

International Student Application Form 2010 - 2011

Application Instructions

Thank you for choosing to apply at EQUALS International.

Please fill out all the requested information below. Once the application form has been completed and you have attached the following items (listed on the checklist), please return to;

EQUALS International,
International Student Admissions
GPO Box 2443, Adelaide SA 5001 Australia.
international@equals.com.au

Checklist (please tick)

- covering letter
- a copy of your TOEFL/IELTS Certificate (applies if English is not your first language)
- current resume
- two passport sized photographs
- academic transcripts (if applicable)
- copy of passport

Please make sure before signing this document that you agree with all company policies, regulations, terms and conditions. No payment is required with your application.

Applicant Details

Family Name:		Given Names:	
Date of Birth:		Gender:	
Address:		Suburb:	
State:		Postcode:	
Telephone:		Mobile:	
Email:	<i>(student email address is a requirement of enrolment)</i>		
Country of Origin:			

Do you consider yourself to have a disability or special needs? <i>(please circle)</i>	Yes	No	Unsure
	If yes or unsure, please specify details:		

Program Details

What professional program/s of instruction are you applying to enroll in? Please tick one or more programs.



BUSINESS

___ Diploma of Business Administration BSB50407

HOSPITALITY

___ Diploma of Hospitality SIT50307

HEALTH & COMMUNITY

___ Diploma of Community Services Work CHC50608

___ Certificate III in Aged Care Work CHC30208

___ Diploma of Disability CHC50108

___ Diploma of Remedial Massage HLT50307

___ Diploma of Nursing (Enrolled / Division 2 Nursing) HLT51607

What month and year would you prefer to start studying? _____

Nationality on Passport:		Passport Number:		Passport Expiry Date:	/ / 20
Do you have any dependents?	Yes No	If 'yes', will they be joining you in Australia?	Yes No		
Do you have any type of disability?	Yes No	If 'yes', what is your disability?			
Are you applying in Australia or offshore?	<input type="radio"/> In Australia <input type="radio"/> Offshore	Overseas Address:			
Overseas Contact Number <i>(include area code):</i>		Overseas Fax Number <i>(If applicable) (include area code):</i>			
Email contact details:					<i>Please nominate the Embassy to send your electronic Confirmation of Enrolment if you are successful:</i>

Do you currently hold an Australian Visa?	Yes No	If 'yes', what type of Visa?		** Please ensure you attach a copy of your visa label.
Do you hold a current eCoE?	Yes No	** If 'yes', please attach a copy of your current eCoE.		
Visa Expiry Date:	/ / 20	<i>This field is required if you hold an Australian visa.</i>		
Do you currently have Overseas Student Health Cover?	Yes No	If 'yes', who is your current provider?		** Please ensure that you attach a copy of your current membership card.
OSHC Expiry Date:	/ / 20	If 'no', do you require Single or Family membership?	<input type="radio"/> Single <input type="radio"/> Family	

Where did you find out about EQUALS?	Agent Information
<input type="checkbox"/> Exhibition <input type="checkbox"/> Internet <input type="checkbox"/> Agent <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other: _____	Agent Name: _____ Agency Name: _____ Agent Declaration: By checking the box below I confirm I am the agent listed above and that I have counselled and briefed the applicant about EQUALS, its policies and procedures, and the terms and conditions related to this application in accordance with our Agent Agreement with EQUALS: <input type="checkbox"/>

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Important: Please read the Student Handbook and the following information carefully before making your application:

CODE OF PRACTICE

This sets out the guidelines for the ethical conduct of registered providers of courses to International Students. EQUALS International is a registered provider of courses for International Students and is committed to meeting educational standards outlined in the National Code of Practice issued by the Australian Government.

CHANGES AFFECTING VISA STATUS

EQUALS International is required by law to notify the Department of Immigration and Multicultural Affairs (DIMA) whenever a student:

- fails to commence the nominated course as expected
- has their enrolment cancelled for failure to meet course requirements, or any other reason
- ceases to occupy the place for which the course enrolment was confirmed, either through completion of, or withdrawal from the course
- changes course and/or provider during their period of stay in Australia

If you have changed your course and/or provider, you may need to contact your OSHC provider about maintaining Overseas Student Health Cover. You should contact DIMA, prior to making a decision, with any queries that you have regarding a change of visa status. Please also note that you are required to notify EQUALS International if you are applying to DIMA to change your visa status.

TUITION FEES AND REFUND OF MONIES PAID

- The organisation reserves the right to cancel a course, or refuse any enrolment as permitted by law.
- The organisation reserves the right to adjust fees on an annual basis, vary course requirements or class schedules at any time as deemed necessary.

