



# INUS Enrolment Application Form

In order for your enrolment application to be processed ALL questions must be answered.  
Please TICK where appropriate. Please use back pen.

## Personal Details

Family Name:		Given Name:	
Date of Birth: dd mm yy	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality:	
Address in home country:		Phone:	
Address in Australia:		Phone:	
E-mail:			

## Education Details

Highest level of education accomplished: <input type="checkbox"/> Post Graduate <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Secondary School			
English level: <input type="checkbox"/> Beginner <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Upper-Intermediate <input type="checkbox"/> Advance			
Test type:	Result:	Date:	

## Visa Information

What type of visa are you applying for to study at INUS Australia:			
<input type="checkbox"/> Student Visa	<input type="checkbox"/> Tourist Visa	<input type="checkbox"/> Working Holiday Visa	Other _____
If you are applying for a Student Visa, where will you lodge your application from:			
Country _____	City _____		
Are you currently studying in Australia: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
If Yes, what is your course completion date: dd mm yy			
If you are in Australia, what type of visa do you currently had?			
<input type="checkbox"/> Student Visa	<input type="checkbox"/> Visitor Visa	<input type="checkbox"/> Working Holiday Visa	Other _____

## English Language Proficiency

Have you completed an IELTS or TOEFL test?			
IELTS Score: _____	Date completed: dd	mm	yy
TOEFL Score: _____	Date completed: dd	mm	yy



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## Course preference

First Course Name: _____	Duration: <input type="text"/> Weeks	• Starting Date <u>dd mm yy</u>	Session: Morning: <input type="checkbox"/>
		• End Date <u>dd mm yy</u>	Afternoon: <input type="checkbox"/>
			Evening: <input type="checkbox"/>

Second Course Name: _____	Duration: <input type="text"/> Weeks	• Starting Date <u>dd mm yy</u>	Session: Morning: <input type="checkbox"/>
		• End Date <u>dd mm yy</u>	Afternoon: <input type="checkbox"/>
			Evening: <input type="checkbox"/>

If you are under 18 years old, please answer the following question:

Do you require INUS to issue CAAW (Confirmation of appropriate accommodation and Welfare Form)?

Yes:  No:  If Yes, • Starting Date dd mm yy • End Date dd mm yy

## Overseas Student Health Cover

If you currently have or previously have had an OSHC, please state your:

Provider \_\_\_\_\_ Membership Number \_\_\_\_\_ Expire Date: dd mm yy

If you require an Overseas Student Health Cover (OSCH), please indicate your preference:

- Single (Cover just Student)
- Dual Family (Covers one student visa holder + either one adult spouse/recognized partner or more dependent children).
- Multi Family (Covers one student visa holder + more than dependent which can only include one adult spouse/recognized partner and one or more dependent children).

## Accommodation and Airport pick up

Do you require Airport pick up: Yes:  No:

If Yes, please complete the Airport Pick - up application form: <http://www.inusaustralia.com.au/services/accommodation.php>

Do you require the school to arrange an accommodation for you: Yes:  No:

If Yes, please complete the Homestay application form: <http://www.inusaustralia.com.au/services/airport.php>



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## Signing

This application is not valid unless it is signed in English and as it appears on your passport.

■ **Agent must not sign the declaration on behalf of any student.** ■

## Applicant Declaration

*I would like to apply for enrolment with INUS AUSTRALIA Pty Ltd. I agree to follow the student code of conduct, maintaining good and proper behaviour at all times during my enrolment. I understand my enrolment can be suspended or cancelled should I breach the student code of conduct in accordance with the school's deferment, suspension and cancellation policy and procedure. I understand that all fees must be paid prior to the commencement of the course.*

*I have read and agree with the INUS AUSTRALIA refund policy.*

*Please note: The INUS AUSTRALIA refund policy and deferment, suspension and cancellation policy procedure can be downloaded from our website: [www.inusaustralia.com.au](http://www.inusaustralia.com.au)*

Print name: \_\_\_\_\_

Signature:

Date: dd mm yy

■ **If applicant is under 18 years old.**

Relationship with applicant: Father:  Mother:  Other:  \_\_\_\_\_

Print name: \_\_\_\_\_

Signature:

Date: dd mm yy

### **Education Agent.**

*I authorise the company below to act on my behalf to complete the enrolment procedure at INUS Australia Pty Ltd.*

**(Company Stamp)**

INUS Australia Pty. Ltd. T/A INUS Australia - Education and Training CRICOS 03341K  
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