



APPLICATION FOR ADMISSION

INTERNATIONAL APPLICANTS ONLY

1. Complete all sections using BLOCK LETTERS.
2. Attach supporting documents, including CERTIFIED copies of your passport and academic documents.

1. Personal Details <i>(Please choose by placing an X in the boxes that apply to you)</i>					
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Country of Birth:	
Surname:					
Given Names:					
Nationality:					
Unique Student Identifier(USI):					
Please note from January 2015, all students undertaking nationally recognized training delivered by a registered training organization will require a USI. You can create your own USI at http://usi.gov.au/create-your-USI/Pages/default.aspx or MCVE can create one on your behalf. If you want MCVE to generate a USI for you, please provide the details as requested by the staff member.					
2. Contact Details					
Address (Home Country)					
Address:					
Country:					
Phone:		Email:			
Residential Address (Australia)					
Address:					
Suburb:					
State:		Postcode:			
Phone:		Mobile:			
Email:					
Postal Address (If different from Residential)					
Address:					
Suburb:					
State:		Postcode:			
Preferred contact method: <input type="checkbox"/> Email <input type="checkbox"/> Phone					
Emergency Contact Details					
Name of person:		Relationship to you:			
Address:					
Mobile/phone:		Email:			
3. Passport Details					
Passport		Passport Expiry			
Passport Issued					
A certified true copy of your original documents must be provided as part of your application					
4. VISA Details					



VISA Type			VISA Subclass	
VISA Number			VISA Expiry Date	
A certified true copy of your original documents must be provided as part of your application				
5. Education Agents <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name of Agent:				
Address:				
Phone:		Mobile:		
Email:		Fax:		
Agent Stamp				
6. Overseas Student Health Cover(OSHC)				
OSHC Arranged	Yes (Part A)	<input type="checkbox"/>	No (Part B)	<input type="checkbox"/>
Part A – Insurer Details				
Name of Insurer:				
Member Number:		Date of		
Part B --Murray College of Vocational Education (MCVE) to arrange:				
Cover Type – Single/Double/Family	From Date: / /	To Date: / /		
1. The Australian Government requires all persons entering Australia on a Student Visa to have OSHC. 2. The length of your OSHC MUST cover the total length of your course(s).				
7. English Language Proficiency (Please choose by placing an X in the boxes that apply to you)				
Assessment Type (IELTS,PTE, TOEFL etc)	Score Achieved	Date		
<input type="checkbox"/> Not Required. I am from Level I country. (You will be required to undertake Placement Assessment if you are not from the list of exempted countries. Refer Entry requirement policy)				
9. Disability Status (Please choose by placing an X in the boxes that apply to you)				
Do you suffer from any physical / mental disability that may affect your participation in the course? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Disability, Impairment or Long-Term Condition				
<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Not Specified	
<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Vision		
<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other		
10. Course Selection (Please choose by placing an X in the boxes that apply to you)				
Course Name	CRICOS Code	Duration (Weeks)	X	Specify Intake Date (Please note MCVE offers intake on 15th of every month of the
BSB42015 Certificate IV in Leadership and Management	TBA	52		
BSB51915 Diploma of Leadership and Management	TBA	52		
BSB61015 Advanced Diploma of Leadership and Management	TBA	78		
HLT42015 Certificate IV in Massage Therapy	TBA	52		
HLT52015 Diploma of Remedial Massage	TBA	92		
Note: Details of Intake can be obtained from our Course Guide or by visiting our website www.Murraycollege.com				



11. Previous qualification achieved (PLEASE DO NOT LEAVE IT BLANK ITS MANDATORY)

Have you successfully completed any of the following qualifications in Australia or hold any recognized overseas qualification. YES NO

Bachelors or above Degree Advanced Diploma Diploma Year10 and 12
 Certificate IV Certificate III Certificate II Certificate I

Year when school completed: _____ Place: _____

In case of overseas qualification, has the qualification been skill assessed in Australia? YES NO

Attach documentation including certified copies of all academic records. A certified copy is a photocopy stamped and signed by a public notary or a MCVE education agent representative. Academic records not in English must also be accompanied by a certified translated copy. If you believe you have relevant work experience, attach details and documentation (e.g. employer reference, curriculum vitae etc.)

12. Employment

Which of the following best describes your current employment status?

Full time employee Part time employee
 Unemployed-seeking full time work Unemployed-seeking part time work
 Self-employed - not employing others Not employed - not looking for work
 Employed - unpaid worker in a family business Employer

13. Reasons for study

Of the following, which best describes your reason for undertaking this course?

To get a job To get a better job or promotion
 Required as part of my job To develop my business
 To start my own business To start a new career in a different field
 To gain knowledge in another course To gain new skills
 For personal interest or self-development Other
 In case of Others, please state reason: _____

14. Recognition of Prior Learning /Credit Application

Would you like to make an application for RPL/ Credit transfer: Yes No

If you are seeking credit recognition, you must attach certified translated (English) copies of the course outline/syllabus and other relevant documents such as academic transcripts, graduation certificates, grading system information etc., so that MCVE can assess your eligibility for credit recognition. Also attach certified copies of previous relevant qualifications or experience. Complete the RPL/CT Form available online at www.murraycollege.com.au or at MCVE reception.

16. Accommodation Requirements

Do you require MCVE to arrange accommodation: Yes No

What type of accommodation arrangements would you like: Shared Private

Do you require MCVE to arrange for Airport pickup: Yes No

Any other additional information: _____

17. Marketing

How did you find out about this course? Advertisement Newspaper Internet

Friends Search engines/google Other, specify: _____

18. Payment Details

Payment by Credit Card

VISA MasterCard AMEX Diners Other (Please Specify):

Credit Card: _____

Cardholder Name: _____ Cardholder Signature: _____

Expiry Date: _____ CCV: _____



Murray College of Vocational Education

RTO Code : 3975 | CRICOS Code: 03533B

Bank Cheque for AUD 250 made payable to MURRAY COLLEGE OF HEALTH EDUCATION

Bank Transfer for AUD 250 made payable to MURRAY COLLEGE OF VOCATIONAL EDUCATION:

Account Name:	MURRAY COLLEGE OF VOCATIONAL EDUCATION		
Account Number:	BSB:XXXXXX	ACCOUNT NUMBER: XXXXXXXX	SWIFT Code: XXXXXX
Bank Name:	COMMONWEALTH BANK	Branch	Echuca
Bank Address:	L		

19. Declaration

I declare that the information on this form and supporting documentation is true and correct. I have read and understood the Entry Requirements, the Privacy Policy and the Cancellation and Refund Policy of MCVE Institute of Technology (MCVE) provided to me along with this application. I confirm that I have been fully advised of the fees, cancellation and refund conditions and I agree to be a student at MCVE. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of my application.

Name:			
Signature:		Date:	

20. Application Checklist

<input type="checkbox"/> Completed all sections of this application	<input type="checkbox"/> Attached certified true copies of your English Proficiency
<input type="checkbox"/> Attached certified true copies of your VISA	<input type="checkbox"/> Attached relevant employment documentation
<input type="checkbox"/> Attached certified true copies of your Passport	<input type="checkbox"/> Attached any other relevant documentation
<input type="checkbox"/> Attached certified true copies of your qualifications	<input type="checkbox"/> Read and signed the declaration