



INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT

Please print clearly in BLOCK LETTERS using black pen only

APPLICANTS MUST BE 18 YEARS OF AGE OR OVER AT TIME OF COMMENCEMENT OF THEIR COURSE

Personal information

Title:	Family Name:	
Other Names:		
Date of Birth: (DD/MM/YYYY) / /	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Telephone: (Home)	(Mobile)	(Fax)
Email:		
Overseas Address:		
Suburb:	State:	Postcode: Country:
Address in Australia:		
Suburb:	State:	Postcode:
Country of Birth:	Country of Citizenship:	

English Language Proficiency

Is English your first language? Yes <input type="checkbox"/> (If Yes, go to next section) No <input type="checkbox"/>
What language do you usually speak? _____
Have you completed an International English Language Testing System (IELTS) test? Yes <input type="checkbox"/> No <input type="checkbox"/> (You are required to attach a certified copy of your IELTS result with this application)

Disability

Do you have a disability, impairment or long term medical condition which may affect your studies? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate the area/s of impairment: <input type="checkbox"/> hearing <input type="checkbox"/> vision <input type="checkbox"/> learning <input type="checkbox"/> medical <input type="checkbox"/> mobility <input type="checkbox"/> other _____
If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous Studies

What is your highest completed secondary school level? Year 10 or lower
 Year 11
 Year 12

Have you undertaken any post-secondary study? Completed?

<input type="checkbox"/> Certificate of attainment or competence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> A vocational course (trade certificate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Diploma / Advanced Diploma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Undergraduate degree	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Postgraduate degree	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Course Details

What course do you wish to enrol for?
 Certificate IV in Massage Therapy Practice [HLT40307]
 Diploma of Remedial Massage [HLT50307]

Please attach evidence that you meet the course entry requirements for your chosen course.

RPL and Credit Transfer

Are you seeking Recognition of Prior Learning or Credit Transfer? Yes No

If Yes, attach relevant information and details of experience and previous courses/studies completed.

DECLARATION

I hereby apply for enrolment in the course noted above and declare that the information I have provided in this form and any documentation attached is true and correct.

I acknowledge that Holistic Education College reserves the right to verify any of the details I have provided on this form or in any documentation attached in order to assess my application.

I acknowledge that the provision of false documents, incorrect information or withholding information relevant to the application may result in the cancellation of my enrolment.

Student Signature:	Date:	Date Received:
		Office Use Only Office Use Only Office Use Only Office Use Only

This form and supporting documentation should be submitted to:

International Admissions
 Holistic Education College
 46 James St, New Farm Queensland 4005 Australia.