



STUDENT ENROLMENT APPLICATION FORM

Please complete **ALL** details on this enrolment form. This will be used to enrol you in the qualification you are seeking. Some of the information contained herein will be keyed into a database and used for statistical and other reporting purposes.

Please ask your agent for assistance; or contact Future Education Group Pty Ltd on (02) 9169 8978 for any help that you may require. **PLEASE USE BLACK PEN AND WRITE IN BLOCK LETTERS**

PERSONAL DETAILS			
1) Enter your full name Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please write your name exactly as written in the identify document you choose to use.			
<input type="checkbox"/> Single Name Only (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Surname section')			
Preferred Title	First Name	Middle Name	Surname
Mr / Miss / Mrs / Ms			
2) Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
3) Date of Birth (Day/month/year)	/	/	
4) Passport Number: (Copy of Passport to be provided with this application)			
5) Date Issued (Day/month/year)	/	/	
6) Do you currently hold an Australian Visa? (Copy of Visa to be provided with this application)			
<input type="checkbox"/> Yes	Visa Type:	Expiry Date(Day/month/year)	
		/ /	
<input type="checkbox"/> No	Which Australian Embassy / High Commission will you lodge your visa application?		
	City:	Country:	

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM



Future Education Group

RTO No: 45606 CRICOS Provider No: 03842M
Level 4, 28 Foveaux Street, Surry Hills, NSW 2010 Australia
Phone: +61 2 91698978
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Email: info@futureeducationgroup.com.au

7) Are you using an Education Agent?		
<input type="checkbox"/> Yes (<i>Provide Agent details below</i>)		<input type="checkbox"/> No (<i>Go to Question 8</i>)
Agent Name:		
Contact Person:		
Email:	Contact Phone:	
<input type="checkbox"/> I nominate this agent to be my Education Agent in further dealings with FEG.		
8) Contact Information		
Contact Phone:	Mobile:	
Email Address:		
9) Emergency Contact Information		
Contact Name	Relationship to you	Contact Number
10) Overseas Home Address		
Residential Address		
11) Do you have a residential address in Australia?		
<input type="checkbox"/> Yes (<i>Provide details below</i>)		<input type="checkbox"/> No (<i>Go to Question 12</i>)
Flat / Unit Number:		
Street Number:		
Street Name:		
Suburb:	State:	Postcode:



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12) Do you have a postal address in Australia?			
<input type="checkbox"/> Yes (<i>Provide details below</i>)		<input type="checkbox"/> No (<i>Go to Question 13</i>)	
<input type="checkbox"/> Please Tick if Postal address is the same as Residential Address			
Flat / Unit Number:			
Street Number:			
Street Name:			
Suburb:		State:	Postcode:
LANGUAGE AND CULTURAL DIVERSITY			
13) In which country were you born?			
<input type="checkbox"/> Australia		<input type="checkbox"/> Other – <i>please specify:</i>	
14) Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)			
<input type="checkbox"/> No – English only (<i>Go to Question 16</i>)		<input type="checkbox"/> Yes – <i>please specify:</i>	
15) How well do you speak English?			
<input type="checkbox"/> Very well	<input type="checkbox"/> well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
16) Have you completed any English Test? (<i>supporting evidence to be provided with this application</i>)			
<input type="checkbox"/> Yes (<i>Provide details below</i>)		<input type="checkbox"/> No (<i>Go to Question 17</i>)	
Name of English Test:			
Result:		Date Undertaken (Day/month/year): / /	

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17) Have you completed any English Course in Australia? <i>(supporting evidence to be provided with this application)</i>		
<input type="checkbox"/> Yes <i>(Provide details below)</i>	<input type="checkbox"/> No <i>(Go to Question 18)</i>	
Course Name:		
Institution:	Date Completed (Day/month/year): / /	
18) Do you have special needs?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(Go to Question 19)</i>	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Literacy difficulties
<input type="checkbox"/> Numeracy difficulties	<input type="checkbox"/> Language difficulties	<input type="checkbox"/> Other
If you ticked any of the above boxes, please provide details below:		
19) Are you of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes - Aboriginal	<input type="checkbox"/> Yes – Torres Strait Islander
DISABILITY		
20) Do you consider yourself to have a disability, impairment or long-term condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(Go to Question 22)</i>	
21) If YES, then please indicate the areas of disability, impairment or long-term condition: <i>(You may indicate more than one area)</i>		
<input type="checkbox"/> Hearing / Deaf	<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 specify
If you answered YES to the above question, do you require any assistance to participate in this course?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(We will arrange a meeting to discuss with you)</i>	



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SCHOOLING

22) What is your highest COMPLETED school level? (Tick ONE 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 12 or below | <input type="checkbox"/> Never attended school
(Go to Question 24) |

23) In which YEAR did you complete that school level?

24) Are you still attending secondary school?

- Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

25) Have you SUCCESSFULLY completed any of the following qualifications listed below?

- Yes No (Go to Question 27)

26) If YES, then tick ANY applicable boxes: (supporting evidence to be provided with this application)

- | | |
|---|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate IV (or above with Acquired disability) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificates other than the above | |

STUDY STATUS IN AUSTRALIA

27) Are you currently studying in Australia?

- Yes (Provide details below) No (Go to Question 28)

Course Name:

Institution:

Expected Date Completed: / /

Date Completed (Day/month/year): / /

- I am currently studying at the above provider with a valid eCoE and I am seeking additional study at FEG.
 I have signed FEG's Additional Study Declaration and included it with this Enrolment Application Form.



