

Part A: Personal Details

Surname:		Title:	Mr/ Mrs/ Miss/ Ms/ Dr	D.O.B	/ /
First Name:		Middle Name/s			
Home Phone:	()	Work Phone:	()		
Email:					
Unique Student Identifier (USI), if known:*					
Gender: (Circle one only)	Male	Female	Other		
Please note that all applicants are required to be 18 years or above.					

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want BCC Institute to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you are using. See section on the USI at the end of this form for a detailed explanation.

Home Address (Overseas or in Australia)	
Building/property name:	
Flat/unit details:	Street number/ lot number:
Street name:	
Suburb, locality or town:	
State/ territory (if applicable):	Postcode:
Country:	

Residency and other Visa Details	
Country of Birth:	Citizenship:
Passport number:	
Do you already have an Australian Visa that allows you to study here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa grant number:	If yes, what type of Visa?
Visa entry date:	Visa exit date:

Next of Kin/Emergency Contact	
Name:	Relationship to you:
Address:	
Country:	Postcode:
Home Phone:	Work Phone:
Mobile:	Email:

Part B: Language and Cultural Diversity

- Country of birth? _____
- What is your first language? _____
- What other languages do you speak? _____
- International English test type (e.g. IELTS, TOEFL, PTE, OET): _____
- English test score: _____

Part C: Disability

- Do you consider yourself to have a disability, impairment or long-term conditions?

☐ Yes

☐ No

2. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area.) Please refer to the Disability supplement for an explanation of the following disabilities:

- | | |
|---|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental illness | |

Part D: Education

1. Have you SUCCESSFULLY completed any of the following qualifications? ☐ Yes ☐ No

If YES, tick ANY applicable boxes:

- | | |
|---|---|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Diploma (or associate diploma) |
| <input type="checkbox"/> Advanced diploma (or associate degree) | <input type="checkbox"/> Certificate IV (or advanced certificate/ technician) |
| <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Year 12 or Secondary School |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Other education (including certificate or overseas qualification not listed above) |
| <input type="checkbox"/> Certificate I | |

2. Do you wish to apply for Course Credit? ☐ Yes ☐ No

If YES, certified copies of transcripts from previous qualifications must be provided with this form.

3. Do you wish to apply for Recognition of Prior Learning? ☐ Yes ☐ No

If YES, you will be contacted to discuss further.

Part E: Employment

Of the following categories, which BEST describes your current employment status? (Tick ONE box only). For casual, seasonal, contract and shift work, use the number of hours worked per week to determine whether full time (35 hours or more per week) or part time (less than 35 hours per week).

- | | |
|--|---|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Self-employed – not employing others |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self-employed – employing others |
| <input type="checkbox"/> Unemployed – seeking full-time work | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Not employed – not seeking any employment | |

Part F: Study Purpose

Of the following categories, which BEST describes the main reason you are taking this course? (Tick ONE box only).

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> I want extra skills for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To try and get into a different career | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To get a better promotion | |
| <input type="checkbox"/> It was a requirement of my job | |

