

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 Postcode		Postal address (if different from residential):
Country		
Nationality:		In which country were you born?:
Mother tongue:		Passport Number:
Are you of Aboriginal/ Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes- Aboriginal <input type="checkbox"/> Yes- Torres Strait Islander <input type="checkbox"/> Yes- Aboriginal & Torres Strait Islander		
Do you consider yourself have a disability, impairment or long term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please select: <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other (please provide information):		
What is your highest completed school level? (Tick 1 box only) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school		
Are you still attending secondary school? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you successfully completed any of the following qualifications? (Tick all that apply) <input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma or associate diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other <input type="checkbox"/> No qualification		
Which best describes your current employment status? (Tick 1 box only) <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed- not employing others <input type="checkbox"/> Self employed- employing others <input type="checkbox"/> Employed- unpaid work in a family business <input type="checkbox"/> Unemployed- Seeking full-time work <input type="checkbox"/> Unemployed- Seeking part-time work <input type="checkbox"/> Unemployed- Not seeking employment		
Which best describes your main reason for this study? (Tick 1 box only) <input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job/promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interested/self development <input type="checkbox"/> To get skills for community/voluntary work <input type="checkbox"/> Other		

USI

Unique Student Identifier (USI): (Apply online www.usi.gov.au/students/get-a-usi)

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

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

<input type="checkbox"/> BSB40120 Certificate IV in Business (CRICOS 105723C)	Business Services
<input type="checkbox"/> BSB50420 Diploma of Leadership and Management (CRICOS 105437J)	
<input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management (CRICOS 105721E)	
<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care (CRICOS 108263B)	Community Services
<input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care (CRICOS 108264A)	
<input type="checkbox"/> 2 year Early Childhood Education and Care Package - Cert III + Dipl	
<input type="checkbox"/> CHC33021 Certificate III in Individual Support (Ageing, Disability) (CRICOS 113127A)	
<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support (CRICOS 104832F)	
<input type="checkbox"/> CHC52021 Diploma of Community Services (CRICOS 113128M)	
<input type="checkbox"/> 2 year Individual Support Package - Cert III + IV	
<input type="checkbox"/> SIT30622 Certificate III in Hospitality (CRICOS 112206K)	
<input type="checkbox"/> SIT40422 Certificate IV in Hospitality (CRICOS 113181F)	Tourism, Travel and Hospitality
<input type="checkbox"/> SIT50422 Diploma of Hospitality Management (Operations Strand) (CRICOS 112205M)	
<input type="checkbox"/> 2 year Hospitality Package - Cert IV + Dipl	
<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery (CRICOS 109826H)	
<input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management (CRICOS 109707D)	
<input type="checkbox"/> SIT50422 Diploma of Hospitality Management (Commercial Cookery Strand) (CRICOS 112205M)	
<input type="checkbox"/> 2 year Commercial Cookery Package - Cert III, IV + Dipl	
<input type="checkbox"/> Job Ready Program (Not suitable for students on a student visa)	
<input type="checkbox"/>	
1st course start date:	Note: Please see course calendar for start dates

ACCOMMODATION

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

<input type="checkbox"/> Homestay (airport pick up included when arriving on weekend)	<input type="checkbox"/> Do you require CCEB to arrange airport pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sharehouse Kangaroos	Check in date: _____ Check out date: _____
	Arrival date: _____ Flight number: _____ Arrival time: _____
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are dogs ok? <input type="checkbox"/> Yes <input type="checkbox"/> Yes outside only <input type="checkbox"/> No
Are you vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are children under 5 ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any foods you don't eat? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list:	Are cats ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any illnesses/ medications? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list:	Are children 6-16 ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list:	

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.

Signature:

Date:

Parent or Legal Guardian if student is under 18 yrs old

Agent/ representative stamp (if applicable):

HOW TO PAY

Payment can be made by:

- Cash or EFTPOS in person at CCEB

• Bank Transfer (must include any bank charges):	Account Name: Cairns College of English Pty Ltd Bank Name: National Australia Bank Bank Address: Shop GD044, 1-21 McLeod Street, Cairns, QLD, 4870, Australia Branch No: 084-472 Account No: 170880020 (Or at NAB in person: 170879943) Swift Code: NATAAU3303M
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Version: 7 Version date: Sep 2023