

APPLICATION FOR ENROLMENT



LANGUAGE LINKS
EDUCATION & TRAINING COLLEGE
CRICOS Provider Code: 02139J National Provider Code: 50587

Please fill in BLOCK letters. To avoid delays in processing your application, all sections must be completed

STUDENT DETAILS

First Name / Middle Name: _____

Family Name (s): _____

Date of Birth (dd/mm/yy): _____ Gender: Male Female Other Nationality: _____

Country of Residence: _____ Passport No: _____ Visa Type: _____

Email: _____ Mobile: _____

Address: _____

Suburb/Town /City: _____ Country: _____ Post Code: _____

Highest Qualification Achieved: _____ English Level: _____

Are you applying for your visa from: Onshore (within Australia) Offshore (Outside Australia)

ADDITIONAL INFORMATION

Do you Required Overseas Student Health Cover (OSHC)? Yes No

Cover Type: Single Couple Family Months: _____ Start Date: _____

Note: OSHC is compulsory for student visa holders for total visa duration

Is this course part of a Study Pathway / Course Package? Yes No

Details: _____ English Requirement: _____

Comments: _____

Do you have a disability, impairment or long-term medical condition that may affect your studies: Yes No

If yes, please indicate the area/s of impairment: Hearing Mobility Vision Learning

Comments: _____

Emergency contact name: _____

Email: _____ Mobile: _____

ACCOMMODATION

Accommodation Required: Yes, (placement fee applies) No

From (dd/mm/yy): _____ To (dd/mm/yy): _____ Weeks: _____

Homestay Details: Full Board Half Board Room Only Room Details: Single Share/Double

Do you like pets? Yes No

Any allergies / Medical Conditions / Dietary Requirements: Yes No

Comments: _____

Carer/ Guardian Required: Yes No *Note: Students under the age of 18 must have a carer while they are in Australia*

Alternative Accommodation: Hostel University Student Residence

Au Pair/ Demi Pair Placement Programme Au Pair Demi Pair

Airport Pick Up? Yes No

Date(dd/mm/yy): _____ Flight Number: _____ Time: _____

If booking accomodation - Please supply your flight/ arrival details in Perth even if pick up is not required

I understand that Language Links, its employees and representatives are not liable for any injury, accident or loss I may suffer or cause while I am living in the accomodation

COURSE DETAILS

- General English** From (dd/mm/yy): _____ To (dd/mm/yy): _____ Weeks: _____
Comments: _____
- IELTS** From (dd/mm/yy): _____ To (dd/mm/yy): _____ Weeks: _____
Comments: _____
- CAMBRIDGE** From (dd/mm/yy): _____ To (dd/mm/yy): _____ Weeks: _____
Comments: _____
- EAP** From (dd/mm/yy): _____ To (dd/mm/yy): _____ Weeks: _____
Comments: _____
- TESOL** From (dd/mm/yy): _____ To (dd/mm/yy): _____ Weeks: _____
Comments: _____

* For all course fee information please see our current pricelist.

STUDY TIMETABLE

- Full-Time Day - 5 days/ Week**
CRICOS 9:00am - 2:30pm (Mon to Fri). Includes elective options (21 hours class/study time) + activity option Fridays
- Full-Time Day - 3 days/ Week**
CRICOS 9:00am - 5:00pm (Mon) + 9:00am - 4:30pm (Tues and Wed). (20 hours class/study time - including elective options) + activity option Fridays
- Full-Time Eve - 4 days/ Week**
CRICOS 5:30pm - 9:45pm (Mon to Thu) + self study/ self access sessions (20 hours class/study time - including self access) + activity option Fridays
- Part - Time Day** 9:00am - 12:20pm (Mon to Fri) + Activity option Fridays
- Part - Time Eve** 5:30pm - 8:05pm (Mon to Thu)

* Student visa holders must choose the full-time option (CRICOS), as per your visa requirements

METHOD OF PAYMENT

- Paying to Agent:** **In Full** **Payment Plan***
- Paying to College:** **In Full (Direct Deposit, Cheque, Credit Card** or Cash)**
 Payment Plan* (Direct Debit or Credit Card)**

* Set up fee applies (\$80). Please complete Direct Debit Request (DDR) Form if paying by instalments to the college.

** For all credit card payments, the student will incur in a 2% surcharge.

DECLARATION

I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the college withdrawing the offer. I agree to release and indemnify the College and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I acknowledge that I am bound by the statutes and regulations of the College and I agree to pay all fees charged directly to me arising from this enrolment.

I also acknowledge that my information may be shared between the College and relevant regulatory authorities. This Information includes personal details, course enrolment details, and the circumstances of any suspected breach of student visa conditions.

Name of Applicant

Signature

Date (dd/mm/yy)

For applicants under the age of 18

Name of Parent/ Guardian

Signature

Date (dd/mm/yy)

How did you hear about Language Links? _____

Were you enrolled by an Education Agent?

Yes

No

If Yes, Name/ Stamp: _____