REFUNDS may be granted if any of the following occur:

ORGANISATION DEFAULT:

A refund of all "Course Money" (or Tuition Fees) will be given within two weeks if the college defaults on:

- the course offered does not begin on the agreed starting time
- the organisation ceases to provide the course during its term
- the provider defaults and the student has not withdrawn before the default date
- the organisation is not provided in full to the student
- the student is not granted a Student Visa
- the provider must give the student a statement that explains how the amount has been worked out

STUDENT DEFAULT & REFUNDS:

Refund of monies paid to EQUALS International will be granted under the following circumstances in compliance with the Regulations stated in the ESOS (Education Services for Overseas Students) Act set by the Department of Immigration.

A full refund of 'Course Money' will be given within two weeks if:

- The course offered does not begin on the agreed starting time
- The College ceases to provide the course during its term
- The provider defaults and the student has not withdrawn before the default date
- The student is not granted a Student Visa to study in Australia

A refund of 'Course Money' less \$250 administration fee will be given within two weeks if:

- The student withdrew in writing prior to the commencement (day 1) of a given term

A refund of Tuition fees less the International Student administration fee and fees paid for the current semester of enrolment will be given within six weeks if:

- The course offered by EQUALS started on the agreed starting date but the student did not start the course on that date
- The student withdrew from the course after the agreed starting date.

All "Course Money" paid to the College, will be safeguarded in a trust account, if EQUALS International defaults, students are protected according to the ESOS Act and our OSTAS assurance policy. Students are advised they have the right to pursue refunds under Australian Consumer law.

COURSE ATTENDANCE

International students are required to undertake a fulltime program and attend no less than 80 per cent of classes within a given term and a minimum of 90 per cent for bodywork subjects. If classes are not attended a medical certificate will be required.

Applicant Agreement & Declaration

I:		
a)	declare that I have read, understood and agree to abide by the terms, conditions and policies outlined in the International Student Handbook & Prospectus;	
b)	declare that the above information is true and correct;	
c)	declare that the information supplied may be provided to the Australian government if requested;	
d)	declare that I have read and understood the Course Information material supplied to me.	
e)	hereby grant permission for EQUALS International to use my physical likeness in film, video or photographic use, without restriction in any communication medium, in present or future use.	
f)	hereby grant permission for EQUALS International to use my written or spoken words, without restriction in any communication medium, in present or future use.	
APPLICANT SIGNATURE:		Date:

DEFERMENTS

Requests for the deferment of studies are required in writing. Deferments may be granted by the organisation for up to 1 year providing advice is given in writing at least 2 weeks prior to the commencement of a given term. Deferments will only be granted between terms for all subjects or subject components successfully completed in the previous term/semester.

EQUALS must notify DIMA of your decision to defer your studies in Australia. DIMA will defer the student visa up to 6 months. Over six months your visa will be cancelled, therefore you will need to reapply for another student visa prior to recommencing your studies. Please note that the final decision about your eligibility for a second student visa will be made by DIMA and will be based on your reasons for deferring your studies. Therefore, we strongly advise you contact DIMA to ensure that you will be able to resume your student visa status, prior to making your final decision to defer. Please note that EQUALS International is required to notify DIMA of your deferment and you may therefore forfeit your current student visa.

There is no monetary action on deferments, however, please note that courses may be subject to change and you are required to check with Student Administration, at the beginning of the year in which you intend to re-enrol, to ensure that re-enrolment is possible.

A student is only allowed to defer commencement or suspend studies of a course on medical grounds (with a medical certificate) or other exceptional compassionate circumstances.

DEPENDANTS

If holders of a Student Visa have dependants who will be coming with them to Australia, they are required to make arrangements for the education of the dependant/s. Students should contact DIMA for more information about the status of dependants when intending to study in Australia. If you are accompanied by school aged dependents you will be required to pay the full fees for their schooling. Please note that International Students are not eligible for travel concessions on public transport in Australia.

ELIGIBILITY FOR STUDENT VISA STATUS

Have you checked your countries Assessment Level?

Full fee paying prospective students of Assessment Level 3-5 are encouraged to undergo pre-visa assessment before lodging an application for a visa to study in Australia. Self-assessment information can be obtained from your nearest Australian Embassy.

OVERSEAS STUDENT HEALTH COVER

DIMA require mandatory, visa length health insurance for all student visa holders. Approved OSHC providers include:

- Medibank Private – www.medibankprivate.com.au
- BUPA OSHC – www.overseasstudenthealth.com
- Australian Health Management – www.ahm.com.au
- Lysaght Peoplecare Limited, subcontracting to OSHC Worldcare - www.oshcworldcare.com.au

We will organise the first years premiums as per your letter of offer, once the first year has elapsed, you will have to contact the OSHC provider to organise a payment plan for the duration of your time on the visa. To not have up to date Health insurance is a breach of your student visa.

REFUND OF OSHC PAYMENTS

A student may apply directly to the OSHC provider for refund of monies paid if any of the following occur:

- if they do not arrive in Australia
- if their student visa is not extended
- if they have been granted resident status in Australia
- if they are required to return home for reasons beyond their control

WITHDRAWAL FROM A COURSE

Students are required to provide written notification of withdrawal from any course or course component, prior to the commencement of term, in order to obtain a refund for that term. Notification of withdrawal, given after the commencement of term, may not guarantee a refund for that term. Refunds incur a \$150 fee. Please check with Student Administration before withdrawing to ensure that it complies with your student visa requirements. Please also refer to the refund conditions outlined above.

Please note that information about overseas students may be made available to relevant Commonwealth & State Government agencies.

EQUALS INTERNATIONAL LTD
RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT



This is an important document which affects your legal rights and obligations, please read carefully before signing.

To fulfil the requirements of your course you may be required to complete one or more work placements at various organisations relevant to your course, which may include Hospitals, Residential Aged Care facilities, Retail, Business Services and Hospitality employers (the "Work Placement"). EQUALS International Pty Ltd ("EQUALS") will assist in arranging for you to participate in the Work Placement.

NOTE: Section 74 of the Trade Practices Act ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Subject to that warranty, if applicable and IN CONSIDERATION of being permitted to participate or otherwise be involved in any way in the Work Placement THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE EQUALS its officers, employees, agents and representatives, all for the purposes as herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE WORK PLACEMENT, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the WORK PLACEMENT, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

3. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the WORK PLACEMENT whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.

4. HEREBY acknowledges that the WORK PLACEMENT may involve the risk of serious injury and/or death and/or property damage.

5. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the WORK PLACEMENT occurs and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I

HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR

GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS AGREEMENT.

.....
PRINT STUDENT NAME HERE

.....
STUDENT SIGNATURE HERE

.....
DATE

.....
PRINT WITNESS NAME HERE

.....
WITNESS SIGNATURE HERE

.....
DATE

THIRD PARTY INDEMNITY WHERE STUDENT IS UNDER 18 YEARS OF AGE

I being a parent/guardian of the above named student DO HEREBY ACKNOWLEDGE:

- (i) that I have read the whole of this document and understand it;
- (ii) that I consent to the above named student participating in the Work Placement;
- (ii) that I am aware of the risks, dangers and obligations set out in the above Agreement;

IN CONSIDERATION of the above named student being permitted to participate or otherwise be involved in any way in the Work Placement I

DO HEREBY Agree to be bound by the terms of the above Agreement in the same manner and to the same effect as if I was the above named student.

.....
PRINT PARENT/GUARDIAN NAME HERE

.....
PARENT/GUARDIAN SIGNATURE HERE

.....
DATE

.....
PRINT WITNESS NAME HERE

.....
WITNESS SIGNATURE HERE

.....
DATE

International Student Enrolment Form 2010 - 2011



WELCOME TO EQUALS! We look forward to supporting you during your Australian study experience.

Applicant Details

Family Name:		Given Names:	
Date of Birth:		Gender:	
Address:		Suburb:	
State:		Postcode:	
Telephone:		Mobile:	
Email:			

Emergency or Next of Kin Contact

Contact Name:		Relationship:	
Address:		Suburb:	
State:		Postcode:	
Telephone:		Mobile:	
Email:			

What Program/s are you applying to enrol in?

Program Title			
Based on your current skills and /or experience, do you wish to seek Recognition of Prior Learning for part of/or a whole qualification? Please circle Yes No Unsure Please consult your Student Administration for more information.			

Supporting You (please tick in appropriate column)

I do not wish to become a member of EQUALS Interact or receive professional development and newsletter updates	
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Personal Details (please circle answers where appropriate)

Has any of the information you provided in your initial application changed? Yes No

If yes, please detail: _____

Applicant Agreement & Declaration:

I :	
a)	declare that I have read, understood and agree to abide by the terms, conditions and policies outlined in the International Student Prospectus and Handbook;
b)	declare that the above information is true and correct;
c)	declare that the information supplied may be provided to the Australian government if requested;
d)	declare that I have read and understood the Course Information material supplied to me.
e)	hereby grant permission for EQUALS International to use my physical likeness in film, video or photographic use, without restriction in any communication medium, in present or future use.
f)	hereby grant permission for EQUALS International to use my written or spoken words, without restriction in any communication medium, in present or future use.
	APPLICANT SIGNATURE: _____
	Date: _____