

Application Form – International Student

Please use BLOCK LETTERS when filling out this form and ensure that all sections are completed and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies.

Title (Mr, Miss, Ms, Mrs, Other	r):				
Gender (Tick ONE box only)	□ Male	□ Female	□ Other		
Family name (Surname):		····-		(if Single Name or	nly, enter here)
First Name:		-	Middle Name(s):		
Preferred Name:		Date of Birth	n: Day/month/year 		
2. Your Contact Details	s				
Home Phone:				Mobile Phone:	
Email Address:				Work Phone:	
Alternative email address (opt	ional)				
Preferred Contact Method:	□ via Mobile Phone	□ via	Email	□ via Post (address below)	(please tick one)
.	ontact			Delakingshin	
Name:	ntact			Relationship:	
Name: Home Phone:			e Phone:	Relationship:	 ne:
Name: Home Phone: 4. What is the address Please provide the physical ad	s of your usual residences (street number and	Mobi dence? I name not pos	le Phone: st office box) where	Relationship:	
Name: Home Phone: 4. What is the address Please provide the physical ad you reside for training, work o f you are from a rural area, us	s of your usual residences (street number and rother purposes before	Mobi dence? I name not pos returning to yo	le Phone: it office box) where ur home.	Relationship: Work Pho	temporary address at w
Name: Home Phone: 4. What is the address Please provide the physical ad you reside for training, work o f you are from a rural area, us address. Building/property name is the	s of your usual residences (street number and rother purposes before e the address from your	Mobi	le Phone: it office box) where ur home. ry's 'rural property ame for an addres:	Relationship: Work Photographic work Photographic was a second of the control of	temporary address at w as your residential stree
Name: Home Phone: 1. What is the address Please provide the physical ad you reside for training, work o f you are from a rural area, us address. Building/property name is the	s of your usual residences (street number and rother purposes before e the address from your	Mobi	le Phone: it office box) where ur home. ry's 'rural property ame for an addres:	Relationship: Work Photo you usually reside rather than any to addressing' or 'numbering' system'	temporary address at w as your residential stree
Name: Home Phone: Home Phone: Please provide the physical ad you reside for training, work of you are from a rural area, us address. Building/property name is the nomestead, building complex,	s of your usual residences (street number and rother purposes before e the address from your	Mobi	le Phone: it office box) where ur home. ry's 'rural property ame for an addres:	Relationship: Work Photo you usually reside rather than any to addressing' or 'numbering' system'	temporary address at w as your residential stree
Name: Home Phone: 4. What is the address Please provide the physical ad you reside for training, work o f you are from a rural area, us address. Building/property name is the nomestead, building complex, Building/property name -	of your usual residences (street number and rother purposes before e the address from your official place name or coagricultural property, pa	Mobi	le Phone: it office box) where ur home. ry's 'rural property ame for an addres:	Relationship: Work Photo you usually reside rather than any to addressing' or 'numbering' system'	temporary address at w as your residential stree
Name: Home Phone: 4. What is the address Please provide the physical ad you reside for training, work o f you are from a rural area, us address. Building/property name is the homestead, building complex, Building/property name - Flat/unit details -	of your usual residences (street number and rother purposes before e the address from your official place name or coagricultural property, pa	Mobi	le Phone: it office box) where ur home. ry's 'rural property ame for an addres:	Relationship: Work Photo you usually reside rather than any to addressing' or 'numbering' system'	temporary address at w
Name: Home Phone: Home Phone: Please provide the physical ad you reside for training, work of you are from a rural area, us address. Building/property name is the homestead, building complex, Building/property name - Flat/unit details - Street or lot number (e.g. 20	of your usual residences (street number and rother purposes before e the address from your official place name or coagricultural property, pa	Mobi	le Phone: it office box) where ur home. ry's 'rural property ame for an addres:	Relationship: Work Photo you usually reside rather than any to addressing' or 'numbering' system'	temporary address at v

Document Type: Application Form – International Student	CRICOS No: 03984H	RTO No. 45808	
Version 2.0	Approval Date: Dec 2024		
Page 1	Approved By: Principal Executive Officer (PEO)		



