INTERNATIONAL STUDENT

APPLICANT FORM FOR ENROLMENT FORM

TRINITY INSTITUTE AUSTRALIA

www.trinityinstitute.edu.au

APPLICANT CURRENT LOCATION

■ Onshore ☐ Offshore

STUDENT ID (Existing Trinity Student only)

UNIQUE STUDENT IDENTIFIER (USI) (Refer to Q23 if you don't have USI)

1.PERSONAL DETAILS

First Name

Middle Name | Last Name

Gender ■ M ☐ F ☐ Other DOB (dd/mm/yy)

Under 18 years ■ Yes ☐ No

Country of Birth | Passport Number

Passport Expiry Date

2.CONTACT DETAILS

Current address in Australia (If available)

Street Address

Suburb | State

Postcode

Email

Phone | Mobile

Permanent Address in your home country

Street Address

Town / City

District/ Region | State

Postcode | Country

Email

Phone | Mobile

Select the campus you would like to study at:

■ **Sydney CBD**

☐ **Parramatta CBD**

3.COURSES

	Course Name	Duration	Cricos Code
☐	**AUR30620 -** Certificate III in Light Vehicle Mechanical Technology	104W	**103648C**
☐	**AUR30320 -** Certificate III in Automotive Electrical Technology	52W	**107234D**
☐	**AUR30320 -** Certificate III in Automotive Electrical Technology **UPGRADE**	16W	**107234D**
☐	**AUR30620 -** Certificate III in Light Vehicle Mechanical Technology **- UPGRADE**	34W	**103648C**
☐	**AUR40216 -** Certificate IV in Automotive Mechanical Diagnosis	52W	**102255F**
☐	**AUR50216 -**Diploma of Automotive Technology	52W	**118249F**
☐	**CPC30220 -** Certificate III in Carpentry	104W	**104871K**
☐	**MSF30322** - Certificate III in Cabinet Making and Timber Technology	96W	**113754G**
☐	**CPC31320** - Certificate III in Wall and Floor Tiling	52W	**118251A**
☐	**CPC30620** - Certificate III in Painting and Decorating	52W	**118252M**
☐	**CPC50220** - Diploma of Building and Construction (Building)	104W	**118250B**
☐	**CPC33020** - Certificate III in Bricklaying and Blocklaying	52W	**119887A**
☐	**CPC31920** - Certificate III in Joinery	52W	**120012J**
☐	**CPC40120** - Certificate IV in Building and Construction (Building)	52W	**119886B**
☐	**ICT60220 -** Advanced Diploma of Information Technology **(Telecommunications Network Engineering)**	104W	**107820H**
☐	**BSB50120 -** Diploma of Business	52W	**107277D**
☐	**BSB60120 -** Advanced Diploma of Business	52W	**107278C**
☐	**BSB80120** Graduate Diploma of Management (Learning)	52W	**110878H**
☐	**CHC52021 -** Diploma of Community Services	104W	**112573J**
☐	**SIT40521** Certificate IV in Kitchen Management	78W	**109520D**
☐	**SIT50422** Diploma of Hospitality Management	78W	**110372A**
☐	**SIT50422** Diploma of Hospitality Management **-UPGRADE from SIT40521**	26W	**110372A**
☐	**SIT60322** Advanced Diploma of Hospitality Management	78W	**110810F**
☐	**SIT6032** Advanced Diploma of Hospitality Management **- UPGRADE from SIT40521 or SIT50422**	upto46W	**110810F**

NOTE: All Enrolments are subject to meeting entry requirements

*Duration depends on units for credit transfer and elective units.

Office & Main Campus: 35 Smith Street, Parramatta 2150 NSW | **City Campus:** Level 5, 770 George Street, Sydney NSW 2000

ABN 52 607 452 657 | RTO Provider 41310 | Cricos Code 03556F

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INTAKE - CIRCLE PREFERENCE

2026		2027		2028		2029	
05/01/2026	13/07/2026	11/01/2027	12/07/2027	10/01/2028	17/07/2028	08/01/2029	16/07/2029
16/02/2026	03/08/2026	22/02/2027	09/08/2027	21/02/2028	07/08/2028	19/02/2029	06/08/2029
30/03/2026	14/09/2026	05/04/2027	20/09/2027	03/04/2028	18/09/2028	02/04/2029	17/09/2029
11/05/2026	26/10/2026	17/05/2027	01/11/2027	15/05/2028	30/10/2028	14/05/2029	29/10/2029
22/06/2026	07/12/2026	28/06/2027	13/12/2027	26/06/2028	11/12/2028	25/06/2029	10/12/2029

4.EMERGENCY CONTACT DETAILS

Full Name

Relationship Email

Phone Mobile

5.ENGLISH LANGUAGE ABILITY

Which English test have you completed in the last 2 years?

☐ IELTS ☐ TOEFL ☐ PTE ☐ CAE ☐ NONE

☐ Other Result of the Test

Have you completed any English Course in Australia?

☐ Yes ☐ No (If yes, please attach relevant evidence)

6. In which country were you born?

Australia ☐ Other ☐ please specify

Are you an Aboriginal and/or Torres Strait Islander?

☐ Yes ☐ No please specify

7. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No English only ☐ Yes other - please specify

8.DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

Yes ☐ No ☐ **No – go to Question 10**

9.If you indicated the presence of a disability, impairment or long-term condition, select the area(s) in the list:

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	☐ 11	Acquired brain impairment	☐ 16
Physical	☐ 12	Vision	☐ 17
Intellectual	☐ 13	Medical condition	☐ 18
Learning	☐ 14	Other	☐ 19
Mental illness	☐ 15		

10.What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have 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
☐ Year 11 or equivalent	☐ Year 8 or below
☐ Year 10 or equivalent	☐ Never attended school

Never completed any primary or secondary level education – go to Question 11

11. Are you still enrolled in secondary or senior secondary education?

Yes ☐ No ■

12. Have you SUCCESSFULLY completed any of the qualifications listed in question 13?

Yes ☐ No ☐ **No – go to Question 14**

13. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	☐ 310
Advanced diploma or associate degree	☐ 410
Diploma (or associate diploma)	☐ 421
Certificate IV (or advanced certificate/technician)	☐ 511
Certificate III (or trade certificate)	☐ 514
Certificate II	☐ 521
Certificate I	☐ 524
Other education (including certificates or overseas qualifications not listed above)	☐ 990

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14.Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- ☐ Full-time employee 01
- ■ Part-time employee 02
- ☐ Self employed – not employing others 03
- ☐ Self employed – employing others 04
- ☐ Employed – unpaid worker in a family business 05
- ☐ Unemployed – seeking full-time work 06
- ☐ Unemployed – seeking part-time work 07
- ☐ Not employed – not seeking employment 08

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)

- ☐ To get a job 01
- ☐ To develop my existing business 02
- ☐ To start my own business 03
- ☐ To try for a different career 04
- ☐ To get a better job or promotion 05
- ☐ It was a requirement of my job 06
- ■ I wanted extra skills for my job 07
- ☐ To get into another course of study 08
- ☐ For personal interest or self-development 12
- ☐ To get skills for community/voluntary work 13
- ☐ Other reasons 11

16.VISA STATUS

If you hold a current Australian Visa, provide the following information Type of Visa: ☐ Student ☐ Visitor

☐ Working Holiday ☐ Other _____

Current Visa Expiry Date _____

17.CURRENT STUDIES IN AUSTRALIA

Are you currently studying in Australia? ☐ Yes ☐ No

If Yes, please provide the following details

Name of Institution _____

Course Enrolled _____

Date of Commencement _____

18.CREDIT TRANSFER

Do you wish to apply for **Credit Transfer?**

If YES, certified copies of transcripts from previous qualifications must be provided with this form, Along with a credit transfer application form.

☐ Yes ■ No ☐ I'd like more information

19.RECOGNITION OF PRIOR LEARNING

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

20.OVERSEAS STUDENT HEALTH COVER (INSURANCE)

Do you have an Overseas Student Health Cover (OSHC) currently? ■ Yes ☐ No

If yes, please mention the following details:

Name of the Provider _____

Membership No _____ Date of Expiry _____

Note: All international students must have health insurance through the Overseas Student Health Cover (OSHC) scheme. It is the responsibility of the student to ensure that their OSHC is up to date.

21.CHECKLIST

- ☐ Copy of your passport page
- ☐ Copy of your official final high school certificate and transcript
- ☐ Copy of your offcial college or university certificate and transcript (If entry Requirements Apply)
- ☐ Copies of your IELTS or a relevant English certificate or English assessment test (including explanations of level and grades)
- ☐ Copy of your current visa (if applicable)
- ☐ Copy of Overseas Student Health Cover
- ☐ Translations of any documents that are not in English

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 Unique Student Identifier (USI)

If you would like us to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf.
You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, _____ authorise Trinity Institute (Australia) to apply pursuant to sub-section 9(2) of 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 Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

I, _____ 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 i nfo@trinityinstitute.edu.au • **Website:** www.trinityinstitute.edu.au
Address: 35 Smith Street, Parramatta 2150 NSW

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 Licence**

State: Licence Number:

– **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 Passport** (with Australian Visa)

Passport number

– **Immicard**

Immicard Number

– **Citizenship Certificate**

Stock number Acquisition date d ay/month/year

– **Certificate of Registration by Descent**

Acquisition date day/month/year

In accordance with section 11 of the Student Identifiers Act 2014, Trinity Institute Australia will securely destroy personal the information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

AGENT STAMP