NEW ERA INSTITUTE

CRICOS No.: 03509B • National Provider no.: 41543

International Student Enrolment Form

Suite 13 and 14, 100 George Street Windsor NSW 2756 (Regional Campus)

SECTION 1. PERSONAL DETAILS

Family Name:

Given Name:

Middle Name:

ENTER YOUR DATE OF BIRTH AND THE CITY AND COUNTRY WHERE YOU WERE BORN

Day/month/year: City: Country:

GENDER (TICK ONE BOX ONLY)

Male: ☐ Female: ☐ Other: ☐

ENTER YOUR CONTACT DETAILS

Home phone: Mobile phone:

E-mail address:

WHAT IS THE ADDRESS OF YOUR USUAL RESIDENCE?

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

ADDRESS OF USUAL RESIDENCE OVERSEAS

Unit no. Street no. Street name

Suburb State Postcode Country

ADDRESS OF THE PROPOSED RESIDENCE IN AUSTRALIA

Unit no. Street no. Street name

Suburb State Postcode Country

SECTION 2. PASSPORT AND VISA STATUS

Passport issuing government and authority

Passport no.: Issue date (DD/MM/YYYY): Expiry date (DD/MM/YYYY):

Do you hold a current Australian visa? Yes ☐ No ☐

**If yes, which visa do you hold?*

Student ☐ Tourist ☐ Working ☐ Holiday ☐ Others ☐

Visa no. Issue date (DD/MM/YYYY) Expiry date (DD/MM/YYYY)

Have you ever been refused an Australian visa application? Have you been refused a visa from any country? *Note that giving incorrect or false information about your current and/or previous visa status or application may lead to cancellation of your offer or enrolment and all your pre-paid fees may be forfeited.

Yes ☐ (A copy of the refusal letter is required) ☐ No

SECTION 3. LANGUAGE PROFICIENCY

Do you speak a language other than English at home?

No, English only ☐ Yes, other – please specify

HOW WELL DO YOU SPEAK ENGLISH?

Very well ☐ Well ☐ Not well ☐ Not at all ☐

HOW WELL DO YOU SPEAK ENGLISH?

What was the name of the test?

What was your over-all score?

Where (Country/Institution) When (DD/MM/YYYY) was the test given?

SECTION 4. ACADEMIC ACHIEVEMENT

What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent ☐

Year 11 or equivalent ☐

Year 10 or equivalent ☐

IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?

Year completed

HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS?

**Please refer to the following table*

Yes ☐ No ☐

IF YES, THEN TICK ANY APPLICABLE BOXES.

Bachelor degree or higher degree ☐

Advanced diploma or associate degree ☐

Diploma (or associate diploma) ☐

Certificate IV (or advanced certificate/technician) ☐

Certificate III (or trade certificate) ☐

Certificate II ☐

Certificate I ☐

Certificates other than the above ☐

SECTION 5. CHOOSE THE COURSE OR QUALIFICATION YOU ARE APPLYING FOR?

QUALIFICATION	DURATION	PLEASE CHOOSE
Package: Certificate IV in Kitchen Management Plus Diploma of Hospitality Management	104 weeks (2 years)	☐

SIT40521 Certificate IV in Kitchen Management: CRICOS Code 109507A	78 weeks	☐
SIT50422 Diploma of Hospitality Management: CRICOS Code 111453C (Direct entry)	104 weeks	☐

INFORMATION TECHNOLOGY COURSES

QUALIFICATION	DURATION	PLEASE CHOOSE
ICT60220 Advanced Diploma of Information Technology (Specialising in Cyber Security) CRICOS Code 105147H	104 weeks (2 years)	☐

COURSES IN EARLY CHILDHOOD EDUCATION AND CARE

QUALIFICATION	DURATION	PLEASE CHOOSE
Package: Certificate III Plus Diploma of Early Childhood Education and Care	104 Weeks (2 Years)	☐
CHC30125 Certificate III in Early Childhood Education and Care CRICOS Code 119626M	52 weeks	☐
CHC50125 Diploma of Early Childhood Education and Care CRICOS Code 118617J	52 weeks	☐

COURSES IN COMMUNITY SERVICES

QUALIFICATION	DURATION	PLEASE CHOOSE
Package: Certificate IV in Ageing Support plus Diploma of Community Services	156 weeks (3 years)	☐
CHC43015 Certificate IV in Ageing Support CRICOS Code 108239B	52 weeks	☐
CHC52025 Diploma of Community Services CRICOS Course Code 118746M	104 weeks	☐

COURSE IN BUSINESS SERVICES		
QUALIFICATION	**DURATION**	**PLEASE CHOOSE**
BSB80120 Graduate Diploma of Management (Learning) CRICOS Code 110569K	52 weeks (1 year)	☐

SECTION 6. CHOOSE THE INTAKE TIME YOU WANT TO START THE COURSE

Intake date* _____

* For intake dates of courses please visit **https://newerainstitute.edu.au/intake-dates/**

SECTION 7. OVERSEAS STUDENT HEALTH COVER (OHSC)

Do you have OSHC? Yes ☐ No ☐

- If yes, you are required to provide a copy of your Health Cover
- If no, would you like New Era Institute to apply for health cover?

Yes ☐ No ☐

What type of heath cover you have, or you want New Era Institute to apply for?

Single ☐ Couple ☐ Family ☐

SECTION 8. CONTACT FOR MEDICAL OR OTHER EMERGENCIES

Whom should we contact in case of medical or other emergencies?

Full name _____ Your relationship _____

Contact address _____

Contact phone number _____ Email address _____

SECTION 9. UNIQUE STUDENT IDENTIFIER

Please provide your USI number, if you already have one: _____

**Note: If you don't have an USI number, please talk to our staff or your agent about how you may secure one. For the detailed procedures for getting an USI number, please visit* https://www.usi.gov.au/students/get-a-usi.

During orientation, You may authorise New Era Institute to apply for USI number on your behalf, any personal information collected for this purpose will be destroyed as soon as practicable after the application has been made or when the information is no longer needed for the purpose.

SECTION 10. RECOGNITION OF PRIOR LEARNING (RPL), CREDIT TRANSFER (CT) AND SUPPORT NEEDS

Do you have skills and knowledge from your work, life experience, and/or other training courses? If so, you may want your skills to be recognised and credited in this training.

Would you like to apply for Recognition of Prior Learning (RPL)? Yes ☐ No ☐

Would you like to apply for Credit Transfer (CT)? Yes ☐ No ☐

**Note: You must submit relevant documents to New Era Institute's assigned assessor to receive RPL or CT. When RPL or CT is granted, the length of your course may be reduced, and your Confirmation of Enrolment (COE) may be reviewed. Processing RPL and CT applications may attract some fees. Please refer to the 'Fees and Payment Schedule' page at www.newerainstitute.edu.au/ for details. Please contact New Era Institute Staff to receive RPL and CT application forms*

SECTION 11. DISABILITY

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

If you indicated the presence of a disability, impairment, or long-term condition, please select the nature of disability from the following list.

Hearing/deaf ☐
Physical ☐
Intellectual ☐
Learning ☐
Mental illness ☐
Acquired brain impairment ☐
Vision ☐
Medical condition ☐
Other ☐

DO YOU NEED ANY SPECIAL SUPPORT FOR LEARNING, ANY LANGUAGE AND NUMERACY DIFFICULTIES YOU THINK YOU MAY HAVE AND NEED OUR HELP?

Yes ☐ No ☐

PLEASE BRIEFLY DESCRIBE THE NATURE OF SUPPORT REQUIRED.

SECTION 12. REPRESENTATION

Are you applying for the proposed course directly? Yes ☐ No ☐

Are you applying for the proposed course through an education agent? Yes ☐ No ☐

If you are applying through an education agent:

Name of the agency

Office address

Unit no. Street no. Street name

Suburb State Postcode Country

Office Phone

Email Name of the representative

SECTION 13. ASSISTANCE UPON ARRIVAL

Do you want New Era Institute staff to pick you up at the airport upon arrival?

Do you want New Era Institute to organise your accommodation?

**Note both services attract some fees. Please see 'fees and charges' page at www.newerainstitute.edu.au/ for details.*

SECTION 14. TERMS AND CONDITIONS OF ENROLMENT (PLEASE TICK EACH BOX)

I confirm that I understand all terms and conditions of my enrolment and for continuing study at the New Era Institute including the following.

I understand that New Era Institute or its employee(s) and agent(s) shall not be liable in any manner whatsoever with respect to any injury, loss or damage arising from my participation in the Institute's training or excursions or other study related programmes and activities. ☐	I understand that New Era Institute does not tolerate activities that are deemed harassment, victimisation, bullying by the Australian Commonwealth and State legislation. These include harassment, victimisation, and discrimination because of sex, race, national origin, religion, disability, sexuality or age. Breaches of these obligations could lead to expulsion and cancellation of my enrollment. ☐

