INTERNATIONAL APPLICATION FORM 2025



PERSONAL	INFORMAT	ION							
PLEASE SELECT	YOUR PREEERS	PED TITLE							
_	☐ Mrs	☐ Ms	☐ Mr	Other:		Are you:	☐ Male	☐ Female	Other
First name(s)									
Last name									
E-mail address_									
	o not give permis	sion for Imagine E	ducation Austra	alia to contact me	by e-mail or S	SMS for ma	arketing purpos	es	
Date of Birth									
Passport number	(please attach a	copy of the PHOTO) ID page of you	ır passport)					
Nationality									
Current occupation	on								
Are you living in	Australia?	Yes		No					
Are you an Austra	alian resident?	Yes		No					
Do you currently	hold an Australia	n visa? Yes		No					
If yes, please indi	cate visa type:	Stude	ent	Visitor	☐ Other				
Visa expiry date:	Day	Month	Ye	ar					
Have you ever he	ld a student visa	for Australia?		Yes	☐ No				
Will you be lodging	ng your visa appli	ication in Australia	a?	Yes	☐ No				
If no, which count	try will you lodge	the visa application	on?						
YOUR CURRENT	ADDRESS								
Street number	St	reet name							
City			State			Postcode_			
Home phone num	ber			Mobile p	hone number				

ELICOS

					CAMPUS S	ELECTION
COURSES		START DATE	WEEKS	FEES \$	GOLD COAST	BRISBANE
General English						
IELTS Preparation						
Demi Pair English Progra	m					
Barista English						
Private Tuition						
Please indicate holiday per	riod between courses if ap per course if taking a holid					
	GENERAL ENGLISH	DURATION				
COURSE 1		weeks				
BREAK		weeks				
COURSE 2		weeks				
BREAK		weeks				
COURSE 3		weeks				
BREAK		weeks				
COURSE 4		weeks				
Any additonal informa	tion:					

VOCATIONAL COURSES

				CAMPUS SELECTION	
COURSE	START DATE	WEEKS	FEES \$	GOLD COAST	BRISBANE
AUR30620 Certificate III in Light Vehicle Mechanical Technology					
AUR40216 Certificate IV in Automotive Mechanical Diagnosis					
AUR50116 Diploma of Automotive Management					
SIT30821 Certificate III in Commercial Cookery					
SIT40521 Certificate IV in Kitchen Management					
SIT50422 Diploma of Hospitality Management (Commercial Cookery)					
SIT50422 Diploma of Hospitality Management (Management)					
SIT60322 Advanced Diploma of Hospitality Management					
CHC30121 Certificate III in Early Childhood Education and Care					
CHC50121 Diploma of Early Childhood Education and Care					
CHC33021 Certificate III in Individual Support					
CHC43015 Certificate IV in Ageing Support					
CHC43015 Certificate IV in Ageing Support (upgrade)					
BSB40820 Certificate IV in Marketing and Communication					
BSB50620 Diploma of Marketing and Communication					
BSB60520 Advanced Diploma of Marketing and Communication					
BSB50420 Diploma of Leadership and Management					

PLEASE INDICATE THE FOLLOWING
Agent agreement number
Name of representative
Organisation
E-mail address

OVERSEAS STUDENT HEALTH COVER (OSHC*)

AGENT INFORMATION

HEALTH COVER TYPE	START DATE	NO. OF WEEKS	FEES \$
Single			
Couple			
Family			

^{*} It is not mandatory that your Overseas Student Health Cover (OSHC) is organised by your Education Provider (Imagine Education). You may choose to arrange your own OSHC.

^{**} The OSHC start date is your expected arrival date into Australia. It is your responsibility to advise Imagine Education in writing if your expected entry date into Australia/visa start date changes so that your OSHC can be re-quoted and revised. Immigration requirements state that it is the student's responsibility to make sure they do not enter Australia before their OSHC begins, and that they maintain OSHC until they leave Australia.

ACCOMMODATION

SERVICE TYPE	START DATE	NO. OF WEEKS	FEES \$
Individual student Homestay placement			
Twin share student Homestay placement			
FAMILY HOMESTAY PLACEMENT (includes three meals, transport, an	nd internet)		
Homestay (2 parents + 1 child)			
Homestay (2 parents + 2 children)			
Homestay (1 parent + 1 child)			
Homestay (1 parent + 2 children)			
OTHER HOMESTAY OPTIONS			
Room only accommodation			
Breakfast and dinner daily			
Breakfast and dinner weekdays, three meals Saturday and Sunday			
Three meals daily			
Full service (for 8-11 year olds: includes three meals and transport)			
Full service (for 12-18 year olds: includes three meals and transport)			
Transport (to and from school only)			
Halal meals			
WiFi internet			

AIRPORT TRANSPORT

DESTINATION	DATE REQUIRED	TIME REQUIRED	AIRPORT	SINGLE/RETURN	FEES \$
Private airport transfer from Brisbane airport					
Private airport transfer from Gold Coast airport					
Basic airport transfer from Brisbane airport					
Basic airport transfer from Gold Coast airport					
Unaccompanied minor service from Brisbane airport					
Unaccompanied minor service from Gold Coast airport					
Surcharge for transfers between 10:00pm and 5:00am					
Surcharge for surfboard collection					

HEALTH INFORMATION			
Do you have any special needs or require any adjustments to accommo You may wish to discuss this confidentially with your lecturer.	date you in your course?	☐ Yes	☐ No
Do you suffer from any allergies or medical problems? If yes, please provide further information below. This information is requ	uired so that we can accommoda	☐ Yes ate you in the workplace	☐ No e and in your training.
Do you have any pre-existing injury, disability, or impairment that will r You may wish to discuss this confidentially with your lecturer.	require special assistance, inclu	uding literacy support?	□ No
NEXT OF KIN			
WHO WE SHOULD CONTACT This is the legal person for Imagine Education Australia to contact in the i.e. a family member. Contact's full name		erson must be legally re	sponsible for your welfare,
Contact's telephone 1			
Contact's address			
Contact's e-mail			
Contact's relationship to you			
SUMMARY CHECKLIST			
PLEASE ENSURE THAT YOU SUBMIT THE FOLLOWING:			
Completed signed Application Form	Copy of your school res	sults	
 Copy of your passport / or photo of applicant if no passport at time of application 	☐ Proof of other studies of ☐ IELTS test results	or employment	

☐ Financial evidence

FEEDBACK

PLEASE SELECT ALL THAT APPLY:

Where did you hear about Imagine Education?								
Google	Newspaper	Parent						
Website	School	Agent e-mail						
☐ Facebook	Expo	Student SMS						
☐ Internet	Friend	☐ Internal memo						
☐ Magazine	☐ Teacher	Other	If other, please provide further information below:					
DECLARATION								

I declare that the information provided by me on this application is true and correct, and that it relates specifically and solely to me as an individual. I accept that Imagine Education Australia makes decisions based on this information and may seek further information or clarification as required. I understand that if offered a place in a course of training I will be required to pay fees and meet requirements specific to that course before my enrolment is confirmed. I accept that failure to attend the scheduled sessions may compromise my ability to satisfy some or all of the course requirements. I further accept that any additional training may be required if I do not meet the course requirements, that this training is at an additional cost to myself, and that any requirement to undertake this extra training is at the discretion of Imagine Education Australia.

Name	Signature	Date			
		Day	Month	Year	
For students under 18 years of age,	this form must be signed by a parent or legal guardian.				
Guardian name	Signature	Date	Month	- Vear	

Imagine Education reserves the right in its absolute discretion to reject any application for enrolment, and shall be under no obligation whatsoever to give reasons for its decision. Enrolments at Imagine Education Australia must be completed prior to the commencement date of the program / courses and non-refundable fee must be paid to secure the enrolment. Imagine Education Australia does not accept students who have not enrolled prior to the commencement of programs or courses.