

International Student Application Form

Applicant Personal Details			
Family Name		Given Name	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not Say <input type="checkbox"/>
Contact Details			
Onshore Visa Application Office	Address		
	Mobile	Email	
Offshore Visa Application Office	Address		
	Mobile	Email	
Passport Details			
Passport Number		Country of Issue	
Passport Expiry Date		Country of Birth	
COURSE SELECTION (tick your selection in the box)			
Intake Date:	Class Format: MON <input type="checkbox"/> WED <input type="checkbox"/> EVE <input type="checkbox"/> WKD <input type="checkbox"/>		
English	<input type="checkbox"/> General English Start Date: _____ Study Weeks: _____		
Business and Management	<input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB60420 Advanced Diploma Leadership and Management <input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning)		
Individual Support and Community Services	<input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC52025 Diploma of Community Services <input type="checkbox"/> CHC62015 Advanced Diploma of Community Sector Management		
Early Childhood Education	<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50125 Diploma in Early Childhood Education and Care		
Commercial Cookery	<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery <input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management		
Patisserie	<input type="checkbox"/> SIT31021 Certificate III in Patisserie <input type="checkbox"/> SIT40721 Certificate IV in Patisserie		
Hospitality Management	<input type="checkbox"/> SIT50422 Diploma of Hospitality Management <input type="checkbox"/> SIT60322 Advanced Diploma of Hospitality Management		

Type	Forms	Next Revision Date	06.05.2027	Document Owner	Admission Manager
Version	5.6	Date Amended	06.05.2026	Original Issue Date	07.05.2014
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Automotive	<input type="checkbox"/> AUR30620 Certificate III in Light Vehicle Mechanical Technology <input type="checkbox"/> AUR40216 Certificate IV in Automotive Diagnosis
Construction	<input type="checkbox"/> CPC30220 Certificate III in Carpentry <input type="checkbox"/> CPC40120 Certificate IV in Building and Construction <input type="checkbox"/> CPC50220 Diploma of Building and Construction (Building)

Emergency Contact Details			
Full Name		Relationship	
Contact Number		Email	
Address			
Unique Student Identifier (USI):	USI is mandatory for enrolment. If you ask AILFE to create a USI on your behalf, you authorise AILFE to verify your identity documents with the document issuer and you have read the USI Privacy Notice (https://www.usi.gov.au/about-us/privacy/privacy-and-your-usi)		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Current Study Status			
Are you currently studying in Australia? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please provide your current study details Education Provider Name:		
Course Enrolled:	If require provider transfer approval? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Course Commencement Date:	VISA Subclass:	Expiry Date:	
Course Completion Date:	VISA No.:		
English Proficiency		Education Qualifications	
IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> CAE <input type="checkbox"/> AILFE Placement Test <input type="checkbox"/> Other <input type="checkbox"/> Result:			
Tell us if you have learning, language, literacy, numeracy or accessibility needs you'd like support with (optional), AILFE will review this information and provide reasonable adjustments. YES <input type="checkbox"/> NO <input type="checkbox"/>			
RPL		Credit Transfer	

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Are you applying for any Recognition of Prior Learning? YES (Need to complete RPL form) <input type="checkbox"/> NO <input type="checkbox"/>	Are you applying for any Credit Transfer? YES (Need to complete CT form) <input type="checkbox"/> NO <input type="checkbox"/>
Airport Pickup/Accommodation	Overseas Student Health Cover
Do you have OSHC? YES <input type="checkbox"/> NO <input type="checkbox"/>	Airport Pickup Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Membership No.: _____ Expiry Date: _____	Assistance in Accommodation Services Required YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, do you want AILFE to arrange OSHC for you? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, what type of cover? SINGLE <input type="checkbox"/> COUPLE <input type="checkbox"/> FAMILY <input type="checkbox"/>	Accommodation Options HOMESTAY <input type="checkbox"/> HOTEL <input type="checkbox"/> SHARE HOUSE <input type="checkbox"/> Charges will apply for above Services

By signing this form

- I declare the information in this application and supporting documentation is true.
- I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in cancellation of my enrolment.
- I am aware that it my responsibility to abide by my visa conditions and that my student visa may be cancelled if I breach these visa conditions. For more information please see immi.homeaffairs.gov.au.
- I consent that my personal information may be made available to Australian Commonwealth and State agencies including the Department of Home Affairs pursuant to obligations under the ESOS Act and the National Code.
- I consent to AILFE providing Department of Home Affairs with any information about my status until I depart Australia.
- I agree that AILFE may disclose information in relation to my enrolment status, visa status, including any possible breach of visa conditions along with copies of my course progress and results to my parent/s, welfare carer, and/ or agent.
- I declare I have access to sufficient funds to support myself and my dependants (if any) for the entire duration of my studies in Australia. This includes tuition fees, travel costs, living costs as outlined on the Department of Home Affairs' website.
- I understand that if I am unable to pay my tuition fees in line with the payment due date, AILFE may cancel my enrolment which will affect my student visa.
- I am aware of AILFE Privacy Policy which is available on AILFE website www.ailfe.wa.edu.au.
- I fully understand the AILFE Refund Policy available on AILFE's website www.ailfe.wa.edu.au.
- I acknowledge AILFE Complaints & Appeals Policy and understand the internal and external review options.
- I confirm I have received and understand the Student Handbook, including AILFE policies on attendance, course progress
- I consent to AILFE communication with me electronically, including by email and through student systems

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Signature of applicant

Legal Guardian Name (if under 18)

(Required to submit Local Carer Duty Statement & Under 18 Student Welfare and Accommodation Approval Form)

Legal Guardian Signature (if under 18)

Date

*Agent Name and
Stamp*

APPLICATION DOCUMENTS - ATTACHMENT CHECKLIST

- Certified copies of all academic documents
- Evidence of your English language proficiency
- Certified copy of your passport
- Copy of your OSHC details (if you currently possess OSHC)
- Provider transfer approval (if applicable)
- Genuine Student (GS) Requirements Form
- Financial evidence

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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