

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
Email	Phone Number
	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you transferring from another education provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete your course?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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		78 weeks	
SIT50422	Diploma of Hospitality Management	113212D		104 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	
CHC30121	Certificate III in Early Childhood Education and Care	119177J		52 weeks	
CHC50121	Diploma of Early Childhood Education and Care	119178H		104 weeks	
CHC52021	Diploma of Community Services	119179G		104 weeks	

Month	2025	2026	2027
January	06.01.2025	05.01.2026	04.01.2027
February	10.02.2025	09.02.2026	08.02.2027
February	17.02.2025	16.02.2026	15.02.2027
April	07.04.2025	06.04.2026	05.04.2027
May	12.05.2025	11.05.2026	10.05.2027
May	19.05.2025	18.05.2026	17.05.2027
July	07.07.2025	06.07.2026	05.07.2027
August	11.08.2025	10.08.2026	09.08.2027
August	18.08.2025	17.08.2026	16.08.2027
October	06.10.2025	05.10.2026	04.10.2027
November	10.11.2025	09.11.2026	08.11.2027
November	17.11.2025	16.11.2026	15.11.2027

☐ 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 |
| <input type="checkbox"/> Reading support | (Please specify) |
| <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