

VARDHAN
INSTITUTE OF
MANAGEMENT
AND TECHNOLOGY
RTO CODE 41539 I CRICOS CODE: 03676J

Web: www.vimt.edu.au
Email: vimt.vic@gmail.com

International Student Application Form

1. Personal Details				
Have you previously applied to OR been a student at Vardhan Institu	te of Management and Technology (VIMT)?:			
□ No □ Yes If Yes, VIMT Student ID				
Full Name (as in Passport): Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other				
Given Name: Family Name (Surn	ame):			
Gender: Male Female Other Date of Birth:	/ / Place of Birth:			
Are you of Aboriginal or Torres Strait Islander Origin? Yes (Aborig	ginal) ☐Yes (Torres Strait Islander) ☐ No			
Please specify your employment status: ☐ Part-time ☐ Casual ☐	Not employed			
2. Employment				
Of the following categories, which best describes your current	employment status?			
☐ Full-time employee	☐ Employed- unpaid worker in family business			
☐ Part-time employee	☐ Unemployed- seeking full time work			
☐ Self-employed- not employing others	☐ Unemployed- seeking part time work			
□ Employer	☐ Not employed- not seeking employment			
3. Contact Details				
Contact Details in Australia				
Address:	Suburb/Town:			
State/Territory:	Post Code:			
Telephone/Mobile:	Email:			
Postal Address (If Different from above) Address:	Suburb/town:			
State/ Territory:	Post code:			
Contact Details in Home Country Address:				
	Country:			
Post Code:Telepho	ne/Mobile:			
Emergency Contact Details				
Name:	Relationship:			
Address:	Suburb/Town:			
State/Territory:	Post Code:			
Telephone/Mobile:	Email:			
Note: It is mandatory requirement that the international student, whil	e studying and living in Australia on a valid student visa must notify			
VIMT, in writing, within 7 days of change of his/her contact details incl				
 Current Residential address, mobile number or em Emergency contact details 	ail address			
Any change in visa status				
 If Student is travelling overseas in emergency beca 	use of any unexpected circumstances			



