



# Student Application Form

## Part A: Enrolment Information

Section 1 – Candidate details			
<b>Course details</b>			
Course code:			
Course Title:			
<b>Student Personal Details (as per identification) - please ensure that the details below align with your ID provided so that we can validate your USI.</b>			
Title: (Miss Ms Mr):			
Given Name(s):			
Surname:			
<b>Please complete the relevant information below as required by the AVETMISS Standards</b>			
<b>Permanent Address (USUAL RESIDENTIAL ADDRESS, cannot be a PO Box)</b>			
No. & Street:			
Suburb:			
State		Postcode:	
<b>Postal Address (If different from permanent address)</b>			
No. & Street or PO Box details:			
State		Postcode:	
<b>Emergency Contact</b>			
Name:			
Relationship:		Mobile Number:	
<b>Please nominate an employer contact where your academic results and transcript will be provided (note that students will have access to all results and certification via their academic portal.)</b>			
Name of Organisation:			
Nominated Contact Name:			
Nominated Contact Email:			



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Section 2 - Vocational Education Training related details			
Country of Birth:		Town of Birth:	
Country of Citizenship:			
Are you an Australian Citizen/Permanent Resident?	<input type="checkbox"/> Citizen <input type="checkbox"/> PR <input type="checkbox"/> No		
Citizenship/PR status if you selected <b>NO</b> above.			
<input type="checkbox"/> Student Visa <input type="checkbox"/> Business Visa <input type="checkbox"/> Temporary Resident Visa <input type="checkbox"/> Permanent Humanitarian Visa <input type="checkbox"/> Other			
Aboriginal/ Torres Strait Islander Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither		
Do you speak a language other than English at Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list language(s)		
Of the following categories, which <b>BEST</b> describes your current employment status?			
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self Employed – not employing others <input type="checkbox"/> Self Employed – employing others <input type="checkbox"/> Not employed – not seeking employment <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work			
Occupation Identifier (ANZSCO)		Industry of Employment (ANZSIC)	
What is the highest COMPLETED School Level?	<input type="checkbox"/> Completed Year 12 or Equivalent, Year <input type="checkbox"/> Completed Year 11 or Equivalent, Year	<input type="checkbox"/> Completed Year 10 or Equivalent, Year <input type="checkbox"/> Completed Year 9 or Equivalent, Year	<input type="checkbox"/> Completed Year 8 or Equivalent, Year <input type="checkbox"/> Completed Year 7 or Equivalent Year
Are you still attending secondary school?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Do you consider yourself to have a disability, impairment or long-term medical condition which is likely to affect your study? Disclosing a disability is confidential.</b> <i>(Please refer to disability supplement at the end of this form for more information)</i>			
<input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, please specify:			
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Other (Please describe):			
<i>*If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: You may indicate more than one area. Please refer to the Disability supplement at the</i>			



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end of the form for an explanation of the following disabilities.

**Of the following categories, which BEST describes your main reason for undertaking this study.**  
(Tick ONE box only)

- |  |   |
|--|---|
| <input type="checkbox"/> To get a job                        | <input type="checkbox"/> To get a better job/promotion              |
| <input type="checkbox"/> To develop my existing business     | <input type="checkbox"/> It was a requirement for my job            |
| <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest or self-development  |
| <input type="checkbox"/> To start my own business            | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> To try for a different career       | <input type="checkbox"/> Other reasons                              |
| <input type="checkbox"/> I wanted extra skills for my job    |   |

## Have you successfully completed any of the following qualifications?

If YES, select the HIGHEST qualification held and tick the applicable qualification type from those listed below:

- Bachelor's degree or Higher Education
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate)

Australia (A), Australian Equivalent (E), International (I).

- |   |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Certificate II                         | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Certificate I                          | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Certificate other than the above       | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |

**Name of qualification completed**  
**Year completed**

- I give the RTO permission to search for my Unique Student Identifier (USI).      **OR**       I already hold a USI number

USI Number:

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## Section 3 - Privacy Statement, Third Party Disclosure and Declaration

Under the Data Provision Requirements 2012, the RTO 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 and your training activity data) may be used or disclosed by the RTO for statistical, regulatory and research purposes. The RTO may disclose your personal information for these purposes to third parties, including;

- School — if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer — if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies, NCVER;



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Organisations conducting student surveys; and

- Researchers
- Other Registered Training provider - for purpose of training verification of certification provided on application for credit transfer.
- Personal information disclosed to NCVER may be used or disclosed for the following purposes;
- Issuing a VET Statement of Attainment or VET Qualification, and 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 an NCVER 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](http://www.ncver.edu.au)) Personal information is collected from you for the purpose of obtaining and verifying student related details. It is used by government departments for the planning, provision and reporting of educational and vocational training programs as authorised by the Privacy Act 1988 and the Skilling Australia's Workforce Act 2005 and related State and Commonwealth Acts and Regulations.

