

## Student Application Form (Domestic)

*This Student Application Form (Domestic) must be read in conjunction with EIA Domestic Student Application Policy and Procedure. Please return completed form and all relevant supporting documents to [admissions@eia.edu.au](mailto:admissions@eia.edu.au).*

Thank you for your interest in enrolling in EIA. Please ensure that you answer ALL the following questions to ensure correct processing of your enrolment. Please tick  where appropriate.

Applicant Details			
Surname:		Given Name:	
Date of Birth:	____/____/____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Country of birth:		Nationality:	
Residential Address			
Street/Unit Number:		Street Name:	
Suburb:		State:	Postcode:
Phone Number:		Mobile Number:	
Email Address:			
USI* (If known):			
Are you applying through an Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No (please skip the next question)			
Agent Details (if applicable)			
Agent's representative name:		Email:	

\*USI (Unique Student Identifier) is a reference number that creates an online record of your training and qualification attained in Australia. A USI is not compulsory for students who are undertaking any higher education studies.

Emergency Contact			
Surname:		Given Name:	
Relationship to Student:		Contact Number:	

English Proficiency and Other Requirements			
Main language spoken at home:	<input type="checkbox"/> English only	<input type="checkbox"/> 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
Are you Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander
Do you suffer from any disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Skip the next question)	
Please Indicate the areas of disability, impairment or long-term condition:	<input type="checkbox"/> Hearing/Deaf		

	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other
Do you require additional support from EIA as a result of this disability, impairment or long-term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____ Please fill out the <i>Academic Skills and Welfare Support Services Registration Form</i> so that we can provide the appropriate services that you need for your study at EIA.

Course	
Bachelor of Marketing	<input type="checkbox"/> minor in Digital Business <input type="checkbox"/> no minor
Commencement:	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2      Year:
Do you wish to apply for Credit Transfer/RPL?	<input type="checkbox"/> Yes (A separate process is required) <input type="checkbox"/> No

Passport and Visa			
Name as Shown on Passport:		Passport No:	
Nationality:		Issue Authority:	
Date of Issue:		Date of Expiry:	
Visa Type:		Visa No:	

Educational / Employment History	
What is your highest completed school level?	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school

What year did you complete the above school level?	
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest qualification you have completed?	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate other than the above
Which best describes your current employment status?	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment
Which best describes your main reason for undertaking this course?	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons
Are you currently enrolled in other education institutes in Australia?	<input type="checkbox"/> University: _____ <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> None

<b>Student Declaration (please tick to confirm)</b>	
<input type="checkbox"/> I declare that the information provided in this form is to the best of my knowledge, true, accurate and absolute at the time of this application.	
<input type="checkbox"/> I further acknowledge that any false information and not disclosing relevant information for enrolment of this qualification will result in the cancellation of my enrolment at EIA.	
<input type="checkbox"/> I understand that it is my full responsibility to provide all relevant and required documentation and answer all questions truthfully.	
<input type="checkbox"/> I further understand that the enrolment fee is NON-REFUNDABLE and NON-TRANSFERABLE.	
Applicant Name:	
Applicant Signature:	Date:

<b>Admission Checklist (please tick to confirm)</b>
<input type="checkbox"/> Complete all required section and sign this application form
<input type="checkbox"/> Attached a certified copy of passport or other types of photo identification
<input type="checkbox"/> Attached certified copies of relevant academic records (must be made available in English)
<input type="checkbox"/> Attached copies of RPL/Course Credit transfer details (if applicable)
<input type="checkbox"/> Attached details of any cancellation from an institution on academic or other grounds (if applicable)
<input type="checkbox"/> Attached disability Support Service Registration Form (if applicable)

<b>OFFICE USE</b>
Application ID:
Application Checklist: <input type="checkbox"/> Evidence of meeting the academic entry requirement <input type="checkbox"/> Relevant forms and supporting documents for course credit/RPL application (if applicable) <input type="checkbox"/> Identification <input type="checkbox"/> Disability Support Service Registration form (if applicable)
All supporting documents are validated and confirmed by: _____
<b>Decision Outcome</b>
Is the application successful? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please provide details below)
Signature: _____
Date: ____/____/____