Part G: Enrolment Details – Select your course and campus

Qualification/course	Duration
<input type="checkbox"/> ICT20120 Certificate II in Applied Digital Technology (CRICOS Code 105671K)	20 weeks classes + 4 weeks holidays
<input type="checkbox"/> FSK20119 Certificate II in Skills for Work and Vocational Pathways (CRICOS Code 105670M)	20 weeks classes + 2 weeks holidays
<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care (CRICOS Code 107223G)	40 weeks classes + 12 weeks holidays
<input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care (CRICOS Code 107029J)	60 weeks classes + 16 weeks holidays
<input type="checkbox"/> BSB40920 Certificate IV in Project Management Practice (CRICOS Code 105668E)	34 weeks classes + 6 weeks holidays
<input type="checkbox"/> BSB50420 Diploma of Leadership and Management (CRICOS Code 104274J)	40 weeks classes + 12 weeks holidays
<input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management (CRICOS Code 105030K)	50 weeks classes + 14 weeks holidays
<input type="checkbox"/> FNS40222 Certificate IV Accounting and Bookkeeping (CRICOS Code 0109994C)	40 weeks classes + 12 weeks holidays
<input type="checkbox"/> FNS50222 Diploma of Accounting (CRICOS Code 111418F)	50 weeks classes + 14 weeks holidays
<input type="checkbox"/> CHC32015 Certificate III in Community Services (CRICOS Code 105669D)	50 weeks classes + 14 weeks holidays
<input type="checkbox"/> CHC33021 Certificate III in Individual Support* (CRICOS Code 114163M)	40 weeks classes + 12 weeks holidays
<input type="checkbox"/> CHC43121 Certificate IV in Disability Support (CRICOS Code 114164K)	40 weeks classes + 12 weeks holidays
<input type="checkbox"/> CHC52021 Diploma of Community Services (CRICOS Code 114165J)	80 weeks classes + 24 weeks holidays

**This course is a pre-requisite for Certificate IV in Disability Support*

Preferred start:	<input type="checkbox"/> February	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> October
Campus location:	<input type="checkbox"/> Bankstown - L1, 457 Chapel Road, Bankstown			
I elect to pay more than 50% of the course fees upfront				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require BCC Institute to arrange homestay accommodation?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require BCC Institute to arrange Overseas Student Health Cover (OSHC)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>*OSHC insurance is a requirement for a student visa application from the Department of Home Affairs. Single cover is for one student only. Couple cover is for the student and spouse/partner. Family cover is for the student and dependents (including spouse, partner and dependent children).</i></p>				

Part H: Genuine Temporary Entrant (GTE) Assessment

ALL APPLICANTS MUST COMPLETE THIS PART OF THE FORM.

About this section:

This section helps BCC Institute assess whether you meet the Australian Government's Genuine Temporary Entrant (GTE) criteria. It is important that the section is correctly completed and that all required documentation is attached. For further information, go to:

<https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/genuine-temporary-entrant>

If you (i) are applying for a student visa from outside Australia and (ii) you are required by DEPARTMENT OF HOME AFFAIRS to provide proof of funds with your visa application, you must then complete this section through a BCCI Representative. Find BCCI representatives at www.bcci.edu.au.

Offer letters will be issued only if BCC Institute considers that you will meet the GTE requirements. In addition to assessment of this section, BCCI may interview you as part of the GTE assessment process.

(a) Background

1. How did you find out about BCC Institute? (If the space provided below is not enough, please provide your answers on a separate sheet).
2. Have you read a BCC Institute brochure or checked the BCCI website? ☐ Yes ☐ No
3. Why did you choose BCC Institute over other providers in Australia or overseas?
4. Please name other training providers (both overseas and within Australia) that you considered enrolling in.
5. Have you or your dependants been refused into Australia before?
If Yes, when and for what reason? Include date of refusal. ☐ Yes ☐ No
6. How many years since you last studied? If there is a gap in your studies please explain what you have been doing during this gap.
7. Relationship status (circle one):
Single Engaged Married De Facto Separated
Divorced Widowed

If married, how long _____
8. Do you have any dependants?
If Yes, how many _____
9. Will any dependants:
☐ Travel to Australia
☐ Remain at home

Satisfactory response

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

(b) Funding of your studies

- 1. Are you aware of the living costs associated with your studies in Australia?** ☐ Yes ☐ No

Please see <https://www.studyinaustralia.gov.au/english/live-in-australia/living-costs>

☐ Yes ☐ No

- 2. Do you have access to sufficient funds to support you and your dependents (if any) for the TOTAL period of your stay in Australia?**
☐ Yes ☐ No

This includes tuition fees, travel costs, return flights, living costs as outlined on the Australian Government website:

<https://www.studyinaustralia.gov.au/english/live-in-australia/living-costs>

☐ Yes ☐ No

- 3. List details of financial support during your stay in Australia.**

Financial support	AUD \$	Your currency
Self		
Parents		
Spouse		
Loan		
Other		

☐ Yes ☐ No

- 4. What are the expected expenses for tuition fees for the entire duration of the course?**

Name of Your Course	Your Expected Tuition Fees

☐ Yes ☐ No

- 5. Please provide evidence of your/parents'/spouse's income or evidence of an approved bank loan.**

Check the DEPARTMENT OF HOME AFFAIRS evidence requirements at immi.homeaffairs.gov.au/visas/web-evidentiary-tool

☐ Yes ☐ No

- 6. Are you aware of and have you read the BCC Institute fee refund policy?**
☐ Yes ☐ No

☐ Yes ☐ No

- 7. Are you aware of the work restrictions while studying full-time in Australia?** ☐ Yes ☐ No

<https://immi.homeaffairs.gov.au/visas/already-have-a-visa/check-visa-details-and-conditions/check-conditions-online>

☐ Yes ☐ No

- 8. Do you have any relatives in Australia?** ☐ Yes ☐ No

Name: _____

Relationship: _____ Immigration status: _____

☐ Yes ☐ No

- 9. Please indicate the type of accommodation you intend to live in while studying with BCC Institute.**

☐ Homestay ☐ Relative ☐ Friend ☐ Shared accommodation

☐ Other (Please specify): _____

If you have pre-arranged accommodation, please provide the address:

Number and Street: _____

Suburb/Town/City: _____ Postcode: _____

☐ Yes ☐ No

Part I: Assessment – To be completed by the Agent representing Student.

1. Applicant's BCC Institute course is related to their previous studies or employment. ☐ Yes ☐ No
2. Applicant has career goals and has researched the value of the course to their future. ☐ Yes ☐ No
3. Applicant's knowledge of BCC Institute, course, campus and living arrangements is satisfactory. ☐ Yes ☐ No
4. Applicant has a strong incentive to return to their home country and does not have strong incentive to remain in Australia. ☐ Yes ☐ No
5. Applicant has realistic expectations of costs for them and all their family members. ☐ Yes ☐ No
6. Applicant's previous Visa and travel history is satisfactory. ☐ Yes ☐ No
7. Applicant has realistic expectations about their ability to find work and their likely income in their location.
8. I have checked the applicant's documents, including financial and academic documents, and verified copies are attached. ☐ Yes ☐ No
9. I consider that this applicant meets DEPARTMENT OF HOME AFFAIRS Genuine Temporary Entrant (GTE) criteria. ☐ Yes ☐ No
 Recommend interview by BCC Institute? ☐ Yes ☐ No

I therefore recommend that an offer be given to this applicant. ☐ Yes ☐ No

I confirm that I have briefed the applicant and the applicant's parents (if applicant is under 18) on the Terms and Conditions relating to this application and that I have provided the applicant with relevant information on BCC Institute and the course consistent with the requirements of the ESOS Act 2000 and the National Code 2018.

Signature of agent making recommendation

Are you a registered agent with BCC Institute? ☐ Yes ☐ No

Agent Declaration			
Name of Agent:			
Company Name:			
Contact Details of Agent:			
Signature:		Date:	

Part J: Application Checklist

Application Checklist – Provide a certified copy of the following documents with your application (you will need to bring the originals to your orientation day for verification):

- ☐ Completed Enrolment Application Form
- ☐ Passport copy (JP signed or notarised)
- ☐ Valid visa (if you are applying onshore)
- ☐ Proof of English language proficiency (IELTS 6.0 or equivalent)
- ☐ Proof of meeting academic requirements (high school or other relevant certificate)

Part K: Declaration

In signing this Enrolment Application Form, I agree that the information provided on this form is true, correct and complete. I acknowledge and agree that this is an application only to study at BCC Institute and does not guarantee me a place. If an offer is made to me, my acceptance is subject to the terms and conditions in the Letter of Offer.

Student Signature:		Date:	
Printed name:			