Contact details will be provided to workshop venues, which may include employer name, full name, contact number and email.

Personal information will be managed in accordance with the RTO's Privacy Policy and may be accessed by the individual to whom it is related by a written request to [admin@superiortechnicalcollege.com](mailto:admin@superiortechnicalcollege.com)



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## Application Declaration (please read carefully before acknowledging)

Read the statements below carefully, tick the box if you agree.

- I acknowledge that I have read and understand Privacy Statement, agree to abide by the student Code of Conduct and the rules and regulations during my enrolment.
- I confirm that the information provided is true and correct.
- I am aware that the classes may not be conducted if there are insufficient numbers of students enrolled.
- I have had the student information guide made available to me.
- I am aware of my rights under the VET Quality Framework, including my rights to appeal, complain, and receive refunds.

### Recognition / Credit Transfer

- I confirm that I have received information regarding the Recognition process/Credit Transfer as described in the Student Information Guide, and what is required to achieve Recognition/Credit Transfer for unit/s of the training qualification.
- I understand that I have the opportunity to participate in the Recognition/Credit Transfer process if I choose to do so, preferably at the time of enrolment unless extenuating circumstances apply.

### Application Declaration: I understand all the above and wish to submit my application

Name:

Signature:

Date:

### RTO Declaration (if applicable): I understand all the above and agree to allowing this application to be submitted

Name:

Signature:

Date:



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## Disability Supplement

The purpose of the Disability supplement is to provide additional information to assist with answering the disability

question. Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

### Hearing/deaf

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

### Physical

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

### Intellectual

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

### Learning

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

### Mental illness

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

### Acquired brain impairment

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

### Vision

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

### Medical condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

### Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.



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## Part C: International Student Only

Section 1 – Passport and visa information			
Passport number		Passport country	
Passport expiry date		Copy of passport uploaded	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Australian visa status	<input type="checkbox"/> Student visa <input type="checkbox"/> Bridging visa <input type="checkbox"/> Visitor visa <input type="checkbox"/> Other		
Visa subclass (if applicable)		Visa expiry date	
Do you consent to STC verifying your visa status through VEVO where required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently in Australia?	<input type="checkbox"/> In Australia <input type="checkbox"/> Outside Australia
Section 2 – Current CoE details (only complete if transferring from another provider)			
Have you previously studied in Australia?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Provider name			
Course name			
CoE number		Release required?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable
Are you applying to transfer from another provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable		
Section 3 – Agent information			
Education agent used	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Agent organisation		Agent counsellor/contact person	
Agent email		Agent country/location	
Section 4 – English test			
English test type	<input type="checkbox"/> PTE <input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> Cambridge <input type="checkbox"/> Other		
English test date		English test report number / TRF	



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		number	
Listening score		Reading score	
Writing score		Speaking score	
Overall score		English evidence uploaded	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Section 5 – Overseas Student Health Cover

Have you arranged OSHC?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OSHC provider		Policy number	
Cover start date		Cover end date	

## Section 6 – International Declaration

### Financial capacity declaration (please read carefully before acknowledging)

I declare that I understand the financial commitment required to study in Australia as an international student. I understand that I am responsible for ensuring I have access to sufficient funds to pay for:

- tuition fees
- course materials and equipment, where applicable
- Overseas Student Health Cover, if required
- living expenses
- accommodation
- travel costs
- costs for any accompanying family members, where applicable
- school costs for any school-aged dependants, where applicable.

I understand that I may be required to provide evidence of financial capacity as part of my student visa application. I also understand that being accepted into a course by Superior Technical College does not guarantee that my student visa application will be approved.

I declare that the information I provide about my financial capacity is true and accurate.

Name:			
Signature:	<input type="text"/>	Date:	

*Home Affairs states that student visa applicants may need to show funds for travel costs, 12 months of living costs, tuition fees, accompanying family members and school costs for school-aged dependants.*

### Genuine Student declaration (please read carefully before acknowledging)



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I declare that I am applying to study with Superior Technical College as a genuine student.

