	Date	

## CHECKLIST

Local Students Only	International Students Only
<input type="checkbox"/> Complete and sign application form (return ALL pages)	<input type="checkbox"/> Complete and sign application form
<input type="checkbox"/> Complete numeracy and literacy test (completed at interview)	<input type="checkbox"/> Include a copy of your passport identification page
<input type="checkbox"/> Include application, enrolment, or complete fee	<input type="checkbox"/> Include a copy of your current Australian Visa if applicable
<p><b>If "Country of Birth" is NOT Australia, please provide a copy of either - Aust Passport, Green Medicare Card, IMME number or VEVO check documents"</b></p> <p>Please complete the form clearly and in full to avoid delays in your application process. For any queries about this form please contact +61 7 3229 2999.</p> <p>Your finalised form (all 4 pages) can be submitted in person at the campus or via email to <a href="mailto:admin@brishair.com.au">admin@brishair.com.au</a> .</p> <p>BSH/BSB - Queen Adelaide Building - UG floor - 90 - 112 Queen Street, Brisbane, 4000 or BSH/BSB - Po Box 12537, George Street, Brisbane, 4003</p>	<input type="checkbox"/> Include results of IELTS or equivalent tests
	<input type="checkbox"/> List names and dates of birth for OSHC
	<input type="checkbox"/> If you have completed previous studies at an Australian education provider please include certificates
	<input type="checkbox"/> Complete numeracy and literacy test after enrolment
	<input type="checkbox"/> Include deposit and payment for OSHC
	<input type="checkbox"/> After we have received your application we will advise you of your next step to complete your enrolment.
	<input type="checkbox"/> To receive your E-COE you must pay the applicable deposit on enrolment and for your overseas student health cover if we are arranging it for you. Please do not pay anything further until you have confirmation of your student visa.

## AAHB OFFICE USE ONLY
