

Student Application Form

Course Details

| | | | |
|-------------|--|-----------------|--|
| Course | <input type="checkbox"/> 105278H General English <input type="checkbox"/> 105280C English For Academic Purposes <input type="checkbox"/> 105279G IELTS Preparation | | |
| Intake Date | | Number of weeks | |

| | | | |
|---|--|-----------------|--|
| Please only fill out if applying for more than one course. | | | |
| Course 2 | <input type="checkbox"/> 105278H General English <input type="checkbox"/> 105280C English For Academic Purposes <input type="checkbox"/> 105279G IELTS Preparation | | |
| Intake Date | | Number of weeks | |
| Course 3 | <input type="checkbox"/> 105278H General English <input type="checkbox"/> 105280C English For Academic Purposes <input type="checkbox"/> 105279G IELTS Preparation | | |
| Intake Date | | Number of weeks | |

Personal Details

| | | | |
|---|--|--|--|
| 1. Enter your full details | | | |
| <i>*Please write all details exactly as it is shown on your passport.</i> | | | |
| Single name only <input type="checkbox"/> <i>(Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').</i> | | | |
| Family Name (Surname) | | | |
| Given name | | | |
| Date of Birth | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Country of Birth | | Nationality | |
| Expiry Date | | Passport Number | |
| 2. Enter your contact details | | | |
| Email Address: | | | |
| Home phone: | | Mobile: | |
| 3. What is the address of your usual residence? | | | |
| <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area, use the address from your states or territory's 'rural property addressing' or 'numbering' system as your residential street address..</i> | | | |
| Flat/unit details: | | Street or Lot Number (e.g., 205 or Lot 118): | |
| Street name: | | | |
| Suburb, locality, or town: | | State/territory: | |
| Postcode: | | Country: | |

| 4. Emergency Contact Details | | | |
|------------------------------|--|-------|--|
| Family Name (Surname) | | | |
| Given name | | | |
| Relationship | | Phone | |

Visa Information

| | | | |
|---|--|---|--|
| 5. Are you currently in Australia | | <input type="checkbox"/> Yes - go to question 6 <input type="checkbox"/> No - go to question 7 | |
| 6. Visa Expiry Date | | Visa Subclass Number | |
| 7. Which Country will you be applying for your Visa from? | | | |

Agent Details

| 8. Do you have an Agent assisting you in your application? | | <input type="checkbox"/> Yes - go to question 9 <input type="checkbox"/> No - go to question 10 | |
|---|--|--|---|
| 9. Agent Details | | | |
| Company Name | | Agent Name | |
| Agent Email | | Agent Phone Number | |
| Do you consent the nominated agent to receive communication applicable to your application for study at Opera City English College? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Language and cultural diversity

| 10. In which country were you born? | |
|--|--|
| <input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: | |
| 11. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i> | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify: | |

Disability

| 12. Do you consider yourself to have a disability, impairment, or long-term condition? | | <input type="checkbox"/> Yes - go to question 13 <input type="checkbox"/> No - go to question 14 | |
|---|--|---|--|
| 13. If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list: <i>You may indicate more than one area. Please refer to the <u>Disability supplement</u> for an explanation of the following disabilities.</i> | | | |
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acquired brain impairment | |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other | |

Schooling

| | |
|---|--|
| 14. What is your highest COMPLETED school level (Tick ONE box only) | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent |
| <input type="checkbox"/> Year 10 or equivalent | |
| Please specify the year completed of your highest completed school level | |
| 15. Are you still enrolled in secondary or senior secondary education? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Previous qualifications achieved

| 16. Have you SUCCESSFULLY completed any of the qualifications listed in question 17? | | | | <input type="checkbox"/> Yes - go to question 17 <input type="checkbox"/> No - go to question 18 | | | |
|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| 17. If YES, please tick ANY applicable boxes. A – Qualification has been completed in Australia E – Qualification has been completed overseas and recognised formally in Australia I – Qualification has been completed overseas but not recognised in Australia | | | | | | | |
| Qualification | A | E | I | Qualification | A | E | I |
| Bachelor's degree or higher degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate III (or trade certificate) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advanced diploma or associate degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate II | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diploma (or associate diploma) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other education (including certificates or overseas qualifications not listed above) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you completed an English Language Proficiency Test | | | | <input type="checkbox"/> Yes - go to question 19 <input type="checkbox"/> No - go to question 20 | | | |
| 19. Test Name | | | | Test Score | | | |

Employment

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|--|--|
| 20. Of the following categories, which BEST describes your current employment status? (Tick ONE box only) | |
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Self-employed – employing others | <input type="checkbox"/> Not employed – not seeking employment |

Study reason

| | |
|---|--|
| 21. Of the following categories, select the one which BEST describes your main reason for undertaking this course? (Tick ONE box only) | |
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons |

Additional Services

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|---|--|--|--|
| 22. Do you require Airport Pickup- (\$150 per person) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23. Would you like Accommodation Assistance (\$250 placement fee) | | <input type="checkbox"/> Yes - go to question 24 <input type="checkbox"/> No - go to question 25 | |
| 24. Start Date | | Duration (weeks) | |
| 25. Do you currently have Overseas Student Health Cover (OSHC) | | <input type="checkbox"/> Yes - go to Privacy Notice <input type="checkbox"/> No - go to question 20 | |
| 26. Would you like OCEC to organise your OSHC. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Privacy Notice

Why do we collect your personal information

As a CRICOS provider, we collect your personal information so we can process and manage your enrolment.
Failure to provide your personal information, Opera City English College will not be able to enrol you as a student.

How we use your personal information

We use your personal information to enable us to deliver courses to you, and otherwise, as needed, to comply with our obligations as a CRICOS provider.

Contact information

At any time, you may contact Opera City English College to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice **Opera City English College**

Address: Level 1, 303 Pitt St, SYDNEY, NSW, 2000

Email: info@opera.nsw.edu.au

Applicant declaration

By signing this form, I acknowledge that I have read and understood the information provided above. I also acknowledge that I have read the requirements to be accepted in the course(s), including English language proficiency.

I have read through Opera City English College website/marketing materials and am aware of all relevant information about the course(s) content, mode of study, duration, holidays, campus location and facilities, training arrangements, assessment methods.

I agree to abide by the above terms and conditions and consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. The information and documents provided by me are true and correct in all respects.

| | | | |
|----------------------|--|-------|--|
| Applicant Signature: | | Date: | |
| Applicant Name: | | | |

Disability supplement

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.

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.

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.

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.

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 life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

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.

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.

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.

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.

Other

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.