

International Student Application Form

STUDENT INFORMATION				
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)	Gender (please tick as appropriate) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified			
Family Name	Given Name (First Name)			
Other Given Names (Middle Names)	Previous Names (if applicable)			
Date of Birth (dd/mm/yyyy)	Town/City of Birth	Country of Citizenship		
Passport Number	Expiry Date			
CONTACT DETAILS				
Residential Address			Country	
City/Suburb	State/Province	Postcode		
Mobile	Telephone		Email	
PREVIOUS EDUCATION				
Please provide details of all your previous academic qualifications. Please list the highest level of qualification first.				
Name of Institution	Location of Institution (country/state)	Name of qualification/award/course	Years attended.	Qualification/award/course completed
ENGLISH PROFICIENCY				
Please refer to the website for entry requirements.				
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your first language?		What is the language spoken at home?	
Language Test <input type="checkbox"/> PTE <input type="checkbox"/> IELTS <input type="checkbox"/> Others	Band/Score			
VISA DETAILS				
Do you hold a current Australian Temporary entry permit or visa? <input type="checkbox"/> Yes If yes, please provide a copy along with the following details: <input type="checkbox"/> No				
Visa Type	Visa Expiry Date (dd/mm/yyyy)		Visa Grant Number	
Have you ever been refused a visa to Australia and/or any other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No			Number of dependents	

To which Immigration Office will you be lodging your visa application? City: _____ Country: _____												
USI												
Do you have a USI (Unique Student Identifier) from the Australian Government? For more information visit: www.usi.gov.au <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter your USI: _____												
COURSE SELECTION												
Please check the course information at www.dptrainingconsultancy.com												
Campus location		<input type="checkbox"/> Brisbane <input type="checkbox"/> Gold Coast										
Course code		Course name							Duration			
<input type="checkbox"/> CHC33021 112373F		Certificate III in Individual Support							52 weeks			
<input type="checkbox"/> CHC32015 111325M		Certificate III in Community Services							52 weeks			
<input type="checkbox"/> CHC42021 112371H		Certificate IV in Community Services							52 weeks			
<input type="checkbox"/> CHC52015 112372G		Diploma of Community Services							52 weeks			
<input type="checkbox"/> CHC62015 111329G		Advanced Diploma of Community Sector Management							52 weeks			
<input type="checkbox"/> BSB40320 111330C		Certificate IV in Entrepreneurship and New Business							52 weeks			
<input type="checkbox"/> BSB50120 111331B		Diploma of Business (Operations)							52 weeks			
COURSE INTAKES (Tick where applicable)												
2023	16/01	20/02	06/03	17/04	22/05	05/06	17/07	21/08	04/09	16/10	20/11	04/12
2024	15/01	19/02	04/03	15/04	20/05	03/06	15/07	19/08	02/09	14/10	18/11	02/12
EDUCATION AGENT?												
Are you applying through an education agent? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please fill up the following)												
Agent's company name:		_____										
Consultant's name:		_____										
Consultant's email:		_____										
Consultant's mobile phone:		_____										
SUPPORTING DOCUMENTATIONS												
Please provide certified copies of supporting documentation: <input type="checkbox"/> Certified copies of your academic transcript(s) and certificate(s) (if documents are in a language other than English, please also provide certified translated copies). <input type="checkbox"/> Work experience details (if applicable). <input type="checkbox"/> Evidence of English Language proficiency e.g., IELTS, PTE results or other English tests where applicable. <input type="checkbox"/> Copy of your passport. <input type="checkbox"/> Copy of Visa Grant Letter (if applicable). <input type="checkbox"/> Attached any relevant financial support documentations. <input type="checkbox"/> DP Training SOP form (if applicable).												
RECOGNITION OF PRIOR LEARNING												
DP Training does not accept applications for Recognition of Prior Learning for international students who intend to study onshore.												
CREDIT TRANSFER												
You may seek a credit transfer for previously completed units of competency from either DPTC or another registered training organisation. These will need to be authenticated and verified by DPTC. Are you seeking a credit transfer? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, DPTC will provide you with a Credit Transfer Verification form to complete and sign.												
ADDITIONAL SERVICES												
Would you like an airport transfer on arrival? <input type="checkbox"/> Yes (If yes, please send flight details to your DP Training representative) <input type="checkbox"/> No Do you require accommodation assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you wish to purchase Overseas Student Health Cover (OSHC) through DP Training? <input type="checkbox"/> Yes (<input type="checkbox"/> single <input type="checkbox"/> couple <input type="checkbox"/> family) <input type="checkbox"/> No												

DISABILITY ASSISTANCE

Do you have a disability which may affect your learning? e.g., vision, hearing, mobility, learning difficulties, medical or other conditions?

Yes No

If yes, please detail separately. Answering this question will not affect your application – the information you provide will assist us in assessing how we can best cater for your needs. Please provide a written response on a separate sheet of paper that is signed and has attached any supporting documents from a Registered Medical Practitioner or Allied Health Support Worker.

DP TRAINING PRIVACY NOTICE AND CONSENT

DP Training collects personal information about you for the purpose of enrolling you into your chosen education course(s) or program(s) of study. Your enrolment may not be accepted if you do not provide all the information requested. We may also use your information to improve our products and services and offer you other products and services from our partners or suppliers which may be relevant to you. We may disclose your personal information in accordance with our Privacy Policy including to your education agent and to the Australian government as required or authorised by law. Our privacy policy contains detailed information about how you can access and collect the personal information we hold about you or make a privacy complaint. You may contact the Privacy Officer (info@dptrainingconsultancy.com) for more information.

I confirm that I am 16 years of age or older and consent to DP Training (and its associated entities) in connection with and for the purposes of my application and study:

- Collecting, storing, using, transferring, disclosing and otherwise handling my personal information (including sensitive information);
- Providing my personal information to any other data controllers or data processors for processing my personal information (including sensitive information);
- Disclosing my personal information (including sensitive information) to relevant authorities as authorised or required by applicable laws and regulations; and
- I am NOT located in the People's Republic of China, OR
- I am located in the People's Republic of China and I consent to transferring and sharing my personal information (including sensitive information) outside the People's Republic of China (and I understand that DP Training's 'Personal Information Protection Policy' (available at <https://www.dptraining.com.au/privacy>) applies to personal information about individuals located in the People's Republic of China.

DECLARATION

- I have read, understood, and agree to be bound by the terms and conditions of enrolment detailed in the 2023 enrolment information and policies available online at <https://www.dptraining.com.au/wp-content/uploads/2023/04/International-Student-Supplement-Booklet.pdf>
- I declare that the information I have submitted is a true and complete record of all academic results I have received at each and every education provider and/or institution, which I have attended.
- I declare that I have read the instructions on this application form and that, to the best of my knowledge, the information provided by me is true and complete in every way.
- I acknowledge that DP Training may vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me.
- I give permission to DP Training to obtain records from other educational institutions that I have attended.

Student signature	Date (dd/mm/yyyy)
Please complete the section below if the student is under 18 years at the time of application.	
Parent/Guardian Name	Email of Parent/Guardian
Signature of Parent/Guardian	Date (dd/mm/yyyy)