I understand that New Era Institute is required to submit my personal data sourced from this enrolment form to the national VET regulator for regulatory reporting. My personal information contained on this enrolment form may be disclosed and used by the Institute for administrative, regulatory and research or statistical purposes and as required by Australian laws including the Privacy Act.	☐	I understand that New Era Institute would protect my rights as a consumer and provide the agreed training and assessment and associated services with professional care and, where these do not happen, I have rights to complain and seek redress or claim for refund or equivalent service. And, I have been informed about the Institute's complaints and appeal procedures in case I have any issues about the provided services.	☐
I understand my rights and responsibilities outlined in the New Era Institute's Student Handbook, including my rights to receive quality training. and be treated fairly and equitably and my obligations to participate in the scheduled training and assessment sessions and follow the Institute's policies and procedures and the rules of overseas students' visa obligations.	☐	I have been informed about the fees and charges associated with the course I am undertaking, including required advance deposit, administration fee, materials fee, other applicable charges, payment instalments, ways to make payments, and refund terms and conditions. I understand and agree to abide by these payment and refund arrangements.	☐
I understand that New Era Institute reserves the right to cancel my enrolment if the information I have provided during enrolment or visa application is found to be false or, incorrect or, misleading. Under such circumstances, the Institute may forfeit any fees I have paid in advance.	☐	I am fully informed about the course I am undertaking, including the course outcome, course duration, units of competencies to be studied, assessments, work placement and other requirements of the course.	☐
I understand that New Era Institute can access the Australian Immigration Visa Entitlements Verification Online (VEVO) System at any time to obtain information on my visa status. And I authorise the Institute to do so.	☐	I understand that I should meet New Era Institute's attendance and academic requirements for continuing my training at the Institute. Recurring breaches of these requirements may lead to the cancellation of my enrolment and a recommendation to the Department of Home Affairs for the cancellation of my student visa.	☐
I am informed by New Era Institute about the training and living costs in Australia, and I have the financial capacity to meet such costs for the whole duration of my course. I will make timely payments of any fees or associated costs according to my approved payment plan.	☐	I understand that I can cancel this enrolment two (2) weeks before the commencement of the course by placing a formal notice of cancellation in writing via a letter or email. Cancellation after two (2) weeks may lead to the full or partial forfeiture of my pre-paid course fee.	☐
I understand that I may be required to participate in field work or practical test as part of the training and assessment for the course I am undertaking. I know that I should undertake these tasks at my own risk.	☐	I acknowledge that New Era Institute reserves the right to cancel the course, admission requirement or fee without prior notice.	☐
I understand that I should declare my medical needs or any special condition to New Era Institute that might affect other people or my performance in the training. And, because of these special conditions, I may seek assistance or an adjustment to the training and assessments.	☐	I understand that if the New Era Institute cancels the course, it will provide me with either a full refund or lead me to an equivalent alternative course without charging additional fees.	☐

SECTION 15. APPLICANT'S DECLARATION

1.I fully understand the terms and conditions of my enrolment in the selected course.	☐
2.I declare that all the information provided in this enrolment form and the attached documents is true, correct, and complete.	☐
3.I am aware of the consequences that may arise from providing false, misleading, or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer.	☐
4.I have the financial capacity to pay my course fees and other charges throughout the duration of the course.	☐
5. I agree to pay the fees and charges for this course as determined in our agreement—the agreement between the New Era Institute and myself, as they become due.	☐
6. I understand that my personal details could be disclosed for administrative and regulatory purposes, according to the Australian Privacy Act.	☐
7. I know my rights (including my rights as a consumer of services) and obligations when I am formally enrolled in this course.	☐
8. I am aware of New Era Institute's Privacy, Refunds, Complaints and Appeals, Workplace Health and Safety, Attendance, Assessment, Suspension, Deferment and Non-discrimination policies and procedures and my legal responsibilities to abide by them.	☐
9. I declare that I commit to meet all requirements of the course including course attendance, work placement and participation in the course assessment activities	☐
10. I authorise New Era Institute to check the authenticity of my information and records provided in this enrolment form.	☐
11. I declare that I am a genuine overseas student. I have read and understood the conditions of my visa approval, and I commit to abide by them.	☐
12. I declare that I will notify the Institute of any change in my address or contact details as soon as possible.	☐
13. I understand that New Era Institute's assessors, employees, and agents shall not be liable for any damage to me (including death, bodily injury, disability, loss, or damage to property) caused by attendance in this course.	☐
14. I have read and understood the description of the ESOS framework made available to me via https://internationaleducation.gov.au/Regulatory-Information/Pages/Regulatoryinformation.aspx.	☐
15. I will abide by the enrolment procedures explained to me by the Institute staff (or their agent) to facilitate my enrolment in this course.	☐