28) Are you applying for RPL or Credit Transfer?	
<input type="checkbox"/> Yes (please attach relevant documentation)	<input type="checkbox"/> No
29) Are you transferring from other course provider (College or University) in Australia?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 30)
If YES, have you completed SIX (6) months of your principle course?	
<input type="checkbox"/> Yes (you must submit supporting evidence such as release letter before we can issue Offer Letter)	<input type="checkbox"/> No
Do you require additional services?	
<input type="checkbox"/> OSHC	<input type="checkbox"/> Other – please specify
30) Do you need FEG to arrange Overseas Student Health Cover (OSHC) for you?	
<input type="checkbox"/> Yes – we will send you details	<input type="checkbox"/> No
EMPLOYMENT	
31) Of the following categories, which BEST describes your current employment status? (Tick ONE box only)	
For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Self-employed –employing others	<input type="checkbox"/> Unemployed – not seeking employment



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STUDY REASON

**32) Of the following categories, which BEST describes your main reason for undertaking this course?
(Tick ONE box only)**

- | | |
|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get skills for community / voluntary work |
| <input type="checkbox"/> To get a better job or promotion | |
| <input type="checkbox"/> Other reasons | |

UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, all new and continuing students need to apply for a Unique Student Identifier (USI). A USI gives you access to a government online portal that will contain all of your nationally recognised training records and results from 1 January 2015 onwards. In order to receive a nationally recognised VET qualification or statement of attainment Future Education Group (FEG) must collect and verify your USI.

If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au>.

Alternatively, by supplying the below information, Future Education Group can apply for a USI on your behalf.

33) Do you currently have a Unique Student Identifier (USI)?

Yes

No

If YES, please supply your USI number below:

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If NO, please provide details for one of the forms of identify below:													
<input type="checkbox"/>	Australian Driver Licence	State:	Licence Number:										
<input type="checkbox"/>	Medicare Card	Card Number:											
		Individual Reference Number: <i>(Next to your name on the Medicare Card)</i>											
		Expiry date:	Card colour: <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Yellow										
<input type="checkbox"/>	Australian Passport	Passport Number:											
<input type="checkbox"/>	Non-Australian Passport	Passport Number:											
		Country of issue:											
<input type="checkbox"/>	ImmiCard	ImmiCard Number:											
<input type="checkbox"/>	Citizenship Certificate	Stock Number:											
		Acquisition Date:											
<input type="checkbox"/>	Certificate of Registration by Descent	Acquisition Date:											
USI Number: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
<p>In accordance with section 11 of the Student Identifiers Act 2014, Morton College will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.</p>													



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COURSE ENROLMENT

Please refer to our website www.feg.nsw.edu.au for course information and intake dates.

1st Preference

2nd Preference

Course Name:

Course Name:

Preferred Start Date: / /

Preferred Start Date: / /

STUDENT Self-Assessment Checklist

This self – assessment checklist will help FEG to determine if the course you wish to enrol is the most suitable for you based on the information provided on your educational history, existing skills, study purpose, aspirations. This information will also provide FEG to identify any learning needs you have and provide any support services to meet your individual needs.

Academic Suitability

All prospective students must meet FEG's course entry requirement to establish their suitability into the course. Tick the option that best applies to you. Attach evidences where needed.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I have successfully completed HSC (Australian Year 12) or its overseas equivalent qualification. |
| <input type="checkbox"/> | I have successfully completed Certificate IV or higher – level qualification (taught in English) in Australia. |
| <input type="checkbox"/> | I have minimum IELTS score of 5.5 or equivalent. |
| <input type="checkbox"/> | I have English proficiency of upper intermediate or above from an Australian Registered Provider. |
| <input type="checkbox"/> | I will complete a Language Literacy & Numeracy (LLN) and any follow- up assessment required by FEG. |

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PRIVACY STATEMENT

Privacy Notice

Under the Data Provision Requirements 2012, CHP School of Hospitality is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Future Education Group (FEG) for statistical, administrative, regulatory and research purposes. Future Education Group (FEG) may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to <http://www.ncver.edu.au/privacy>



STUDENT DECLARATION

- I declare that the information I have provided on this form is true and correct.
- I agree that if I provide false, misleading or inaccurate information, FEG reserves the right to cancel my enrolment.
- I am a Genuine Temporary Entrant and genuine student for the purposes of study in Australia.
- I have read the International Student Pre-Enrolment Course Guide, and all related information in the Student Handbook and on the FEG website, and fully understand the course structure, content and modes of study of the course I am applying for in this application.
- I further acknowledge that I have the financial capacity to pay my college fees and living expenses as and when they become due.
- I also understand and agree and consent that my personal information may be made available to Commonwealth and State agencies for compliance purposes and to other law enforcement agencies as required by the law.
- FEG will not provide or disclose your personal information to outside parties without your consent.
- I understand that my photograph may be used in FEG's promotional material and give consent for this to occur. I will notify FEG via email if wish to change my mind.
- I give permission to FEG to apply for my Unique Student Identifier (USI) number if I do not have one.
- I am fully aware that I must inform the college when my personal or contact details change.
- If I am a student on student visa, I am responsible to comply with my student visa conditions and I must contact the Immigration department (DHA) for enquires relating to my student visa issues.

Student Name:

Signature:

Date:

For FEG Use Only

Has the applicant provided evidence to support all entry requirements including:

Copy of passport: Yes No

Academic: Yes No

Copy of visa: Yes No

English Proficiency: Yes No