



Hays International College

CRICOS Number: 02790D Provider Number: 21838

SHORT COURSE ENROLMENT APPLICATION FORM

(PLEASE COMPLETE THIS FORM IN **BLOCK LETTERS** AND ATTACH SUPPORTING DOCUMENTS;
PLEASE **DO NOT** ATTACH ORIGINAL DOCUMENTS)

TITLE	FAMILY NAME (SURNAME)	GIVEN NAMES(S)	USI
Gender		Date of Birth (DD/MM/YYYY)	Passport Number
[] Male [] Female	 / /	
Nationality		Town / City of Birth	Passport Expiry Date
Do you currently hold an Australia Visa : <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please fill below) :-			
Visa Number:		Visa Expiry Date:	Visa Type:
Home Country Contact Details:- Building/Property Name: _____ Flat/Unit Number: _____ Street Number: _____ Street Name: _____ Suburb, locality or town: _____ State/Territory: _____ Postcode: _____ Country: _____ Telephone _____ Mobile _____ Fax _____ Email _____			
Contact Details in Australia:- Building/Property Name: _____ Flat/Unit Number: _____ Street Number: _____ Street Name: _____ Suburb, locality or town: _____ State/Territory: _____ Postcode: _____ Country: _____ Telephone _____ Mobile _____ Fax _____ Email _____			
COURSE INFORMATION:- Please tick course/s you are applying for			
SELECT COURSES	COURSES	COURSE DURATION	TOTAL COURSE FEE
[]	SITXFSA101 Use Hygienic practices for food safety Level 1 Food Safety For Food Handler	1 day	\$160
[]	SITXFSA201 Participate in safe food handling practices Level 2 Food Safety For Supervisor	1 day	\$160
EDUCATION AND EXPERIENCE			
ENGLISH LANGUAGE PROFICIENCY :-			
Do you speak a language other than English at home?			
<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other - Please specify _____			
How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All			



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EDUCATION :-

What is your highest COMPLETED school level (Please tick below) YEAR Completed :-

<input type="checkbox"/> Completed Year 12	<input type="checkbox"/> Completed Year 9 or Equivalent
<input type="checkbox"/> Completed Year 11	<input type="checkbox"/> Completed Year 8 or Lower
<input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Never attended School

Are you still attending secondary school? Yes No

Highest Qualification Achieved	Institution/College/School	Date Completed
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Please tick **one** of these Prior Education Achievement Recognition Identifiers if **any** applicable for qualification level achieved.

A – Australian			E – Australian equivalent	I – International
A	E	I		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or Higher Degree	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than the above	

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If Yes, please indicate the areas of disability, impairment or long-term condition:

<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	

EXPERIENCE: - Have you ever been employed? : No Yes (If yes please fill below) :-

Which of the following classifications BEST describes the Industry of your current or previous Employer?

<input type="checkbox"/> A - Agriculture, Forestry and Fishing	<input type="checkbox"/> K - Financial and Insurance Services
<input type="checkbox"/> B - Mining	<input type="checkbox"/> L - Rental, Hiring and real Estate Services
<input type="checkbox"/> C - Manufacturing	<input type="checkbox"/> M - Professional, Scientific and Technical Services
<input type="checkbox"/> D - Electricity, Gas, Water and Waste Services	<input type="checkbox"/> N - Administrative and Support Services
<input type="checkbox"/> E - Construction	<input type="checkbox"/> O - Public Administration and Safety
<input type="checkbox"/> F - Wholesale Trade	<input type="checkbox"/> P - Education and Training
<input type="checkbox"/> G - Retail Trade	<input type="checkbox"/> Q - Health Care and Social Assistance
<input type="checkbox"/> H - Accommodation and Feed Services	<input type="checkbox"/> R - Arts and recreation Services
<input type="checkbox"/> I - Transport, Postal and Warehousing	<input type="checkbox"/> S - Other Services
<input type="checkbox"/> J - Information Media and telecommunications	



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Which of the following classifications BEST describes your current or recent occupation?

- | | |
|---|--|
| <input type="checkbox"/> 1 – Managers | <input type="checkbox"/> 5 – Clerical and Administrative Workers |
| <input type="checkbox"/> 2 – Professionals | <input type="checkbox"/> 6 – Sales Workers |
| <input type="checkbox"/> 3 – Technicians and Trade Workers | <input type="checkbox"/> 7 – Machinery Operators and Drivers |
| <input type="checkbox"/> 4 – Community and Personal Service Workers | <input type="checkbox"/> 8 – Labourers |
| | <input type="checkbox"/> 9 – Other |

DECLARATION : This must be signed and dated by the applicant

- I declare that the information supplied by me on this form is the best of my understanding and belief, to be complete and correct.
- I have read, understood and agree to all terms and conditions in regards to Short Course Enrolment.
- I have provided Hays International College (HIC) with a Unique Student Identifier (USI) and agree to all the requirements of USI Registry System found on <https://www.usi.gov.au/students>.
- I authorise Hays International College for collection, use, verification and disclosure of the USI to the department.
- I agree that Hays International College (HIC) will not issue me with a Statement of Attainment unless I have provided HIC with my USI and all fees have been paid.
- I have read, understood and agree to all requirements regarding Fees and Charges; Refund; policies located at <http://hic.vic.edu.au/documents/forms-policies-international/>
- I acknowledge that Hays International College reserves the right to vary or reverse any decision regarding admission based on incorrect or incomplete information that I may have provided.

Applicant's Full Name	Signature	Dated (DD/MM/YYYY)

ENROLEMENT APPLICATION CHECKLIST

Please ensure that you have attached/submitted the following documents in order to avoid delays in processing:-

	Completed, signed and dated Application Form
	Copy of Passport
	Unique Student Identifier (USI) number provided
	Copy of Visa notification letter (where applicable)

FOR OFFICE USE ONLY

Form Received by : _____ Date : _____

Student notified about course start date by : _____ Date: _____