

aioa docian

ENROLMENT APPLICATION

FULL TIME COURSES - INTERNATIONAL STUDENTS

| alca: design |
|----------------|
| aica:art |
| aica:photo |
| aica: training |
| |

| If yes, at which level | PERSONAL DETAILS | |
|--|---------------------------------------|---|
| Day Month Year How long do you want to study for What kind of visa are you applying for What kind of visa Yes No If yes, what kind of visa What is the expiry date Wha | Your name (as shown on your passport) | When do you want to start |
| Given Name | Family Name | |
| Preferred Name Title Mr Mrs Ms Miss Other Male Female Have you got a current visa Yes No Date of Birth Day Month Year What kind of visa are you applying for Have you got a current visa Yes No If yes, what kind of visa What is the expiry date Mave you got Overseas Student Health Cover Have you got o | Given Name | • |
| Title Mr Mrs Ms Miss Other Male Female Have you got a current visa Yes No Date of Birth Day Month Year Mrs Mrs Month Year Mrs Month Year Mrs Mr | Preferred Name | How long do you want to study for |
| Male Female Have you got a current visa Yes No | | What kind of visa are you applying for |
| Have you got a current visa Yes No | | |
| Second S | | Have you got a current visa ☐ Yes ☐ No |
| Are you under 18 years | | If yes, what kind of visa |
| Place of Birth | Are you under 18 years | |
| Citizenship | • | |
| Passport Number | | ∐ Yes ∐ NO |
| Address in Australia | | ii yes, which nealth rund |
| Address in Home Country | | Membership No Expiry Date |
| Address in Home Country | Address in Australia | Letter of Preliminary Approval (if applicable) |
| Telephone | · | - - |
| Country Area Local Number If yes, at which level | | If yes, at which level |
| Fax Country Area Local Code Number Email Name Address and phone no of next of kin Address: Phone Number: Name and contact details for person responsible for | | Have you previously studied English? ☐ Yes ☐ No |
| Country Area Local Number | | If yes, at which level |
| Code Code Number | Fax | Have you recently taken an English proficiency test |
| Comparison of the comparison | | yes no Which one |
| Name Address and phone no of next of kin Name: | Email | |
| Name: | | Score Date of Test |
| Address: Phone Number: Name and contact details for person responsible for | · | (attach a certified true copy of your results) |
| Phone Number: Name and contact details for person responsible for | | |
| Name and contact details for person responsible for | | |
| | | |
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| | | |

| EDUCATIONAL RECORD (PREVIOUS AND CURRENT) | | | | | | | | |
|---|--|--|---------------------------|----------------|--|--|--|--|
| | Original or certified true copies of academic records must be attached when applying for RPL (recognised prior learning). Official English translations are required for documents in another language. | | | | | | | |
| Qualification | School/Institution | Country | Duration of Study | Date Completed | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PROPOSED | STUDY PROGRAM | | | | | | | |
| FULL TIME STU | | | | | | | | |
| I wish to comm | ence study at the Australian Internationa | I College of Art in th | ne following full time c | ourse. | | | | |
| | Diploma of Graphic Design 39148QLD | (CRICOS | S Course Code 057352I | F) | | | | |
| | Certificate III in Printing and Graphic Arts | · · | | -/ | | | | |
| | Commence in in 1 mining and Crapine 7 inc | | S Course Code 063635I | K) | | | | |
| | above packaged with Diploma of Graphic | • | | • | | | | |
| | {Diploma of Visual Arts 39227QLD - (Par | t 2) (CRICOS | S Course Code 06207B | | | | | |
| | {Certificate IV in Visual Arts CUV40103 - | (Part 1) (CRICOS | S Course Code 059001 | A) | | | | |
| | {Diploma of Photoimaging 39147QLD – (I | | S Course Code 059845 | · | | | | |
| | {Certificate IV in Photoimaging CUV40403 | | S Course Code 059002I | · | | | | |
| <u> </u> | | , , , | | , | | | | |
| DEFLIND DO | LIOV | | | | | | | |
| (Please read on | refully and acknowledge) | | | | | | | |
| | fee is non-refundable if student cancels or is | not accepted. | | | | | | |
| | are refunded in full if a visa application is re | | | | | | | |
| | are refunded in full if a student cancels more | | | | | | | |
| | cancels his/her application 45 days or less se fees will be charged. | before the course of | commences, a cancella | tion fee of | | | | |
| | fees is given after a student has commence | ed studying. | | | | | | |
| 6 AICA will pay | y the amount of refund within 4 weeks after i | eceiving a written cla | | | | | | |
| | y the refund amount to the person who enter ection to AICA to pay the refund to another p | | th AICA, unless the pers | son gives | | | | |
| | y the refund amount in the same currency in | | paid, unless payment in | ı that | | | | |
| currency is in | mpracticable. | | | | | | | |
| | ent does not remove a student's right to take | | | | | | | |
| TRANSFER | Ite resolution process does not circumscribe | a student's right to p | ursue otner legal remed | iles. | | | | |
| | or transfer should be made in writing by the | student, and accompa | anied by a letter of acce | ptance | | | | |
| | ceiving school. | , a. | | p tall o | | | | |
| | to other schools will incur a standard charg | e of 20% of the total | amount of tuition fees he | eld on | | | | |
| behalf of the 3 If you are tr | e student. ansferring to AICA from another school, you | must supply a letter | of release from your cur | rrent | | | | |
| | you must have a satisfactory record of atten | | or roloddo from yddr ddi | 10111 | | | | |
| DECLARATI | | | | | | | | |
| | re that the information provided on this form | | | | | | | |
| | wledge that AICA reserves the right to vary ent made on the basis of incorrect or incomp | | on regarding admission | or | | | | |
| I understand the refund policy outlined above | | | | | | | | |
| I understand and accept that I must abide by all terms and conditions of my visa. | | | | | | | | |
| | to pay all fees owing by the payment date. to advise the college immediately if there as | o any changes to my | residential address or | mail | | | | |
| | s and telephone number. It is my responsib | | | | | | | |
| | college to ensure that I receive important info | | | | | | | |
| my visa | | Lionn and an in- | information contain. | in my | | | | |
| I autho applica | I authorize the college to provide the Australian Government, on request, information contained in my application, enrolment details, attendance records, current address and information regarding my entry | | | | | | | |
| | d my stay in Australia. | carroin addition and | om regarding II | ., | | | | |
| I under | I understand that any school-aged dependants accompanying me to Australia will be required to pay full | | | | | | | |
| | they are enrolled in a school in Australia. | aliad by AICA far firl | Ltripo Lwill bo invaise | accordingly | | | | |
| | r and ordered and whom group transportation to capping a by Alex Colonia and Alexander and a capping a by Alexander and Colonia and Col | | | | | | | |
| full. | 223 223 | | and an order | 3 рајало 111 | | | | |
| Studente en O | ardiana Signatura | | Data | | | | | |
| | nardians Signature: | | Date: | | | | | |

Version: 007.06.08

CONDITIONS OF ENROLMENT AT AICA- FULL TIME

- 1. I understand that should any course be cancelled by AICA then a full refund of all monies will be refunded within thirty working days of the cancellation.
- 2. I understand that should I cancel in writing within forty five (45) or more days prior to the commencement of the first day of the course then all monies will be refunded.
- 3. I understand that should the cancellation be less than forty five (45) days then a 10% administration fee will apply and 90% of all fees paid will be refunded to me.
- 4. I understand that the deposit is non-refundable.
- 5. I understand that course fees are not refundable once a course has commenced. Any applicable refund will be paid to the person who originally paid the course fees.
- 6. I accept that AICA reserves the right to increase fees at any time including material costs and subject levies.
- 7. I understand that when group transportation is supplied by AICA for field trips, I will be invoiced accordingly
- 8. I understand that AICA has the right to cancel a course if there are an insufficient number of candidates.
- 9. I understand that payments of all courses are to be made by Credit Card / Bank Cheque / Personal Cheque or Money Order payable to AICA. All invoices are to be paid in full prior to the commencement of each term.
- 10. I understand that I must fulfil the requirements of the course to the satisfaction of the course tutor and attend all course components to be eligible for a Statement of Attainment, Certificate II, III & IV in Visual Arts, Certificate IV in Photoimaging, Certificate IV in Training & Assessment, Diploma of Graphic Design, Diploma of Ikebana & the Arts, Diploma of Photoimaging, Diploma of Visual Arts whichever the case may be.
- 11. I understand that failure on my part to complete any written assignments on time and to a satisfactory standard will affect my certificate/diploma grade. I also understand that to achieve competency is to be undertaken at my expense.
- 12. I understand that if I do not fulfil all course requirements satisfactorily, I will not receive a Statement of Attainment, Certificate or Diploma whatever the case may be.
- 13. I understand that the following may affect my grade and be grounds for dismissal from the course:
 - Lack of punctuality on my part
 - Failure on my part to cooperate reasonably and treat with respect other trainees, students and the AICA personnel.
 - Illegal drug use
 - Attending classes intoxicated
- 14. I understand that AICA reserves the right to check student bags and lockers if they suspect a student of drug/alcohol abuse. This will only occur after there has been evidence of socially unconscionable and threatening behaviour from the student. The check would require two members of staff to be involved and a written report to be made.

- 15. AICA expects the behaviour and demeanour of trainees to be of a professional standard and any disruptive behaviour that inhibits or disrupts the learning process for other trainees and that is deemed unsuitable may result in exclusion from class. No refunds will be given for exclusion for disruptive behaviour. It is a requirement that trainees complete all set course evaluation and assessment tasks and failure to complete will result in no-issue of Certificates and/or Diplomas.
- 16. I will accept as final all decisions made by AICA in regards to course changes, certification, grading and dismissal from the course.
- 17. I understand that, if I am absent due to illness or unexpected family commitments, I will contact AICA Head Office immediately and that I must make up all work missed. Arrangements to do so will be finalised at AICA's discretion.
- 18. I accept financial responsibility for any books, materials or equipment borrowed by me from AICA.
- 19. I understand that I am responsible for providing the necessary books and materials to complete the course.
- 20. I understand that upon successful completion of the course, AICA will advise and guide me in seeking employment but will not guarantee or arrange such employment.
- 21. I have read and understand the requirements as shown in the Student Handbook and Enrolment Application document.
- 22. AICA accepts no responsibility or liability for loss, damage or corruption of data on any equipment owned or controlled by AICA.
- 23. I understand Internet usage is limited to sites for AICA work only, Email usage is for study related issues only.
- 24. I understand that if I fail to pay the fees in full that AICA has the right to hold onto any of my work including portfolios until payment is made. AICA also has the right to not release my Certificate/Diploma if fees are not paid in full.
- 25. I understand that I will be responsible for the payment of all necessary materials as required, and any further costs incurred (eg. printing etc) will be invoiced at the end of each term and payable in full.

| Student Signature | Student Name | Date | |
|-------------------|--------------|----------|--|
| | | | |
| Witness Signature | Witness Name | Date | |