









ABN 53 150 738 195, CRICOS Provider No. 03319G, RTO Code 32488

## **BRISBANE CAMPUS**

Queen Adelaide Building, 90-112 Queen Street Brisbane Qld 4000

T. +61 7 3221 9294

## **GOLD COAST CAMPUS**

Pivotal Point Towers, 3/2 Nerang Street Southport QLD 4215 T. +61 7 5591 1644

E. admin@brishair.com.au | W. www.brishair.com.au

## **APPLICATION FOR ENROLMENT**

To avoid delays in processing your application, all sections must be completed.

STUDENT DETAIL	LS							
First Name / Middl	e Name							
Family Name(s)								
Date of Birth (DD/MI	M/YY)		Gender	Male	Female			
Are you	Aboriginal	Torres Strait Isla	ınder Decent		Both	N/A		
Nationality		<u>.</u>	Country of Re	esidence				
Passport No.			Country of Iss	sue				
Passport Date of Is	ssue (DD/MM/YY)				t Date of Expiry			
Visa type			-	Visa	a Date of Expiry	(DD/MM/YY	n	<u>.</u>
OVERSEAS RESID	DENTIAL ADDRESS (I	F APPLICABLE)						
Address								<u>.</u>
						State		
Country							ode	
Telephone Number	r (+ Country Code) (+	)	E	Email				
AUSTRALIAN RES	SIDENTIAL ADDRESS	(IF APPLICABL	E)					
Address								
Suburb/Town/City			State			Post Co	ode	
Preferred Contact	Number (Area Code) (	)	E	Email				
SPECIAL NEEDS								
Do you have a disa	ability, impairment or lo	ong-term medica	l condition tha	t may affe	ct your studies?	١	10	YES
If <b>YES</b> , please indi	cate the area/s of impa	airment. He	earing	Mobility	Vision	L	earning	Medical
Other	Suppo	ort Requirements	(if known)					
COURSE YOU ARI	E APPLYING FOR							
Course Name								
Course Duration				Prefe	erred Start Date	DD/MM/YY	n	

UNIQUE STUDE	ENTIDENTIFIE	R (USI)							
Do you have a U	JSI?								
Yes, please provide details:									
No, please	apply for USI o	n the USI we	bsite (www.usi.go	v.au) and provi	de details to	the College.			
INTERNATION	AL STUDENTS	ONLY							
TTERROTTION	NE O TO DE IVIO	ONE							
DO YOU REQUI	RE OVERSEAS	STUDENT	HEALTH COVER (	(OSHC)	NO	YES			
If YES,	Single (	Couples	Family						
ENGLISH LANG	SUAGE (FOR IN	NTERNATIO	NAL STUDENTS	ONLY)					
English Examina	ation:								
IELTS	Score:								
OTHER. Ple	ase specify				Score:				
Certified copies of	English test resu	ılt must accom	pany your application	on.					
YOUR PREVIOU	JS EDUCATION	N							
Certified copies	of relevant acad	demic qualifi	cations must acco	mpany your ap	plication. If y	ou are an internation	al student currently		
studying in Aust	ralia, please als	so attach you	r current electroni	c Confirmation	of Enrolment	(eCoE).			
TRANSFERRING	G FROM ANOT	HER REGIST	ERED TRAINING	ORGANISATI	ON (RTO) (II	FAPPLICABLE)			
Are you transfer	ring from anoth	er RTO in Au	stralia?	NO	YES				
If YES, please su	ubmit a copy of	f your eCoE a	nd certification do	ocumentation.					
Do you have evidence of release from previous RTO? NO YES If YES, please provide evidence of release.									
Certified copies of	relevant academ	nic achievemer	ts must accompany	your application					
COURSE CRED	IT								
		Transfer (CT)	or Recognition of	Frior Learning	(RPL)?	NO YE	S		
Do you wish to apply for Credit Transfer (CT) or Recognition of Prior Learning (RPL)? NO YES If YES, please refer to the CT and RPL section of the Student Handbook at www.brishair.com.au for further details.									
Certified copies of relevant academic achievements must accompany your application.									
USE OF PERSO	NAL INFORMA	TION							
			=			=	tory authorities. This		
information includes personal details, contact information, course enrolment details and changes, and the circumstances of any suspected breach of student visa conditions.									
suspected bread	or student vis	sa conditions	i <b>.</b>						
DECLARATION									
I declare that I ha	ve read the instr	ructions and t	nat the information	submitted on a	nd with this fo	orm is complete and a	curate in all respects.		
•	•			-			place which may be		
offered. I agree to release and indemnify the College and its officers, employees, agents, partners and contractors from and against									
any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I acknowledge that I am bound by the statutes and regulations of the College and I agree to pay all fees charged									
directly to me ar		_	Journa by the ste	unu 169u		Sollogo and ragice to	, pay an 1000 onlarged		
NAME OF APPLICANT	Γ		SIGNATURE			DATE (DD/	VIM/YY)		
	red to us by ar	n education	representative?	If YES, Name/S	Stamp of Rep	resentative			
NO	YE	S							