Applicant's full name

Applicant's signature | Date signed (DD/MM/YYYY)

SECTION 16. PROVIDE THE FOLLOWING DOCUMENTS*

Onshore Students		Offshore Applicants	
1.Passport (Coloured copy)	☐	1.Passport (Coloured copy)	☐
2. Visa copy	☐	2. Resume	☐
3. Certificate and Transcript (Secondary Education or Equivalent)	☐	3. Certificate and Transcript (Secondary Education or Equivalent)	☐

4. Copies of other qualifications (e.g., Degree or Diploma etc.)	☐	Copies of other qualifications (e.g., Degree or Diploma etc.) IELTS or PTE Test Results (or equivalent) or Medium of Instruction (MOI).	☐
5. English Placement Test Results if IELTS or PTE test results are not available	☐	OSHC is required (at later stage) if not provided by New Era Institute.	☐
6. OSHC letter	☐	Documents required for Genuine Temporary Entrants, e.g.,	☐
7. Copies of all current and previous COEs (Confirmation of Enrolment).	☐	Statement of Purpose (SOP) (at later stage when requested by the GTE/admission team).	☐

SECTION 17. REVIEW AND ACT (OFFICE USE ONLY) (TO BE COMPLETED BY NEW ERA INSTITUTE ADMISSION OFFICER)

I reviewed and checked the information and documents provided with this enrolment.	Yes ☐	No ☐
I believe that the applicant is a genuine temporary entrant and a genuine student, as defined by the Department of Home Affairs.	Yes ☐	No ☐
To the best of my assessment, the applicant is genuine in making this application and has every intention of completing the course or courses listed in the application.	Yes ☐	No ☐
The enclosed documents that form part of this application are verified by appropriate authorities.	Yes ☐	No ☐
From my assessment, the applicant has access to the required funds to cover their travel, OSHC, tuition fees, and living costs while undertaking the proposed training.	Yes ☐	No ☐
I confirm that the documents and information provided by the applicant in this enrolment form did not indicate any grounds for rejecting admission into the selected course.	Yes ☐	No ☐
I confirm that the applicant has no previous student visa refusal.	Yes ☐	No ☐
I confirm that the applicant has signed this application by themselves.	Yes ☐	No ☐
This enrolment is complete, and all required documents are attached.	Yes ☐	No ☐
I recommend that New Era Institute should enrol the applicant in the proposed course.	Yes ☐	No ☐

Full name: _____ Signature: _____ Date: _____

SECTION 18. REVIEW AND ACT (TO BE COMPLETED BY THE EDUCATION AGENT WHERE AN EDUCATION AGENT IS INVOLVED)*

Name of the Agency: | Agency's Branch *if any*:

Staff involved: | Telephone:

Staff's email:

I reviewed and checked the information and documents provided with this enrolment.	Yes ☐	No ☐
I believe that the applicant is a genuine temporary entrant and a genuine student, as defined by the Department of Home Affairs.	Yes ☐	No ☐
To the best of my assessment, the applicant is genuine in making this application and has every intention of completing the course or courses listed in the application.	Yes ☐	No ☐
The enclosed documents that form part of this application are verified by appropriate authorities.	Yes ☐	No ☐
From my assessment, the applicant has access to the required funds to cover their travel, OSHC, tuition fees, and living costs while undertaking the proposed training.	Yes ☐	No ☐
I confirm that the documents and information provided by the applicant in this enrolment form did not indicate any grounds for rejecting admission into the selected course.	Yes ☐	No ☐
I confirm that the applicant has no previous student visa refusal.	Yes ☐	No ☐
I confirm that the applicant has signed this application by themselves.	Yes ☐	No ☐
This enrolment is complete, and all required documents are attached.	Yes ☐	No ☐
I recommend that New Era Institute should enrol the applicant in the proposed course.	Yes ☐	No ☐

***Note to the Education Agent where an Education Agent is involved.**

This International Student Enrolment Form must be completed in full and submitted to New Era Institute's Admission Officer through admissions@newerainstitute.edu.au. The enrolment form must be accompanied by the required supporting documents identified in this document. All enrolments attract General Admission Fee (enrolment fee and other charges) upon enrolment, that are non-refundable.

You should explain to the applicants that New Era Institute is collecting their personal information on this form in accordance with the ESOS Act 2000 and the National Vocational Education and Training Regulator Act 2011. The information will be retained or shared only according to the Privacy Act 1988, and it will be used for program planning, regulatory reporting, research, and training administration. And their personal information will not be disclosed to any other third party without their consent, unless authorised or required by law.

Agent staff's signature: | Date: