

## PERSONAL DETAILS

FAMILY NAME:			Date of Birth (dd/mm/yyyy):
Given name:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate
Email:			Telephone:
Residential address: Number & Street Suburb/Town State			Postal address (if different from residential):
Postcode			Country
Nationality:			In which country were you born?:
Mother tongue:			Passport number:
Do you consider yourself have a disability, impairment or long term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide information:			

## VISA DETAILS AND OVERSEAS STUDENT HEALTH COVER

What visa will you be studying on?  Visitor  Working holiday  Student visa  Other please state:

Start date of visa:

**Student visas only** - The Australian Government requires anyone on a student visa to have Overseas Student Health Cover (OSHC) for the length of their visa. Do you have OSHC at the moment?  No  Yes - If yes, when does it expire?

Would you like CCEB to arrange your OSHC for you (if available)?  Yes  No

## ACCOMMODATION

Do you require CCEB to arrange your accommodation?  Yes  No - If no, this section can be skipped

Homestay (airport pick up included when arriving on weekend)  Do you require CCEB to arrange airport pick up?  Yes  No

Sharehouse Kangaroos

Check in date:  Check out date:

Arrival date:  Flight number:  Arrival time:

Do you smoke?  Yes  No

Are dogs ok?  Yes  Yes outside only  No

Are cats ok?  Yes  No

Are you vegetarian?  Yes  No

Are children under 5 ok?  Yes  No

Are children 6-16 ok?  Yes  No

Are there any foods you don't eat?  No  Yes - If yes, please list:

Do you have any illnesses/ medications?  No  Yes - If yes, please list:

Do you have any allergies?  No  Yes - If yes, please list:

## COURSE (Entry to all courses is conditional on meeting entry requirements)

### Full Time Courses

General English Full-Time (CRICOS: 072892G)

### Part Time Courses \*Not suitable for students on a student visa

General English Part-Time \*

IELTS Preparation (CRICOS: 073937B)

Job Ready Program\* (VET Enrolment form must be completed)

Cambridge First Certificate Preparation (CRICOS: 073934E)

Cambridge Advanced Certificate Preparation (CRICOS: 073935D)

1<sup>st</sup> course start date:

Number of weeks:

2<sup>nd</sup> course start date:

Number of weeks:

3<sup>rd</sup> course start date:

Number of weeks:

Any holiday requests (must be full weeks Mon-Fri):

Note: All courses start on a Monday unless that Monday is a public holiday. See course calendar for start dates.

## DECLARATION

I confirm that the information provided on this form is complete and correct. I acknowledge this is an application only (i.e. there is no guarantee of a place). If an offer is made to me my acceptance is subject to the terms and conditions set out in the letter of offer.

Agent/ representative stamp (if applicable):

Signature:  Date:

Parent or Legal Guardian if student is under 18 yrs old