

1. Personal Details

Title Given Names Family Names:
 Date of Birth Gender Passport Number
 Passport Expiry Date Country of Birth Nationality
 City of Birth First Language

2. Contact Details

In Australia:

Street Address Town/City
 State Postcode
 Email Phone Number

Permanent address in your home country:

Street Address Town/City
 State/Province Postcode Phone Number
 Email Country

Emergency Contact Details:

Contact Full Name Relationship to you
 Mobile Email

3. Visa Details

If you hold a current Australian visa:

Current location Onshore Offshore **Types of Visa** Student Working Visitor Other

If you do not hold a current Australian visa:

Department of Home Affairs Office where your application will be/has been lodged

Date of application / intended application

When did you first arrive in Australia?

4. Do you require Epicure Skills Training to organise - Overseas Student Health Cover (OSHC)

Yes, I authorise EST to organise OSHC on my behalf Single Couple Family

No (Please provide the name, duration and expire date of your OSHC)

Airport pick-up

No Yes (Please specify) Arrival Date Arrival Time Flight Number

Homestay

No Yes (Please specify) Number of weeks Start date

5. English Proficiency:

Have you completed any of the following tests?

IELTS PTE Other

What is your current English proficiency level?

Beginner Elementary Pre-intermediate Intermediate Upper Intermediate Advance

Date specified on your result:

Note: Only test results taken two years prior to commencement will be accepted. EST reserves the right to ask applicant to sit for an internal English Test and an LLN test in order to issue a letter of offer.

6. Previous Studies

Please provide evidence for any "Yes" answers

Have you previously studied in Australia? Yes No
 Are you transferring from another education provider? Yes No
 Did you complete your course? Yes No

What is your highest completed qualification in Australia?

Name of Institution State
 Name of qualification Year completed
 Total number of years of study

Are you currently studying? No Yes (Please specify)

Course Name

State/Country

Institute Name

Start Date

Potential End Date

Total number of years of study

What is your highest completed Qualification from overseas?

Name of Institution

State/Country

Name of qualification

Year completed

Total number of years of study

USI Number:

Yes

No, I authorise Epicure Skills Training to create on my behalf (please fill USI Consent Form)

No, I will create myself (please visit www.usi.gov.au)

7. Credit Transfer (CT) / Recognition of Prior Learning (RPL)

Do you want to apply for Credit Transfer? No Yes Do you want to apply for Recognition of Prior Learning? No Yes

8. Support Questions

Do you have any disability, impairment or permanent medical condition that may affect your studies? No Yes (Please answer the questions below)

What is the nature of your situation? Hearing Vision Mobility Learning Other (Please specify)

9. Genuine Temporary Entrant (GTE)

Are you aware of the Genuine Temporary Entrant (GTE) requirements by the Department of Home Affairs? No Yes

10. How did you learn about us?

Through my agent Agent Name

Other (Please Specify)

Agent Stamp

I authorise the above-mentioned agent to receive information related to my enrolment and studies with EST on my behalf.

11. Program selection

AVAILABLE COURSES

Course Code	Course name	CRICOS Code	Intake Date	Duration	Start Date
SIT40521	Certificate IV in Kitchen Management	114166H		75 weeks	
SIT50422	Diploma of Hospitality Management	113212D		78 weeks	
BSB80120	Graduate Diploma of Management (Learning)	115209E		101 weeks	
SIT40521	Certificate IV in Kitchen Management Plus	114166H		104 weeks	
SIT50422	Diploma of Hospitality Management	113212D			
RII60520	Advanced Diploma of Civil Construction Design	116063K		104 weeks	
CPC50220	Diploma of Building and Construction (Building)	116062M		104 weeks	

Month	2024	2025	2026
January	08/01/2024	06/01/2025	05/01/2026
February	12/02/2024	10/02/2025	09/02/2026
March	18/03/2024	17/03/2025	16/03/2026
April	08/04/2024	07/04/2025	06/04/2026
May	13/05/2024	12/05/2025	11/05/2026
June	17/06/2024	16/06/2025	15/06/2026
July	08/07/2024	07/07/2025	06/07/2026
August	12/08/2024	11/08/2025	10/08/2026
September	16/09/2024	15/09/2025	14/09/2026
October	07/10/2024	06/10/2025	05/10/2026
November	11/11/2024	10/11/2025	09/11/2026
December	16/12/2024	15/12/2025	14/12/2026

Self funded
 Private sponsor
 Home-Government

Other

Please be advised that EST reserves the right to ask for additional evidence of financial capacity.

12. Student declaration (Please tick)

I declare that I am aware of and understand my financial obligations relation to study in Australia and with EST.

