

International Student Application for Enrolment

Please complete this application form in English using BLOCK LETTERS and tick where appropriate

Personal Details

Title: please tick	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms
Family name:	<input type="text"/>							
Given names:	<input type="text"/>							
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>					
Nationality:	<input type="text"/>	Country of Birth:	<input type="text"/>					
Passport Number:	<input type="text"/>	Passport Expiry:	<input type="text"/>					

Contact Details

* Overseas Address:	<input type="text"/>							
* City/Suburb:	<input type="text"/>	* State:	<input type="text"/>					
* Country:	<input type="text"/>	* Post/Zip Code:	<input type="text"/>					
Offshore Phone:	<input type="text"/>	Mobile Phone:	<input type="text"/>					
* Email Address:	<input type="text"/>							

* Denotes mandatory field. If the student resides in Australia a current address must also be provided.

Australian Address:	<input type="text"/>							
City/Suburb:	<input type="text"/>	State:	<input type="text"/>					
Post Code:	<input type="text"/>							
Australian Phone:	<input type="text"/>	Mobile Phone:	<input type="text"/>					

Visa, Health Insurance and Agent Representation

Visa

Do you hold a current Australian visa?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Visa Category Number:	<input type="text"/>	Visa Expiry Date:	<input type="text"/>	
Have you been refused a visa for Australia or any other country?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			

Visa, Health Insurance and Agent Representation

Health Insurance

Do you require Linx to organise Health Insurance? Yes No If no, please supply copy

If yes, which cover are you applying for? Single Couple * Family *

*If couple/family, please provide the following information:

Name:

Date of Birth:

Passport Number:

Name:

Date of Birth:

Passport Number:

Agent Representation*

Are you applying through an agent? Yes No - Direct Application

Agent Name:

Name of Counsellor:

Agent Email:

Agent Stamp:

*I nominate this agent for the entire duration of my enrolment.

Marketing

How did you hear about Linx Institute? Friend Agent Internet Other

Please specify:

Course Details

Course Commencement

Year: Term 1 (Jan) Term 2 (Apr) Term 3 (Jul) Term 4 (Oct)

Course Details

CHC30113
Certificate III in
Early Childhood Education
and Care
52 Weeks

CHC50113
Diploma of
Early Childhood Education
and Care
104 Weeks

CHC33015
Certificate III in
Individual Support (Ageing)
52 Weeks

CHC43015
Certificate IV in
Ageing Support
52 Weeks

CHC42015
Certificate IV in
Community Services
52 Weeks

CHC43015
Diploma of
Community Services
104 Weeks

BSB51915
Diploma of
Leadership and
Management
52 Weeks

CHC33015
Certificate III in
Individual Support (Ageing)

CHC42015
Certificate IV in
Community Services

CHC43015
Certificate IV in
Ageing Support

CHC43015
Certificate IV in
Ageing Support

CHC43015
Diploma of
Community Services

CHC43015
Diploma of
Community Services

CHC43015
Diploma of
Community Services
130 Weeks

104 Weeks

104 Weeks

Unique Student Identifier (USI)

All international students must supply their Unique Student Identifier (USI)
For more information on USI's and how to apply for your USI online please go to www.usi.gov.au

Unique Student Identifier:

Education and Academic Achievement

Completed Education

High School
 College
 University

Please list your most recent study programs: (including incomplete courses)

Course/Award: eg: HSC, A levels	Institution: eg: School of Learning College	Country: eg: Australia	Year Commenced: eg: 2010	Year Completed: eg: 2015
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicants must attach certified copies of all relevant academic certificated and transcripts. Certified copies must be stamped and signed by a Justice of the Peace, Commissioner for Declarations, an approved Linx Institute Education Agent or the issuing authority/institution, and the certifier's stamp must include the certifier's printed name, signature and date of notary. All documents not in English must be accompanied by certified and translated English copies by an approved translator.

English Proficiency

Is English your first language? Yes No

Do you hold a certificate of English proficiency?
(Academic IELTS, TOEFL, Persons) Yes No

Have you completed secondary or tertiary study
where English is the language of instruction? Yes No

Applicants must attach certified copies of all relevant English certificates and transcripts.

Are you studying an English language course that
will be packaged with Linx Institute? Yes No

Institution Name:	Course Name	Course Length
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach Letter of Offer for English school.

Medical / Other Needs

Do you consider yourself to have a disability, impairment or long-term condition? Yes* No

*If yes, then please indicate the area of disability, impairment or long-term condition below.
(You may indicate more than one area)

<input type="checkbox"/> Hearing / Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Medical Condition (Please Specify)	<input type="checkbox"/> Other (Please Specify)
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Document Checklist

- Completion of the application form in its entirety
- Evidence of English proficiency (Certified copy only)
- Evidence of Academic requirements (Certified copy only)
- Copy of valid passport (certified copy) and visa if applicable

Terms and Conditions

Before you apply to study with us, you must read through the relevant Terms and Conditions of International Enrolment and the Cancellation and Refund Policy which can be found at www.linx.edu.au

It is important that you read and understand these before you apply, so that you are fully aware of your responsibilities as a student at Linx Institute. These Terms and Conditions of Enrolment will form part of your enrolment contract.

Declaration

I declare that the information supplied in this application is true and correct. I authorise Linx to obtain enrolment and academic information from any of my previous or current education providers. I understand that Linx will take remedial corrective action if the information provided is false and misleading.

I understand incorrect or incomplete information may delay my application or lead to my application being refused.

I understand that my personal information may be made available to Commonwealth and State Government agencies such as the Australian Skills and Quality Authority (ASQA), the Tuition Protection Service (TPS), Overseas Student Health Cover Provider (OSHC), the Department of Immigration and Border Protection (DIBP) and other relevant agencies for reporting and/or statistical data collection purposes.

I declare that I have genuine access to sufficient funds whilst in Australia, to meet my financial commitments to Linx and cover all tuition, Overseas Student Health Cover and living expenses for myself and any dependants.

I understand that I may be contacted by a Linx representative and asked a series of questions in relation to this application and that the DIBP will undertake their own determination of any criterion for visa purposes. I am aware that information relating to my application may be provided to DIBP. I understand that upon accepting an offer of admission from Linx, that I am required to complete a minimum of 6 months' study in the highest qualification I have applied for. (principal course)

I hereby consent and agree that Linx Institute has the right to take or use;

Photographs of me (and/or my property);
Videos of me (and/or my property); and
Statements and/or comments made by me in written or oral form.
(the above herein referred to as the Materials)

I hereby agree that Linx Institute shall have the right to:

Edit and delete the Material for any reason or purpose;
Use my name, photographic or other likeness, voice or other information concerning me to publicise and promote Linx Institute and its business
Make any changes to the Materials that Linx Institute wish in its entire discretion, including (but not limited to) using the Materials with any other material; and
Do any or all acts or omissions which would otherwise be an infringement of my moral rights.

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I acknowledge that:

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Any use Linx Institute makes of the Materials is an authorised use.

I release Linx Institute from any liability for any infringement of any of my rights arising from its use of the Materials, including (but not limited to) claims under tort law, contract law, and the Competition and Consumer Act 2010 (Cth) and equivalent state and territory legislation.

The Images may be used in various media formats including online media, social media, print, newspaper, video, public displays television and electronic means of communication.

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If I wish to withdraw permission for the Materials to be used, I must so inform Linx Institute in writing. I understand that if I so withdraw permission for the Materials to be used, Linx Institute will cease any future new publication or use of the Materials, but for several years the Materials may appear in printed and electronic material which has already been produced or disseminated.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. I represent that I have full power to enter into the release contained in this document and that the terms of this Release do not in any way conflict with any existing commitment on my part.

Name:

Signature:

Date: (DD/MM/YY)

Contact Us

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