APPLICATION FOR ENROLMENT FORM



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APPLICANT CURRENT LOCATION	3	S. COURSES				
Onshore Offshore		Course Name	Duration	Cricos Code		
STUDENT ID (Existing Trinity Student only)		AUR30620 - Certificate III in Light Vehicle Mechanical Technology	104W	103648C		
UNIQUE STUDENT IDENTIFIER (USI) (Refer to Q23 if you don't have USI))	AUR30320 - Certificate III in Automotive Electrical Technology	52W	107234D		
1 DEDCOMAL DETAIL C		AUR30320 - Certificate III in Automotive Electrical Technology UPGRADE	16W	107234D		
1. PERSONAL DETAILS First Name		AUR30620 - Certificate III in Light Vehicle Mechanical Technology - UPGRADE	e 34W	103648C		
Middle Name Last Name		AUR40216 - Certificate IV in Automotive Mechanical Diagnosis	52W	102255F		
Gender M F Other DOB (dd/mm/yy)		CPC30220 - Certificate III in Carpentry	104871K			
Under 18 years Yes No Country of Birth Passport Number		MSF30322 - Certificate III in Cabinet Making and Timber Technology	96W	113754G		
Passport Expiry Date		ICT50220 - Diploma of Information Technology (Cyber Security)	52W	107821G		
2. CONTACT DETAILS		ICT60220 - Advanced Diploma of Information Technology (Telecommunications Network Engineer	104W	107820H		
Current address in Australia (If available) Street Address		BSB50120 - Diploma of Business	52W	107277D		
Suburb State		BSB60120 - Advanced Diploma of Business	52W	107278C		
Postcode		BSB80120 Graduate Diploma of Management (Learning)	52W	110878H		
Email Phone Mobile		CHC52021 - Diploma of Community Services	104W	112573J		
Permanent Address in your home country		SIT40521 Certificate IV in Kitchen Management	78W	109520D		
Town / City		SIT50422 Diploma of Hospitality Management	78W	110372A		
District/ Region State		SIT50422 Diploma of Hospitality Management - UPGRADE from	26W	110372A		
Postcode Country		SIT40521				
Email		SIT60322 Advanced Diploma of Hospitality Management	78W	110810F		
Phone Mobile			up to $46W$	110810F		
Select the campus you would like to study at: Sydney CBD Parramatta CBD	* Duration depends on units for credit transfer and elective units.					
ו מוז מווומנומ טטט	NOTE : All Enrolments are subject to meeting entry requirements					

Office & Main Campus: 43 Hunter Street, Parramatta NSW 2150 | City Campus: Level 5, 770 George Street, Sydney NSW 2000

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INTAKE - CIRCLE PREFERENCE							
20	2024 2025		2026		2027		
08/01/2024	15/07/2024	06/01/2025	14/07/2025	05/01/2026	13/07/2026	04/01/2027	12/07/2027
19/02/2024	05/08/2024	17/02/2025	04/08/2025	16/02/2026	03/08/2026	15/02/2027	02/08/2027
01/04/2024	16/09/2024	31/03/2025	15/09/2025	30/03/2026	14/09/2026	29/03/2027	13 /09/2027
13/05/2024	28/10/2024	12/05/2025	27/10/2025	11/05/2026	26/10/2026	10/05/2027	25/10/2027
24/06/2024	09/12/2024	23/06/2025	08/12/2025	22/06/2026	07/12/2026	21/06/2027	06/12/2027
4. EMERGENCY CONTACT DETAILS Full Name				10. What is your highest COMPLETED school level? (Tick ONE box only)			
Relationship		Email		If you are currer	itly enrolled in sec	ondary education,	the Highest
Phone		Mobile			npleted refers to th	· ·	•
	NGUAGE ABILIT			actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9. Year 12 or equivalent Year 9 or equivalent			
		eted in the last 2 ye	agro 2				
		CAE NONE	:d15 !				
Other		sult of the Test		Year 11 or equivalent Year 8 or below			
Have you completed any English Course in Australia?				Year 10 or equivalent Never attended school			
Yes No (If yes, please attach relevant evidence)			e)	Never completed any primary or secondary level education – go to Question 11			
6. In which country were you born?							
Australia Other please specify					till enrolled in s	econdary or ser	nior
Are you an Aboriginal and/or Torres Strait Islander?				secondary education?			
Yes No please specify				Yes	No 🗌		
7. Do you spea	k a language ot	her than English	at home?	12 Have you	SUCCESSEULL	Y completed any	, of the
(If more than one language, indicate the one that is spoken most often)			nost often)	12. Have you SUCCESSFULLY completed any of the qualifications listed in question 13?			
No English only Yes other - please specify				Yes	No 🗔	No – go to Ques	tion 14
8. DISABILITY							
	ourself to have a	disability, impairme	ent or long-term	13. 11 123, 111	ck ANY applicab	ie doxes.	
condition?	No 🗍 🛚 I	No – go to Questio	n 10	Bachelor o	degree or higher de	egree	310
		e of a disability,		Advanced	diploma or associ	ate degree	410
•	•	ct the area(s) in		Diploma (or associate diplor	na)	421
(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities. Hearing/deaf			the Disability	Certificate IV (or advanced certificate/technician) 511			
				Certificate	III (or trade certifi	cate)	<u> </u>
			Certificate	II		521	
			<u> </u>	Certificate	I		524
Learning Mental illness	14 Othe	r	<u> </u>		cation (including cons not listed abov		seas 990