5. What is your postal address (if different from above)?

Building/property name -		
Flat/unit details -		
Street or lot number (e.g. 205 or Lot 118) -		
Street name -		
Postal delivery information (e.g. PO Box 254) -		
Suburb, locality or town -		
State/territory -		
Postcode -		
6. Workplace employer details (if applicable)		
Trading Name		
Contact Name:	Supervisor Name:	
Training Address		
Phone	Employer email	
z. Language and Cultural Diversity		
Are you of Aboriginal/Torres Strait Islander origin?	□ No	☐ Yes, Aboriginal
	☐ Yes, Torres Strait Islander	☐ Yes, Aboriginal & T.S. Islander
n which country were you born?	□ Australia	□ Other (please specify below)
Do you speak a language other than English at home?	□ No (English only)	☐ Yes (please specify below)
f you speak a language other than English at home, how well do you	□ Very Well	□ Well
peak English?	□ Not well	□ Not at all
8. Unique Student Identifier (USI) From 1 January 2015, the Stanford Institute can be prevented from issu attainment when you complete your course if you do not have a Unique USI in the data we submit to NCVER. If you have not yet obtained a USI USI/ on computer or mobile device. Please note that if you would like the for assistance.	e Student Identifier (USI). In ac you can apply for it directly at	ldition, we are required to include your http://www.usi.gov.au/create-your-
Enter your LIST		
Enter your USI		

If you want the RTO to create a USI on your behalf, then go to point 9 and complete the information.

Document Type: Application Form – International Student	CRICOS No: 03984H	RTO No. 45808	
Version 2.0	Approval Date: Dec 2024		
Page 2	Approved By: Principal Exe	ecutive Officer (PEO)	



9. USI application through your RTO (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like us [Stanford Institute] to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME]author	ise Stanford Institute to apply pursuant to
sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf	f.
$\ \square$ I have read and I consent to the collection, use and disclosure of my per-	, , , , , , , , , , , , , , , , , , , ,
to the information detailed at https://www.usi.gov.au/documents/privac	<u>cy-notice-when-rto-applies-their-behalf</u> >.
Town/City of Birth	_
(please write the name of the Australian or overseas town or city where yo	u were born)
We will also need to verify your identity to create your USI.	
Please provide details for \underline{one} of the forms of identity below (numbered	1 to 8).
Please ensure that the name written in the 'Personal Details' section is early	xactly the same as written in the document you provide below.
1. Australian Driver's Licence	2. Medicare Card
State:	Medicare card number Individual reference number (next to your name on Medicare
Licence Number:	card): Card colour: (select which applies)
3. Immicard	Green Expiry date/ (format MM/YYYY)
5. immicard	(month/year)
Immicard Number	Yellow □ Blue □ Expiry date / / (format DD/MM/YYYY)
4. Certificate of Registration by Descent	(day/month/year)
,	(day/month) year)
Acquisition date//	
(day/month/year)	
5. Australian Birth Certificate	6. Non-Australian Passport (with Australian Visa)
State/Territory	Passport number Country of
Details vary according to State/Territory (see note above)	issue
7. Australian Passport	8. Citizenship Certificate
Passport number	Stock number
	Acquisition date // day/month/year)
	day/inditif/year)

Document Type: Application Form – International Student	CRICOS No: 03984H	RTO No. 45808	
Version 2.0	Approval Date: Dec 2024		
Page 3	Approved By: Principal Execut	tive Officer (PEO)	



In accordance with section 11 of the *Student Identifiers Act 2014*, Stanford Institute 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.

10. Education Details				
Are you still enrolled in secondary or senior secondary education?	□ No		□ Yes	5
What is your highest COMPLETED school level?	□ Complet	ed Year 12	□ Co	mpleted Yr. 9 or equivalent
(Not inclusive of higher education)	□ Complet	ed Year 11	□ Co	mpleted Yr. 8 or lower
Tick one box only	□ Complet	ed Year 10	□ Ne	ver attended school
In which year did you complete this school level?				
(must be answered – even if education was complete	d overseas)			
If still attending school, name of school:				
Previous secondary school (if applicable):				
11. Employment Status				
• • •	unpaid worker in a family business	□ Full time e	mployee	
Which of the following categories Self-employed	l – not employing others	□ Part time	employee	
BEST describes your current employment status? □ Not employed	– not seeking employment	□ Employer		
· · · · · · ·	seeking full time workseeking part time work			
Where are you employed?				
How many employees are at your current Up to employer?	20	□ Over 20		
12. Occupation				
Which of the following classifications BEST	□ 1 - Managers		□ 6 – Sal	es Workers
describes your current (or recent) occupation?	□ 2 - Professionals		□ 7 – Ma	chinery Operators & Drivers
Tick one box only if you are never employed go	□ 3 – Technicians & Trade Wo	rkers	□ 8 - Lab	ourers
to the next section.	4 – Community and Persona Workers	l Service	□ 9 – Oth	er
	□ 5 – Clerical & Administrative	e Workers		
13. Industry of Employment				
to	he next section.			ure, Forestry and Fishing
			– Mining	
Which of the following classifications BEST			– Manufa	_
describes the Industry of your current (or recent) Employer?		S	Services	ty, Gas, Water & Waste
			– Construc	
Tick one box only if you are never employed go		□ F	– Wholesa	le Trade
Document Type: Application Form - International Student	CDICOS No. 02094H	DTO No. 45000		

Approval Date: Dec 2024

Approved By: Principal Executive Officer (PEO)

Version 2.0

Page | 4



	TOR A BE			
□ G – Retail Trade	□ K − Financial & Insurance Services			
☐ H – Accommodation & Feed Services	☐ L — Rental, Hiring & Real Estate Services			
□ I – Transport, Postal & Warehousing□ J – Information Media &	☐ M – Professional, Scientific & Technical Svc's			
Telecommunications	□ N – Administrative Support Services			
	☐ O – Public Administration and Safety			
	☐ P – Education & Training			
	☐ Q – Health Care & Social Assistance			
	☐ R – Arts and Recreation Services			
	□ S – Other Services			
14. Disability				
Do you consider yourself to have a disability, impa	irment or long term condition? YES	□ NO		
If yes, please indicate the areas of disability,	□ Hearing/deaf	□ Physical		
impairment or long term condition. You may indicate more than one.	□ Intellectual	☐ Acquired brain impairment		
	☐ Mental illness	□ Learning		
	□ Vison	☐ Medical condition		
	□ Other (Please specify):			
15. Previous Qualifications/Education				
Have you successfully COMPLETED any of the follow	ving qualifications? Yes	□ No		
If yes, please tick ONE applicable box relating to	A E I	ΑΕΙ		
your prior education at ANY applicable Level as follows:	□ □ □ Bachelor Degree or Higher Degree	□ □ □ Certificate III or Trade Certificate		
A = Australian Qualification	□ □ □ Advanced Diploma or Associate	□ □ □ Certificate II		
E = Australian Equivalent*	Degree	□ □ □ Certificate I		
I = International	□ □ Diploma or Associate Diploma	□ □ □ Other (please specify)		
	□ □ □ Certificate IV or Advanced Cert/Technician			
If we liking a firm a true true the above we will with a subject to	*To determine 'Australian f	 		
If multiple of one type, use the above priority order	to the Overseas Qualification			
46 Shudu Baasan				
16. Study Reason				
Of the following reasons, which BEST describes your main reason for undertaking this course /	□ To get a job	□ It was a requirement of my job		
traineeship / apprenticeship?	□ To develop my existing business□ To start my own business	☐ I wanted extra skills for my job☐ To get into another course of study		
Tick one box only	☐ To try for a different career	☐ For personal interest or self-		
	☐ To get a better job or promotion	development		
		☐ To get skills for community/voluntary work		
		□ Other Reasons		
17. Student Contact				
Document Type: Application Form – International Stu		. 45808		
Version 2.0	Approval Date: Dec 2024			

Approved By: Principal Executive Officer (PEO)

Page | 5



How did you find out about t	he cour	•				
enrolling in?		□ Job Sei				□ Word of mouth
Tick one box only	□ Staff M				□ Social Media (e.g. Facebook)	
		□ Curren	t/Past St	udent		☐ Apprentice Centre
		□ Flyer				□ Newspapers
		□ Websit				□ Workplace
		□ Radio a				□ Other (please specify)
18. Student Handboo						
The student handbook	0	Student fee information	0	Complaints procedure	0	Student welfare and support service
outlines the following:	0	Refund Policy	0	Appeals procedure	0	Recognition of prior learning
	0	Code of conduct	0	Assessment guidelines		
i ucciare triat i flave fea	a anu I	unuerstood the KTO stude	::เน กลก	ubook and their policies	α proc	cedures regarding the above.
Signature:			Date	:		
	New Ze	tatus ealand Citizen				
•		eadership and Managen				
	•	oloma of Leadership and				
□ BSB50420 – Gradua	te Dip	oloma of Management (Learni	ng)		
□ SIT30821− Certificat	te III i	n Commercial Cookery				
□ SIT40521- Certificat	e IV ir	n Kitchen Management				
□ SIT50422- Diploma	of Ho	spitality Management				
□ ICT60220 - Advance	d Dip	loma of Information Te	chnolo	gy (Telecommunicatio	ns Ne	twork Engineering)
□ CPC31320 – Certific	ate III	in Wall and Floor Tiling	;			
□ CPC30620 – Certific	ate III	in Painting and Decora	ting			
□ CPC50220 – Diplom	a of B	uilding and Constructio	n (Buil	ding)		
□ CPC30220 - Certifica						

Document Type: Application Form – International Student	CRICOS No: 03984H	RTO No. 45808	
Version 2.0	Approval Date: Dec 2024		
Page 6	Approved By: Principal Execut	ive Officer (PEO)	



21. Pre-Training Checklist (Please tick the correct boxes)

☐ Pre-training form completed	☐ Entry Requirements discussed
☐ Language, Literacy and Numeracy(LLN) assessment completed by	☐ Credit Transfer discussed
student and attached	
☐ Delivery Mode discussed	☐ Location of the course discussed
☐ Recognition of prior learning(RPL) discussed	☐ Tuition fees, Concession and Exemption discussed
☐ Refund policy discussed	☐ Student question answered
□ I have read and understand the student handbook	□ Please indicate any special needs, assistance you may require during the course (e.g Writing assistance)



Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, Stanford Institute 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 Stanford Institute for statistical, administrative, regulatory and research purposes. Stanford Institute 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).

Consent for publication of photographs and student work

- RTO occasionally takes photos of students participating in classes for publicity purposes. These photos may be displayed on our
 website. The names and details of the people in the photos are not released or published. Staff will always identify when they are
 taking photos so students who don't wish to have their photo taken can be excluded from the photo. If at any time your photo is
 published on the website and you would like it removed, we will do so within 24 hours of receiving a written request to remove it.
 - Do you consent to the use of your photo under these conditions? Please circle one: Yes No
 If you indicated NO please ensure you advise the staff member at the time the photo is being taken to ensure you are excluded from the photo.

Consent/authority to release information and view documents

Please be assured that any discussions held with this representative will be for the purposes of your assessment and for your skills development.

During the process we do not plan to discuss your evidence or work practices with other trainees, unless we have your written permission to do so.

You are required to give permission in writing for any of these discussions or viewing of evidence to occur.

I will be required to participate in the completion of a National Students Outcomes Survey [NCVER], during the course of
my training program.

Declaration of Information Accuracy

In signing or emailing this form I acknowledge and declare that;

- 1. I have read and understood and consent to the privacy notice and have completed all questions and details on the enrolment forms.
- 2. Arrangements have been made to pay all fees and charges applicable to this enrolment.
- 4. I have read and understand the RTO Information for Learners Handbook

Document Type: Application Form – International Student	CRICOS No: 03984H	RTO No. 45808		
Version 2.0	Approval Date: Dec 2024			
Page 8	Approved By: Principal Executive Officer (PEO)			



- 5. I agree to be bound by the RTO's Student Code of Conduct, regulations, policies and disciplinary procedures whilst I remain an enrolled student.
- 6. I am 18 years of age or older, or have permission to access the internet from my parent(s) or guardian(s) if under 18.
- 7. My participation in this course is subject to the right of RTO to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of the RTO.
- 8. I understand and have been provided with information by RTO in relation to Credit Transfer and Recognition of Prior Learning (RPL).
- 9. I confirm that I have been informed about the training, assessment and support services to be provided, and about my rights and obligations as a student at RTO.
- 10. I have also visited the RTO website to review Training and Assessment options available to me including but not limited to duration, location, mode of delivery and work placement (if any), fees, refunds, complaints and withdrawals.
- 11. I authorise RTO or its agent, in the event of illness or accident during any RTO organised activity, and where emergency contact next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- 12. My academic results will be withheld until my debit is fully paid and any property belonging to RTO has been returned.
- 13. I acknowledge that from time to time RTO may send me information regarding course opportunities and other promotional offers and that I have the ability to opt out.
- 14. I declare that the information I have provided to the best of my knowledge is true and correct.
- 15.I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Signed (Student)	Date:	
Signed (PARENT/GUARDIAN)	Date:	

*Parental/guardian consent is required for all students under the age of 18.

Document Type: Application Form – International Student	CRICOS No: 03984H	RTO No. 45808	
Version 2.0	Approval Date: Dec 2024		
Page 9	Approved By: Principal Executive Officer (PEO)		



Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 - Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 - Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the lifespan. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 - Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 - Other'

Document Type: Application Form – International Student	CRICOS No: 03984H	RTO No. 45808	
Version 2.0	Approval Date: Dec 2024		
Page 10	Approved By: Principal Execu	tive Officer (PEO)	



A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

Document Type: Application Form – International Student	CRICOS No: 03984H	RTO No. 45808	
Version 2.0	Approval Date: Dec 2024		
Page 11	Approved By: Principal Execut	tive Officer (PEO)	