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

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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**	
CHC30125	**Certificate III in Early Childhood Education and Care**	**119683B**		**52 weeks**	
CHC50125	**Diploma of Early Childhood Education and Care**	**119261B**		**104 weeks**	
CHC52025	**Diploma of Community Services**	**119275G**		**104 weeks**	

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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

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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	☐ No	☐ Yes
Entry requirements for the course	☐ No	☐ Yes
Duration of course	☐ No	☐ Yes
School locations	☐ No	☐ Yes
Delivery method of course	☐ No	☐ Yes
Course requirements (attendance, course progress)	☐ No	☐ Yes
How assessment is conducted	☐ No	☐ Yes
Any course requirements you must have access to (Computers, etc.)	☐ No	☐ Yes
Fees and charges that apply	☐ No	☐ Yes
Refund policy, Attendance policy, Complaints and Appeals Policy, Course progress Policy	☐ No	☐ Yes

Would you like to add any further information?

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

☐ To get a job
☐ To develop or start my own business
☐ To try for a different career
☐ To get a better job or promotion
☐ It is a requirement of my job

☐ To get skills for community/voluntary work
☐ To increase my self-esteem
☐ To assist me for further study
☐ Other reason (please specify):

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.

☐ Textbooks that I can read and refer to in my own time.
☐ Power Points explained to me during classes.
☐ Pictures and diagrams.
☐ Group discussions with others.
☐ Conducting my own research.
☐ Listening to the lectures/trainers.

☐ Practical application of skills and knowledge in a workplace or similar or watching videos:
☐ Working through real examples such as a case study or scenario.
☐ Other (please explain below):

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

☐ English language support
☐ Reading support
☐ Additional resources
☐ One-on-one guidance

Writing support Other
(Please specify)

Digital capability

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

Please tick any of the comments that apply to you:

☐ I am confident in computer programming
☐ I am comfortable in producing and saving documents and spreadsheets
☐ I am comfortable in watching videos (You tube etc.) and using social media

☐ I am comfortable in researching on the internet and sending emails
☐ I am not comfortable with any technology

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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?	☐ Yes	☐ No
The student is fully aware of the course training and assessment arrangements	☐ Yes	☐ No
The student is fully aware of their rights and obligations	☐ Yes	☐ No
Training and assessment strategy is suitable and based on the student's learning needs and learning styles?	☐ Yes	☐ No
Have you identified any support requirement during the process? (If yes, please specify)	☐ Yes	☐ No

Staff name	Signature	Date

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