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17. CURRENT STUDIES IN AUSTRALIA 14. Of the following categories, which BEST describes your current employment status? (Tick ONE box only) Are you currently studying in Australia? If Yes, please provide the following details For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or Name of Institution more per week) or part-time employed (less than 35 hours per week). Course Enrolled 01 Full-time employee **Date of Commencement** 02 Part-time employee 03 Self employed – not employing others **18. CREDIT TRANSFER** Do you wish to apply for Credit Transfer? Self employed – employing others 04 If YES, certified copies of transcripts from previous qualifications must be Employed – unpaid worker in a family business provided with this form, Along with a credit transfer application form. Yes No I'd like more information 06 Unemployed – seeking full-time work 07 Unemployed – seeking part-time work 19. RECOGNITION OF PRIOR LEARNING Not employed – not seeking employment 08 Do you wish to apply for Recognition of Prior Learning? If you indicate YES, you will be contacted to discuss this further. Yes No I'd like more information 15. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only) **20. OVERSEAS STUDENT HEALTH COVER (INSURANCE)** To get a job 01 Do you have an Overseas Student Health Cover (OSHC) currently? Yes No To develop my existing business 02 If yes, please mention the following details: 03 To start my own business Name of the Provider 04 To try for a different career Membership No Date of Expiry To get a better job or promotion 05 Note: All international students must have health insurance 06 It was a requirement of my job through the Overseas Student Health Cover (OSHC) scheme. It is the responsibility of the student to ensure that their OSHC is up to date. 07 I wanted extra skills for my job 21. CHECKLIST 08 To get into another course of study For personal interest or self-development 12 Copy of your passport page To get skills for community/voluntary work 13 Copy of your official final high school certificate and transcript Copy of your official college or university certificate and 11 Other reasons transcript (If entry Requirements Apply) Copies of your IELTS or a relevant English certificate or English **16. VISA STATUS** assessment test (including explanations of level and grades) Copy of your current visa (if applicable) If you hold a current Australian Visa, provide the following Copy of Overseas Student Health Cover information Type of Visa: Student Visitor Translations of any documents that are not in English Working Holiday | Other Current Visa Expiry Date

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22. PRIVACY NOTICE & STUDENT DECLARATION

Under the *Data Provision Requirements 2012*, Trinity Institute (Australia) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this Application form), may be used or disclosed by Trinity Institute (Australia) for statistical, administrative, regulatory and research purposes including debt recovery. Trinity Institute (Australia) may disclose your personal information for these purposes to:

- · Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- debt recovery agencies
- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to https://www.ncver.edu.au/privacy.

USI application through your RTO (if you do not already have one)							
Application for Uniqu	e Student Identifier (USI)						
https://www.usi.gov.a	o apply for a USI on your behalf you must at u/documents/privacy-notice-when-rto-appl e some additional information as noted at th	lies-their-behalf.		•			
l,		_ authorise Trinity Institu	ute (Australia) to apply pursuant to	sub-section 9(2) of			
the Student Identifiers	the Student Identifiers Act 2014, for a USI on my behalf.						
	I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf.						
Town/City of Birth	(please	write the name of the A	ustralian or overseas town or city v	where you were born)			
We will also need to veri	fy your identity to create your USI.						
confirm that the details given in this application form and other secondary documents are accurate and true. I affirm that I have read and consent to be bound by the Enrolment conditions. rules and processes of the Trinity Institute (Australia). I accept that Trinity Institute (Australia) has the right to change or reverse any resolution about an admission accepted on the basis of incorrect, partial or false information. This Application Form contains questions to allow Trinity Institute (Australia) to assemble and deliver AVETMISS compliant records to fulfil the National VET Provider Collection Data Requirements. Any other information about AVETMISS Records and the Trinity Institute (Australia)'s Privacy Policy is available at the Reception, and through the Trinity Institute (Australia) website www.trinityinstitute.edu.au. I acknowledge that it is my responsibility to apply for and maintain the appropriate Australian visa sub-class. I allow Trinity Institute (Australia) to use photographs, testimonials and videos taken of me for advertising or marketing purposes. I allow Trinity Institute (Australia) to liaise directly with my Education Agent on all matters relating to my application, fees and enrolment.							
Applicant's Signature		Date (dd/mm/yyyy)					

Please return completed International Student Application Form to

Trinity Institute (Australia)

Phone: 1300 980 497 • Email: marketing@trinityinstitute.edu.au or info@trinityinstitute.edu.au • Website:www.trinityinstitute.edu.au • Address: 43 Hunter Street, Parramatta NSW 2150

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23. UNIQUE STUDENT IDENTIFIER (USI)

If Trinity Institute (Australia) is applying for USI on your behalf Please provide details for one of the forms of identity below.

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

_	Australian Driver's Lice	nce						
	State:	Licence Nur	mber:					
_	Medicare Card							
	Medicare card number Individual reference number (next to your name on Medicare card): Card colour: (select which applies)							
	Green Expiry date		day/month	/year				
	Yellow Expiry date		day/month	/year				
	Blue Expiry date		day/month	/year				
-	— Australian Birth Certificate							
	State/Territory Details vary according to State/Territory (see note above)							
-	— Australian Passport							
	Passport number							
-	Non-Australian Passpor	r t (with Australian Visa)					
	Passport number							
-	— Immicard							
	Immicard Number							
_	Citizenship Certificate							
	Stock number			Acquisition date		day/month/year		
-	— Certificate of Registration by Descent							
	Acquisition date day/month/year							
wh		iduals solely for the pu	rpose of apply	ing for a USI on the	•	rely destroy personal the information as practicable after we have made the		
AG	GENT STAMP							