I confirm that:

- I have chosen this course because it is relevant to my education, career or personal goals.
- I understand the requirements of the course, including the expected study commitment, attendance, course progress and assessment requirements.
- I understand the conditions and responsibilities that apply to studying in Australia as an international student.
- I intend to comply with my visa conditions, where a student visa is granted.
- I will provide true, accurate and complete information in my enrolment application and any supporting documents.
- I understand that Superior Technical College may request further information or documents to assess my application.
- I understand that providing false, misleading or incomplete information may affect my enrolment and may be reported where required by law.

I understand that acceptance into a course does not guarantee that my student visa application will be approved.

**Name:**

**Signature:**

**Date:**

*Home Affairs requires student visa applicants to satisfy the Genuine Student requirement, including explaining their current circumstances, why they want to study the course with the provider, their understanding of studying and living in Australia, and how the course will benefit them.*

## Part C: Suitability Discussion

### Section 1 – Application and Declaration

#### Application Disclaimer

I understand that this Suitability & Support Needs Form is part of the application and pre-enrolment process.

Completion of this form does not guarantee enrolment. My application will be assessed by STC, and I will only be enrolled once I receive written confirmation from STC and a Confirmation of Enrolment (CoE).

#### Student Declaration

I declare that:

- I have received information about the course, entry requirements, fees, work placement, facilities, support services, training and assessment.;
- I have had the opportunity to ask questions and have received clear answers.
- I understand the attendance and course progress requirements for international students.



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- I believe this course is suitable for my goals, abilities and future plans.
- I wish to proceed with my application.

**Student Signature**

**Date**

## Section 2 – Suitability Questions

**Why do you want to study this course?**

**What are your top career goals for the next 3–5 years?**

**What interests you about the hospitality/cookery industry?**

**What skills do you hope to gain from this course?**

**Describe any previous training or study (if any):**

- The type of training
- How it was delivered
- What you liked/disliked

**Outline your employment and volunteer history, including your responsibilities, and what you liked and disliked about each role.**

## Section 3 – Support Needs (LLN, learning needs, technology support)

**1. Do you have any learning needs that may require support?**

*Examples: dyslexia, ADHD, autism, reading difficulties.*

YES  NO

If **YES**, please describe (optional)?



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<b>2. Do you need support with reading, writing, English, or using computers?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, what kind?

<b>3. Do you have a disability, impairment or condition that may affect training or assessment?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, please describe (optional)

## Section 4 - Medical & Safety Disclosure (Commercial Cookery Requirements)

STC only collects information necessary to support safe participation in kitchen training and reasonable adjustments. You are not required to disclose information unrelated to training.

<b>1. Do you have any allergies or intolerances?</b> <i>(Especially food, latex, cleaning chemicals)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, list?

<b>2. Do you have any medical conditions that may affect:</b>	
a) Standing for long periods (2–4 hours)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) Working in a hot kitchen environment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c) Using knives or sharp equipment safely?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d) Lifting up to 5–10 kg (pots, ingredients)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If **YES** to any, please explain (optional):

<b>3. Are you currently taking medication that may affect concentration, coordination, or safety?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, please describe (optional)?

<b>4. Do you have any physical restrictions we should be aware of for kitchen safety?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, list?

<b>5. Do you require any reasonable adjustments to safely participate?</b> <i>Examples: seating breaks, enlarged text, extra time for written tasks.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, what type?

## Section 5 - Privacy & Consent

### Student Declaration

I understand that:



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- STC will only use the information in this form to assess my suitability, support needs, and safety requirements.
- Information may be shared with authorised bodies (e.g., PRISMS) as required by the ESOS Act.
- I can request access to, or correction of, my information at any time.
- Providing false or misleading information may affect my enrolment.

**Candidate Signature**

**Date**

## Part D: Office Use Only

### Section 1 - Staff Assessment (completed by STC staff)

**1. Summary of applicant suitability:**

- Suitable
- Suitable with additional support.
- Not suitable

**Notes**

**2. Identified support needs:**

- LLN support required
- Learning support required.
- Medical safety considerations
- Referral to Student Support
- No additional support needed

### Section 2- Final form review

**Checklist**

- All fields completed correctly
- Confirmation of enrolment provided to student
- USI obtained

**Checked by**

Administration Name		Administration Signature	
<b>Application to proceed?</b>	<input type="checkbox"/> YES	<b>If NO</b>	<input type="checkbox"/> Referred to Quality Advisor
	<input type="checkbox"/> NO		<input type="checkbox"/> Referred to RTO Manager
		<b>Date:</b>	<input style="width: 100%;" type="text"/>
		<b>Date:</b>	<input style="width: 100%;" type="text"/>



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<b>Funding Source (If applicable)</b>			
<b>Date Enrolment Accepted</b>		<b>Confirmation of Enrolment Sent</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO