

ITHEA APPLICATION FORM

PERSONAL DETAILS

Family name:

Given name(s):

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Date of birth: (DD/MM/YYYY)

Country of birth:

Nationality

Sex:

			<input type="checkbox"/> Male <input type="checkbox"/> Female
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Passport Number:

Country of Passport:

E-mail:

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Home address:

Contact telephone:

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Are you currently studying in Australia? (if yes, Australian address)

Contact telephone:

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Pre-existing medical condition – please outline:

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PREVIOUS STUDIES

Highest level of education

Institution:

Country

Year completed:

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IELTS

Have you completed and IELTS or TOEFL course? Yes No

IELTS

TOEFL

IELTS score:	TOEFL score:	Country:	Date completed:
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COURSE(S) SEEKING ENROLMENT

Course name:

Course code:

Commencement date:

OVERSEAS STUDENT HEALTH COVER – Do you have Overseas Student Health Cover? Yes No

IF YES

Name of the Insurance company:

Policy number of the Insurance company:

Expiry date:

IF NO, do you wish ITHEA to organise cover?

Yes No

Single Couple Family

6 months 12 months
 18 months 24 months

Applicant's signature:

Date:

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ITHEA PRE-ENROLMENT DECLARATIONS

Declaration

I certify that the information provided on this form (and attachments) is true and correct and understand that, if I am accepted for a place at ITHEA:

- It is my responsibility to obtain a passport and visa for entry into Australia;
- I am responsible for my return air fares, health cover, accommodation and living expenses while undertaking the course;
- I must pay the course fees in advance;
- I understand that I must attend regularly and make satisfactory progress as ITHEA is required to notify Australia Immigration authorities about changes to my enrolment, and any breach of Visa conditions relating to attendance and unsatisfactory progress;
- I accept the terms and conditions set out in the ITHEA Course Guide;
- I will allow ITHEA to provide information related to my studies to my parents or guardians if required;
- I have read and understood the Application Procedure and Terms and Conditions (including the Refund Policy);
- I have read and understood the Privacy Statement;
- I understand that as a requirement of an Australian student visa I may not change education provider for the first 6 months of my main course of study;
- I understand that the information provided by me to ITHEA may be made available to Australian Commonwealth and State agencies pursuant to obligations under the ESOS Act, and National Code of Practice 2007;
- I understand that this agreement does not remove my right to take further action under Australia's consumer protection laws.

This agreement, and the availability of complaints and appeals processes, does not remove the right of the student to take action under Australia's consumer protection laws

Provider Default Statement

In the unlikely event that ITHEA Corporation Pty Ltd is unable to deliver your course in full, you will be offered a refund of all the course money you have paid to date. The refund will be paid to you within 2 weeks of the day on which the course ceased being provided. Alternatively, you may be offered enrolment in a substitute course by ITHEA Corporation Pty Ltd at no extra cost to you. You have the right to choose whether you would prefer a full refund of course fees, or to accept a place in another course. If you choose placement in another course, we will ask you to sign a document to indicate that you accept the placement. If ITHEA Corporation Pty Ltd is unable to provide a refund or place you in an alternative course our Tuition Assurance Scheme (TAS) provided by ACPET will place you in a suitable alternative course at no extra cost to you. Finally, if ACPET cannot place you in a suitable alternative course, the ESOS Assurance Fund Manager will attempt to place you in a suitable alternative course or, if this is not possible, you will be eligible for a refund as calculated by the Fund Manager.

Privacy Statement

Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National Code 2007; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

Applicant's declaration: I hereby declare that I agree to the terms and conditions as outlined above. In completing the Student Application Form, I am commencing the procedures for an enrolment into the course/s above and will receive further information from the Institute of Tertiary and Higher Education Australia Pty. Ltd. so as to complete and finalise my enrolment.

Applicant's name:	Applicant's signature:	Date:
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Agent's declaration: As the appointed Agent, I hereby declare that I have made every effort to ensure that the student is aware of and understands all the terms and conditions as outlined above.

Agency name:

Agent's name:	Agent's signature:	Date:
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