I have read, understood and accept all the terms and conditions of enrolment including any information, policies and procedures and information that may be found at epicureskillstraining.edu.au and/or are included in this form or other enrolment documents and agreements provided to me by Epicure Skills Training and acknowledge that failure to do so may result in the suspension or cancellation of my enrolment.

I understand that I am not required to pay more than 50% of my tuition fees before my studies commence, but that I may do so if I choose. By submitting this application, I declare that all information and documentation provided in support of it is accurate and true.

I acknowledge that submission of false, incorrect, incomplete or misleading information may result in the delay or cancellation of my enrolment.

13. Application checklist

Please ensure you attach the following documents with your application

- Completed all sections of the International Student Application Form
- Certified copy of personal details page of your passport
- Certified copy of your English language qualification or provide details of your English proficiency
- Certified copy of all academic qualifications, including secondary school studies
- CoE document(s) for all courses enrolled - if you are currently studying in Australia
- Certified official translation of any document not in English

14. Applicant acknowledgement and signature

Student's full name

Student's signature*

Date

* If the student is below 18 years of age, this agreement must be signed by the student's parent or legal guardian.

15. Parent or legal guardian's details (if applicable)

Name

Relation to student

Contact number

16.Pre – Training Review

Epicure Skills Training uses the information provided in this section prior to making an offer to ensure the applicant is enrolled in the most appropriate course to achieve their intended outcomes.

Do you have access to enough information to make an informed decision about your enrolment?

Course Information Including

Contents of your course	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Entry requirements for the course	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Duration of course	<input type="checkbox"/> No	<input type="checkbox"/> Yes
School locations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Delivery method of course	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Course requirements (attendance, course progress)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
How assessment is conducted	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any course requirements you must have access to (Computers, etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fees and charges that apply	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Refund policy, Attendance policy, Complaints and Appeals Policy, Course progress Policy	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Would you like to add any further information?

What is your reason to choose this course? Please choose the best option.

- | | |
|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> To develop or start my own business | <input type="checkbox"/> To increase my self-esteem |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To assist me for further study |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reason (please specify): |
| <input type="checkbox"/> It is a requirement of my job | |

Please provide us with some brief details about your employment history

- No Yes – please provide details in next section
 Full-time Part-time Casual

Briefly outline any relevant employment history you possess for the course you have chosen:

Please provide us with details of any relevant courses/qualifications that you have completed.

Qualification Title
 Did you complete the course?
 Where did you study?

What do you think is the easiest and most effective way for you to learn? This will help us determine your learning style.

- | | |
|---|--|
| <input type="checkbox"/> Textbooks that I can read and refer to in my own time. | <input type="checkbox"/> Practical application of skills and knowledge in a workplace or similar or watching videos: |
| <input type="checkbox"/> Power Points explained to me during classes. | <input type="checkbox"/> Working through real examples such as a case study or scenario. |
| <input type="checkbox"/> Pictures and diagrams. | <input type="checkbox"/> Other (please explain below): |
| <input type="checkbox"/> Group discussions with others. | |
| <input type="checkbox"/> Conducting my own research. | |
| <input type="checkbox"/> Listening to the lectures/trainers. | |

What additional support do you think you will need in order to complete this course successfully?

- | | |
|---|---|
| <input type="checkbox"/> English language support | Writing support Other
(Please specify) |
| <input type="checkbox"/> Reading support | |
| <input type="checkbox"/> Additional resources | |
| <input type="checkbox"/> One-on-one guidance | |

Digital capability				
How do you plan to access computers and the internet? (Please circle)	<input type="checkbox"/> At Home	<input type="checkbox"/> Library	<input type="checkbox"/> Family & Friends	<input type="checkbox"/> No Access
Do you use any of the following digital devices and if so how often?	Computers	Laptop	Smartphone	Tablet/iPad
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Monthly

Please tick any of the comments that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> I am confident in computer programming
<input type="checkbox"/> I am comfortable in producing and saving documents and spreadsheets
<input type="checkbox"/> I am comfortable in watching videos (YouTube etc.) and using social media | <input type="checkbox"/> I am comfortable in researching on the internet and sending emails
<input type="checkbox"/> I am not comfortable with any technology |
|---|--|

Declaration: I declare to the best of my knowledge that the information contained in this form is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic record or work experience may result in the withdrawal by EST of a place that may be offered and that this withdrawal may take place at any stage during the course I undertake.

Applicant's Signature

Date:

Please Note: Unsigned forms will not be processed.

17. FOR OFFICE USE ONLY

- | | | |
|---|------------------------------|-----------------------------|
| Is the qualification suitable for the student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student is fully aware of the course training and assessment arrangements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student is fully aware of their rights and obligations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training and assessment strategy is suitable and based on the student's learning needs and learning styles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you identified any support requirement during the process? (If yes, please specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff name

Signature

Date