



# INTERNATIONAL STUDENT APPLICATION FORM

SIT30816 Certificate III in Commercial Cookery/SIT31016  
Certificate III in Patisserie/SIT40516 Certificate IV in Commercial  
Cookery & SIT50416 Diploma of Hospitality Management

# APPLICATION FORM

SIT30816 Certificate III Commercial Cookery/SIT31016 Certificate III Patisserie/SIT40516 Certificate IV in Commercial Cookery/SIT50416 Diploma of Hospitality Management



PERSONAL DETAILS				
Surname				
First Name				
Date of Birth				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not say			
Residential Address				
Suburb / Town / City		State		Post Code
Postal Address (if different)				
Suburb / Town / City		State		Post Code
Phone / Mobile Number				
Personal Email				
Country of Birth				
Course				

EMPLOYMENT STATUS	
Which option best describes your current employment status?	<input type="checkbox"/> Fulltime (FT) <input type="checkbox"/> Part-time (PT) <input type="checkbox"/> Casual <input type="checkbox"/> School student <input type="checkbox"/> Unemployed seeking FT work <input type="checkbox"/> Unemployed seeking PT work
Describe your current job	

Please explain why you would like to study cookery/hospitality with The Institute of Culinary Excellence

REASON FOR ENROLLING WITH THE INSTITUTE OF CULINARY EXCELLENCE	
<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To get a job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get a better job or promotion
<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> Other reasons

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SCHOOLING & EDUCATION	
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please provide the name of the school</b> _____
What is your highest completed school level	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower
In which year did you complete that school level?	
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Bachelor's degree or Higher <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I
If yes, did you obtain the qualification/s in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CITIZENSHIP & LANGUAGE	
Were you born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please list the country.	
Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is your residence status? Include any VISA details	
What language do you mainly speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
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
Please indicate your IELTS Test Score (must be above 5)	
Passport Number	

MEDICAL CONDITIONS & DISABILITY	
Do you have any of the following disabilities or medical conditions?	<input type="checkbox"/> Learning / Intellectual <input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental illness <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes

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	<input type="checkbox"/> Other: _____
<b>If you have ticked any of the boxes relating to disabilities or medical conditions, please provide full details.</b>	

### PRIVACY STATEMENT

The Institute of Culinary Excellence is bound by the Information Privacy Act 2009 and the National Privacy Principles. This privacy statement affirms our commitment to comply with those Principles.

You, to which this enrolment form relates, have a number of rights under this legislation, including the right to access the personal information that we may hold about you.

Information collected on clients is only used for the purpose of delivery of our services.

The information will not be released to a third party without the written consent of the client. Clients can request a copy of the information held about them by a written request to the RTO Manager.

You may gain access to any of your personal information held by us upon request. You may also withdraw your consent for the collection, use or disclosure of our personal information any time by contact us in writing. However, you should note that if we are not provided with the personal information we require, or if you withdraw your consent for the collections, use, storage or disclosure of your personal information it may prevent us from providing training and assessment services to you.

### Documents Required

*Certified copy of your passport*

*Certified copy of your English Language assessment*

*Certified copy of previous qualification's*

### STUDENT DECLARATION

I, declare and understand that by signing below I agree that:

- All information supplied by me is accurate to the best of my knowledge;
- To notify the Institute of Culinary Excellence immediately if there are changes to my personal details.

**Student Signature**

**Date**