



Section 1: Refe	erring Agent's Details if applicable
Agency	:
Counselor	
Email Address	
Phone Number	, ,
Country	
Section 2: Pers	onal Details
	Title: Mr Mrs Miss Other:
S	urname:
Given	Names:
	Address:
Preferred Phone	
Preferre	d Name:
Doto	Gender: Male Female Other of Birth: / / DD/MM/YY
	of Birth: / DD/MM/YY of Birth: Nationality:
Country	or Birtin.
Section 3: Con	tact Details
Currently living in	: Australia Overseas
Australian Add	Iress
Address	
Suburb:	
State:	
Postcode:	
Overseas Add	ress
Address	
Suburb:	
State:	
Postcode:	
Country:	
Tel. Number:	(Include Country & Area Code)



Section 4: Passport and Visa Details
Passport Number:  Place and Country Issued:  Issue Date: / / DD/MM/YY  Expiry date: / DD/MM/YY
Australian Visa: Do you hold an Australian Visa?  Yes Please complete section 4.2  No Continue to Section 5
Section 4.2: Australian Visa Details
Visa Type:  Visa Number:  Issue Date: / / DD/MM/YY  Expiry date: / DD/MM/YY
Section 5: Qualification / Course Description
Previous Studies: Have you completed a Course with Everthought College of Construction previously?
Yes Previous Course Name:  No  Enrolment: I wish to enroll in the following course:  Brisbane Campus Building 4/400-402 Beaudesert Road, Salisbury, QLD, 4107  CPC30211 Certificate III in Carpentry (CRICOS: 076111J)  CPC31311 Certificate III in Wall and Floor Tiling (CRICOS: 076113G)
*CPC50308 Diploma of Building and Construction (Management) (CRICOS: 072929K)
*Brisbane campus does not offer a standalone Diploma in Building & Construction (Management)
Perth Campus  3/92 Mallard Way, Cannington, WA, 6017  CPC30211 Certificate III in Carpentry (CRICOS: 076111J)  CPC31311 Certificate III in Wall and Floor Tiling (CRICOS: 076113G)  CPC30111 Certificate III in Bricklaying/Blocklaying (CRICOS: 076110K)  CPC40508 Certificate IV in Building and Construction (Site Management) (CRICOS: 096106G)  CPC50308 Diploma of Building and Construction (Management) (CRICOS: 072929K)  BSB51915 Diploma of Leadership and Management (CRICOS: 089622A)
Course Start Date:  Please refer to Everthought College of Construction international Course Schedule:  www.ecoc.edu.au/internationalschedule



Section 6: Overseas Student Health C	lover (OSHC)
Note: Overseas Student Health Cover is	Please attach a copy to your application – continue to Section 7
Provider Name:  Type of Cover: Single Family	
Section 7: Unique Student Identifier (	USI)
Everthought College of Construction is required by law to verification.  Do you have a USI?  Yes  Number:  No	I will obtain my own USI from <a href="http://www.usi.gov.au/">http://www.usi.gov.au/</a> .  I understand that delay in supplying my USI to Everthought College of Construction may result in delay in course.  I authorize Everthought College of Construction to obtain my USI on my behalf. I understand I will need to complete the Everthought College of Construction USI application form and provide sufficient ID to validate USI before I can be issued my qualification
Section 8: Language Details	
How well do you speak English?  How well do you write and read very Well in English?  Have you completed an English No Language Proficiency Test?  Note: If you don't meet the English Language Proficiency requirements you	t is your first language?  Well Not Well Not at all  Well Not Well Not at all  Name of test:  Overall Score:  Test Date: / / DD/MM/YY
are required to enroll in an approved English course in Australia. Everthought College of Construction can facilitate your admission to that course if you wish.	Have you attached Yes No certified copies?



Section 9: Personal Information			
9a: Disability Status (Please choose by placing an X in the boxes that apply to you)			
Do you consider that you have a disability, Yes Please complete the rest of this section impairment/long term condition that may affect your participation in the course?			
Disability, Impairment or Long- Term Condition:  (Please choose by placing an X in the boxes that apply to you)  Do you need any additional support?  Hearing/Deafness Vision Vision Acquired Brain Impairment Other Please specify:  No  Medical Condition Mental-Illness Not Specified  Not Specified			
9b: Employment Status (Please choose by placing an X in the boxes that apply to you)			
What is your Full-Time Employee Part-Time Employee Employer Self-Employed Not Employing Others  Employed Employed Worker in Family Business Worker in Family Business Unemployed Seeking Part-Time Work Seeking Full-Time Work  Not Employed Not Seeking Employment			
If employed, please provide your employment details  Employer Name:  Start Date:  End Date:    DD/MM/YY   Still Employed			
9c: Training (Please choose by placing an X in the boxes that apply to you)			
Are you currently enrolled in a			
Qualification/Course:			
Institute:			
State/Country:			
Date Started: / / DD/MM/YY			
Date Completed: / / / DD/MM/YY  Have you attached certified copies? Yes No			



9d: Education (Please choose by placing an X in the boxes that apply to you)		
What is your high level of high scheducation complete	Did not go to school  Completed Year 10 or Equivalent  Completed Year 11 or Equivalent  Completed Year 11 or Equivalent	
Year / Month Comple Have you attack certified copi OR have you attack	hed Yes No es? hed If Yes; list your	
certified w experience documer Any other qualification	which institution, country, start	
9e: Reason for S	Study (Please choose by placing an X in the boxes that apply to you)	
Which of the following statements best describes your reason for enrolling in this course?  To get a job To develop my existing business To start my own business To try a different career To get another course of studies For personal interests  To start my own business To try a different career To get another course of studies For self-development		
Section 10: Eme	rgency Contact Details	
Emergency Con	tact 1	
Contact Name:		
Currently living in: Email:	Australia Other Please list:	
Telephone Number:	(Include Country & Auge Code)	
	(Include Country & Area Code)	
Relationship:	(Include Country & Area Code)	
Relationship:	(Include Country & Area Code)	
Relationship: Emergency Con		
Emergency Con		
Emergency Con Contact Name:	tact 2	



Checklist	
Please ensure you have attached certified copies of the following documents:	Passport  IELTS or equivalent  Education High School or College Certificate from your home country  Tertiary qualifications from your home country  Where applicable qualifications achieved in Australia or  Where applicable demonstrated work experience (CV and references to be provided)  GTE Form (only applicable to offshore applicants)
Section 11: Declaration  I certify the information on this form and by any supporting documentation is true and correct. I authorize Everthought College of Construction to obtain other details relating to my academic record. I acknowledge the provision of incorrect information and documentation relating to my application may result in the cancellation of my enrolment. I further acknowledge Everthought College of Construction is required under the ESOS Act to inform DIBP about certain changes to my enrolment and any breach of my student visa conditions relating to attendance and/or unsatisfactory academic progress and/or performance. I understand Everthought College of Construction will not disclose the information provided by me to any third parties without my consent except for administrative, regulatory and/or research purposes including educational institution, government bodies, for statistical review, by law or in accordance with Everthought College of Construction's privacy policy, which is available on request. You may receive an NCVER student survey which maybe administered by an NCVER employee, agent or third-party contractor. Please note you may opt out of the survey at the time of being contacted.  Student Name:  Student Signature:  Date Started:    DD/MM/YY	
Complete and return in full to Everthought College of Construction by email at international@everthought.com.au	
Office Use Only	
Student ID:  LOA Issued:  CoE Issued:  Passport No:	Fees Paid:  /