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	port Details							
Passport	t Number:		Passport E	xpiry Date:			Nationali	ity:
Are you	currently in Au	ıstralia? Yes	No					
If Yes, Visa type/ Subclass Expiry Date:								
5. Ove	rseas Stude	nt Health Cover (OS	SHC)					
needs to	occur when	•	If family and children a	accompany you, you			•	OSHC. Payment of OSHC family policy for OSHC.
Do you	currently have	OSHC?	(Please, provide details l	below)				
OSHC P	rovider Name:		Membership Numb	er:		Ехрі	iry Date: .	
Do you v	want VIMT to c	organise OSHC?	Yes	No (I w	ill orgar	nise myse	elf)	
6. Engl	ish Languag	e Proficiency						
I have c	ompleted a red	uage Yes No (l' cognised English test in l 	Score:	TE) Date	e of the ⁻	Test:		
7. How	well do you	u speak English						
□ We				☐ Very well				
□ No				☐ Not at all				
8. Pre	vious qualifi	cations achieved						
Please provide detailed information about your previous qualifications:								
		Name and code of Name of the Language of Country Dura the Qualification Institution						
Year	Completed					Count	ry	Duration
Year	Completed					Count	ry	Duration
Year	Completed					Count	ry	Duration
		the Qualification				Count	ry	Duration
9. Cour	rse(s) Prefer	the Qualification	Institution			Count	ry	Duration
9. Cour	rse(s) Prefer	the Qualification	Institution			Count	ry	Duration
9. Cour	rse(s) Prefer elect courses y Course	the Qualification rence ou would like to apply to	Institution	Instruction	Dura	Count		Duration Preferred Intake
9. Cour	rse(s) Prefer	the Qualification rence ou would like to apply to	Institution o study at VIMT.	Instruction	Dura			
9. Cour	rse(s) Prefer elect courses y Course	the Qualification rence ou would like to apply to	o study at VIMT.	Instruction		ation (W	eeks)	
9. Cour	rse(s) Prefer elect courses y Course Code	the Qualification rence ou would like to apply to	o study at VIMT. rse Title (CRICOS Code) And Management	Instruction	Total	ation (W Study	eeks)	
9. Cour	rse(s) Prefer elect courses y Course Code	the Qualification Tence Ou would like to apply to Cou Diploma of Leadership (CRICOS CODE-104364)	o study at VIMT. rse Title (CRICOS Code) And Management	Instruction	Total	ation (W Study	eeks)	
9. Cour	rse(s) Prefer elect courses y Course Code BSB50420	the Qualification Tence Ou would like to apply to Cou Diploma of Leadership (CRICOS CODE-104364)	o study at VIMT. rse Title (CRICOS Code) And Management G) Leadership And Manag	Instruction	Total 52	ation (W Study 44	eeks) Break 8	
9. Cour	rse(s) Prefer elect courses y Course Code BSB50420	Tence ou would like to apply to Cou Diploma of Leadership (CRICOS CODE-104364 Advanced Diploma of (CRICOSCODE-106130	o study at VIMT. rse Title (CRICOS Code) And Management G) Leadership And Manag	Instruction	Total 52	ation (W Study 44	eeks) Break 8	
9. Cour	rse(s) Preferelect courses y Course Code BSB50420 BSB60420	Tence ou would like to apply to Cou Diploma of Leadership (CRICOS CODE-104364 Advanced Diploma of (CRICOSCODE-106130	o study at VIMT. rse Title (CRICOS Code) And Management G) Leadership And Manag J) Management(Learning)	Instruction	Total 52	ation (W Study 44 45	eeks) Break 8	
9. Cour	rse(s) Preferelect courses y Course Code BSB50420 BSB60420	cence ou would like to apply to Cou Diploma of Leadership (CRICOS CODE-104364 Advanced Diploma of (CRICOSCODE-106130 Graduate Diploma of (CRICOS CODE-106131	Institution o study at VIMT. rse Title (CRICOS Code) o And Management GG) Leadership And Manag J) Management(Learning) LH)	Instruction	Total 52	ation (W Study 44 45	eeks) Break 8	
9. Cour	rse(s) Preferelect courses y Course Code BSB50420 BSB60420	Diploma of Leadership (CRICOS CODE-104364 Advanced Diploma of (CRICOS CODE-106130 Graduate Diploma of (CRICOS CODE-106131 Certificate III in Light \((CRICOS CODE-110076)	Institution o study at VIMT. rse Title (CRICOS Code) o And Management GG) Leadership And Manag J) Management(Learning) LH)	ement	Total 52 52 52	ation (W Study 44 45 44	eeks) Break 8 7	
9. Cour	rse(s) Preferelect courses y Course Code BSB50420 BSB60420 BSB80120 AUR30620	Diploma of Leadership (CRICOS CODE-104364 Advanced Diploma of (CRICOS CODE-106130 Graduate Diploma of (CRICOS CODE-106131 Certificate III in Light \((CRICOS CODE-110076)	Institution o study at VIMT. rse Title (CRICOS Code) o And Management AG) Leadership And Manag J) Management(Learning) LH) Vehicle Mechanical Tector) notive Mechanical Diag	ement	Total 52 52 52 64	ation (W Study 44 45 44 60	eeks) Break 8 7 8	
9. Cour	rse(s) Preferelect courses y Course Code BSB50420 BSB60420 BSB80120 AUR30620	ence ou would like to apply to Cou Diploma of Leadership (CRICOS CODE-104364 Advanced Diploma of (CRICOSCODE-106130 Graduate Diploma of (CRICOS CODE-106131 Certificate III in Light V (CRICOS CODE-110076 Certificate IV in Autor	Institution o study at VIMT. rse Title (CRICOS Code) o And Management G) Leadership And Manag J) Management(Learning) LH) Vehicle Mechanical Teclosi) notive Mechanical Diag 7H)	ement	Total 52 52 52 64	ation (W Study 44 45 44 60	eeks) Break 8 7 8	



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SIT40521	Certificate IV in Kitchen Management (CRICOS CODE-114245J)	82	75	7	
SIT50422	Diploma of Hospitality Management (CRICOS CODE-114246H)	64	60	4	
SIT30821 SIT40521 SIT50422	Certificate III in Commercial Cookery (CRICOS CODE-114244K) Certificate IV in Kitchen Management (Package) (CRICOS CODE-114245J) Diploma of Hospitality Management	118	104	14	
	(CRICOS CODE-114246H)				

10. Fee Payment Options

Do you wish to pay 50% or more of your course fees before your course start date?

Please tick one of the desired options: 50% More than 50%

If more than 50% Please Specify the amount.....



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11. Recognition of Prior Learning (RPL) or Credit Transfer (CT)				
Are you applying for CT for the units successfully completed at another provider? Yes No				
If yes, please submit the supporting documents such as official transcript or statement of attainment or other evidences to the Administration Staff.				
Are you applying for RPL? ☐ Yes ☐ No				
Please contact VIMT Administration Staff for fu	urther information.			
12. Study Reason				
Of the following categories, which best describ	oes your main reason for undertaking t	his course (<i>Please tick the relevant box/s</i>):		
☐ To get a job	☐ To try for a different career	☐ I wanted extra skills for my job		
☐ To develop my existing business	☐ To get a better job or promotion	☐ To get into another course of study		
☐ To start my own business	☐ It was a requirement of my job	☐ For personal interest or self- development		
13. Transfer from Another Provider (i	f Applicable)			
Are you transferring from another education p	orovider in Australia?	0		
If Yes, Have you completed the first 6 months	of your principal course? ☐ Yes ☐ N	0		
Name of Institute:				
If No, you must provide the release letter from				
Please refer to VIMT Transfer between Registe 14. Disability	red Providers Policy and Procedure or	contact Administration Staff for further information.		
Do you consider yourself to have a disability, in	npairment or long-term medical condi	tion?		
☐ Yes ☐ No				
(you may indicate more than one area if applicable)	airment or long-term medical condition	n, please select the area(s) in the following list:		
Hearing/deaf	Intellectual	Physical		
Learning	Mental illness	Acquired brain impairment □		
Vision Medical condition □				
Other (Please specify if others)			
15. Additional Support Required				
Do you require any additional support or anyth	ning that might prevent you from progr	ressing through the training and assessment program?		
☐ Yes ☐ No				
If Yes, Please Specify:				
16. Unique Student Identifier (USI)				
From 1st January 2015 all students undertaking have a USI. The Unique Student Identifier or US		ed by a registered training organization will need to O numbers and letters that:		
 creates a secure online record of you organization will give you access to your training r can be accessed online, anytime and is free and easy to create 	records and transcripts	s gained in Australia, even from different training		
Please enter your USI (If known)				
□ No, I don't have a USI number. I consent VII	MT to apply on my behalf.			
☐ No I don't have a USI number. I will create it	t myself. Go to www.usi.gov.au.			



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17. F	low did you know about VIMT?	
	VIMT's Website	Facebook
	Friends/ Family	Recommended by an Education agent
	Other, please specify	
18.	Education Agent Details (if Applicable)	
Nam	e of the Agent/ Business:	
Addr	ess:	 Suburb/Town:
State	/Territory:	 Post Code:
Telep	phone/Mobile:	 Email:
19. [Document Checklist	
	fied copies of the following supporting documents must be inclunitted without necessary supporting documents will be delayed i	, , , , , , , , , , , , , , , , , , , ,
(Certified copies of passport	Copy of Australian Visa and CoE (if applicable)
(Certified academic transcripts	Evidence of OSHC (if applicable)
(Certified copies of qualification certificates	Certified English translation of documents (if not in
	English)Evidence of English language proficiency	

20 Privacy Statement

Privacy Notice

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

Failure to provide your personal information, VIMT will not be able to enrol you as a student.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth)

(NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of

Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.



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If you would like to seek access to or correct your information, in the first instance, please contact SIT using the contact details listed below. DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at https://www.dese.gov.au/national-vet-data/vet-privacy-notice.

Surveys

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

Contact information

At any time, you may contact VIMT to:

- request access to your personal information
- correct your personal information
 make a complaint about how your personal information has been handled
 ask a question about this Privacy Notice VIMT

	aration

20. Student Decidiation
I (Name) understand and acknowledge the following:
☐ I have read and understood the information in VIMT's Student Prospectus (also available on website https://www.vimt.edu.au) which details the information about VIMT's course requirements, fees payments, refund policy, ESOS framework, and VIMT policy and procedures before making the decision to submit this enrolment application.
□ I have been provided the opportunity to clarify any item relating to my enrolment at VIMT prior to submitting this enrolment application form.
☐ I am required to pay course fees on accepting an enrolment offer and prior to the commencement of the term that the fees relate to.
☐ My right to access complaints and appeals processes. (This does not remove the right of the students to take action under Australia's Consumer Protection Laws).
☐ I am not required to pay more than 50% of the tuition fee before the start of the course. However, I have a choice to pay more than 50% of the tuition or the full course fees if I wish.
☐ I authorize VIMT to disclose information relevant to my application and enrolment to VIMT's preferred OSHC provider and other third parties for the purposes of arranging my OSHC, processing my application and enrolment, and administering my course.
☐ I give VIMT permission to check my visa status using the Department of Home Affairs (DHA) Visa Electronic Verification Online (VEVO) system.
☐ My personal information (including the personal information contained on this enrolment form), may be used or disclosed by VIMT for statistical, administrative, regulatory and research purposes. VIMT may disclose my 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:
 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.
☐ I 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. I am aware that I may opt out of the survey at the time of being contacted.



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☐ I understand that under the Data Provision Requirements 2012, VIMT is required to collect personal information about me and to disclose hat personal information to the National Centre for Vocational Education Research Ltd (NCVER).
☐ I am aware that NCVER will collect, hold, use and disclose my 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).
☐ I understand that VIMT also reserves the right to vary courses, subjects, staff and the mode of delivery, assessment and admission equirements at any time at its discretion.
☐ I acknowledge that my Education agent has provided me with full information on VIMT, the courses applied for and information on living and studying in Melbourne. (If enrolled through an Education agent).
☐ I understand that by signing this application form, I may be sent a Formal Letter of Offer/ Enrolment Acceptance Agreement from VIMT if ill of the admission requirements are met.
□ I agree to abide by the terms and conditions of VIMT's Code of conduct and policies and procedures Fees and Charges Policy, Refund Policy, Monitoring Course Progress Policy, Complaints and Appeals Policy, Deferring, Suspending, Cancelling Student Enrolment Policy, Transfer Between Registered Providers Policy, Recognition of Prior Learning and Credit Transfer Policy and other policies that are published on VIMT's website (https://www.vimt.edu.au).
☐ I am aware and agree to abide by the visa conditions throughout my enrolment period in Australia.
☐ I understand my enrolment fee (AUD \$250) payable with lodgment of this Enrolment application form is non-refundable in all circumstances (except provider default).
I grant VIMT permission to source a Unique Student Identifier, on my behalf (students who do not currently possess a USI only).
☐ I declare that the signature on this form is my signature and has not been signed on my behalf by another person including my Education igent or sponsor.
I declare that all information provided in this application is complete and correct. I understand that failure to provide correct information or documentation in relation to this application may result in cancellation of my enrolment.
Student Name:Date:Date:
Submit your Application to Administration Staff at:
Level 1, Unit 2, 48 Gordon Ave Geelong West VIC 3218, Australia
Or via Email: vimt.vic@gmail.com

Office Use Only
Date Form Received:
Supporting documents received Yes No
Student satisfies the entry requirements Yes No
Offer Letter Authorised Yes No
If No, Please specify the Reason of Decline:
Staff Name: Date: