

Enrolment Application Form – International Student

To enrol as an international student, you must be 18 years of age or older at the time of course commencement.
Please complete this enrolment application form using BLOCK LETTERS in your own handwriting using a black pen. If this document is to be scanned or faxed please ensure that the quality is set to the highest setting. Applications that are not legible will be returned back to you and asked to be resubmitted.

Applicant Information

| | | | |
|---|----------------|---|--|
| Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other: | | Given/Christian name: | |
| Surname/Family name: | | Preferred name: | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth: | Age: | |
| Country of birth: | | Nationality on passport: | |
| Passport number: | | Passport expiry date (e.g. 30/08/2014): | |
| Phone: | Mobile: | Fax: | |

Do you have a profile on a social media site such as Facebook, RenRen or Orkut? Please enter the web address or URL here:

Do you have an address or an instant messaging service such as MSN, Yahoo Messenger, Skype or QQ? Please enter your details here:

Contact address in Australia (if applicable):

| | | | |
|---------|--------|-----------|--------|
| Suburb: | State: | Postcode: | Email: |
|---------|--------|-----------|--------|

Postal Address - if same write 'as above'

| | | |
|---------|--------|-----------|
| Suburb: | State: | Postcode: |
|---------|--------|-----------|

Contact overseas address:

| | | | |
|---------|--------|----------|-----------|
| Suburb: | State: | Country: | Postcode: |
|---------|--------|----------|-----------|

Overseas contact numbers (include area code)

Overseas fax number (include area code)

Emergency Contact-in Australia

| | | |
|------------|--|---------------|
| Full Name: | | Relationship: |
|------------|--|---------------|

| | | |
|---------|--------------|--------------|
| Mobile: | Work number: | Home number: |
|---------|--------------|--------------|

Address:

| | | |
|---------|--------|-----------|
| Suburb: | State: | Postcode: |
|---------|--------|-----------|

Qualification and course type – you are enrolling in:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Certificate III in Hairdressing WRH30109 - | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> Certificate IV in Hairdressing WRH40109 - | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> Diploma of Hairdressing Salon Mgmt WRH50109 - | <input type="checkbox"/> Full-time |

As part of a package linked to a primary course listed above.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Certificate II in Makeup Services WRB20204 - | <input type="checkbox"/> Full-time |
|---|------------------------------------|

Short course name (partial qualification-units of competence): _____

When do you wish to commence your studies:

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Health Questions And Request For Learning Support

Is there anything that may affect your learning, for example have you suffered from, been diagnosed with or sought medical advice or treatment for impairments to your:

- Dyslexia Reading Writing
 Speaking Eyesight Ear or hearing conditions

or **medical conditions** such as difficulty with:

- Breathing Mobility Asthma Seizures
 Infectious diseases Skin conditions Allergies Back pain
 Chronic fatigue/Fibromyalgia Mental illness Acquired brain impairment

Physical disability please specify: _____

Other medical condition, please specify: _____

If 'Yes', to any condition, please give details of the specific condition disclosed including any treatment received and what learning support would assist you: _____

Visa Information

Are you applying in Australia or Overseas Do you hold an Australian Visa Yes No

If Yes, what type of visa: _____ Visa expiry date / /

If No, what type of visa will you apply for: _____ Expected date of arrival in Australia? / /

Lodged with which Immigration Office/Embassy/High Commission:

All International students must obtain Overseas Student Health Cover (OSHC) for the duration of their Student Study Visa. Do you have **OSHC**? Yes No. If 'Yes', Single cover Family cover

Name of your OSHC provider: _____ OSHC membership number: _____

Your interests

Please list your hobbies and interests: _____

Referees

Please provide the name, phone number and email address of two (2) referees.

1. Name: _____ Phone: _____ Email: _____
 2. Name: _____ Phone: _____ Email: _____

Marketing Information

- How did you find out about Clip Joint Education? Website TV Radio
 Print Advertising Building Signage Yellow Pages School
 Salon Expo Reputation Friend

Other (please specify): _____

Would you like to receive information about CJE's courses and events? Yes No

Agent Information – are you enrolling through a CJE agent/representative?

Agent company name: _____ Phone: _____ Email: _____

Agency contact name: _____

Agent contact address: _____

Suburb: _____ State: _____ Postcode: _____

Agent declaration (if applicable):

I confirm that I have informed and supported the applicant about CJE, its marketing materials, policies and procedures, and the terms and conditions relating to this application as found on the CJE website www.clipjoint.com.au/education and in accordance with the CJE agent agreement.

Agent signature: _____ Date: _____

If you, the applicant are successful, where would you like the Letter of Offer to be sent to?

- Agent Yourself – address overseas Yourself – address in Australia

Qualification Fees and Payment Details

Application fee: Fee information will be provided to you as part of this application process. When you submit your application you will need to pay an application fee of **AUS\$200**. Prompt payment to the Manager of Recruitment of the application fee of AUS\$200, will make you eligible for consideration of a place.

The application fee is refundable if CJE is unable to provide in full the qualification offered at the time on or after the agreed starting date. When your application is accepted by CJE you will receive a **Letter of Offer**.

Late registration will be considered subject to place availability, and prompt payment to the Manager of Recruitment of the application fee of AUS\$200, the initial payment paid in advance.

Deposit: You will be invited to complete an enrolment agreement confirming course fees and material/equipments fees where applicable, all detailed in your enrolment agreement. This needs to be paid no later than thirty (30) days before course commencement date. When this deposit is paid, you will receive a **Confirmation of Enrolment**.

Payment details: To secure your place at CJE (subject to CJE's acceptance of enrolment) this enrolment application must be completed, agreement signed and the fee payments received by CJE at least thirty (30) calendar days prior to the qualification commencement day.

Payment of the application fee and all other fees may be made by cash, cheque, money order, or by Visa card or Master card (not by Amex card) over the phone or at our counter. The balance of the total qualification fees can either be paid in full or by direct debit arrangement.

Cheques should be made payable to **Clip Joint School of Hairdressing Pty Ltd** and crossed "Not Negotiable". Please ensure your cheque is accompanied with relevant application details.

CJE reserves the right to withdraw any participant from their studies if payment has not been received in accordance with our payment terms and agreement.

Student Declaration

I declare that I have read and understood:

1. I have personally completed the information required in this application (and will acknowledge the assistance provided by my agent and/or parent(s),(if applicable) and confirm any supporting information is complete, up to date and true.
2. The application and my declaration. To proceed with this application process I will complete an enrolment agreement and receive a CJE Code of Practice, the description of the ESOS framework, refund policy and be informed of my rights and obligations. This information is also found on the Clip Joint website www.clipjoint.com.au/education
3. That the information provided by me, my parent(s)/legal guardian(s) and/or my education agent (if applicable) to CJE may be shared between CJE and the Australian government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. Records may otherwise be disclosed without consent where authorised or required by law.
4. The provision of misleading, or false, or incorrect and/or incomplete information or documentation relating to my application may result in the cancellation of my enrolment.
5. I will notify CJE of my flight details and OSHC details, date and time of my arrival in Australia and departure details.
6. I will notify CJE of any change to my address, contact details and any changes to fee payment arrangements to ensure fees are paid upto date while enrolled in study.
7. CJE is required to inform the Department of Immigration and Citizenship (DIAC) about changes to my enrolment and notify DIAC of CJE's intention to report the student as not achieving satisfactory course progress, not achieving satisfactory attendance, fee arrears or any other potential breach of visa conditions.
8. That if any of my fees are paid by my parent(s)/legal guardian(s), I grant CJE permission to provide my parent(s)/legal guardian(s)/educational agent with any information relating to my application to study, ongoing academic progress, results and attendance.
9. The issuance of a qualification parchment or statement of attainment parchment or Academic Transcript is subject to my fees being paid upto date.
10. This application agreement does not remove my right to take further action under Australia's consumer protection laws.

| | | |
|---|---|-------|
| Name of applicant: | Signature of applicant: | Date: |
| Name of parent 1/legal guardian 1, if the student is under 18 years of age: | Signature of parent 1/legal guardian 1: | Date: |
| Name of parent 2/legal guardian 2, if the student is under 18 years of age: | Signature of parent 2/legal guardian 2: | Date: |

Please forward the completed application form and the application fee of AUS\$200 to:

Manager of Recruitment

Clip Joint Academy of Hairdressing PL ta Clip Joint Education
PO Box 3443
Rundle Mall SA 5000 Australia

Email: academy@clipjoint.com.au

Address: 86 Gawler Place, Adelaide SA 5000 Australia

Fax: +61 8 8232 6770 Phone: +61 8 8223 5600

