

COURSE DETAILS (Tick applicable course(s))

<input type="checkbox"/> CPP20218 Certificate II in Security Operations (CRICOS Course Code: 107308B) <input type="checkbox"/> RII60520 Advanced Diploma of Civil Construction Design (CRICOS Course Code: 107777F)	Indicative Intake date:
Do you want to apply for Recognition of Prior Learning (RPL)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to apply for Credit Transfer (CT)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT DETAILS (As shown on Identification supplied)

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr
First Name(s):			Middle Name:	
Surname:			DOB:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified	
Onshore Address:				
Suburb:		State		Postcode:
Overseas Address:				
Suburb:		State		Postcode:
City:		Country		
Email:			Contact No:	
Emergency contact name:			Emergency Contact No:	
Overseas Contact Number:				

RESIDENCY OR VISA DETAILS

Do you hold a current Australian Visa:	<input type="checkbox"/> Yes, Specify:	<input type="checkbox"/> No
If no, what type of visa will you be applying for:		
Where will you lodge this visa	<input type="checkbox"/> In Australia	<input type="checkbox"/> Outside Australia
Have you ever had an Australian visa refused or cancelled:	<input type="checkbox"/> Yes, Visa Type:	<input type="checkbox"/> No
If yes, please provide the reason and include a copy of the decision Record Letter:		

INDIVIDUAL NEEDS

Do you require assistance with Reading, Writing or Math?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you consider yourself to have a disability, impairment or a long-term health condition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please indicate the areas of disability, impairment or long-term health conditions:

<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Condition

Other:

Do you require any special learning support:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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ENGLISH LANGUAGE PROFICIENCY

Do you speak a language OTHER THAN English at home:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, which language do you usually speak?

Proficiency in English:	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Very Well
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Have you undertaken an English Language Proficiency Test in last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please tick the relevant Proficiency Test you have undertaken and write score:

<input type="checkbox"/> IELTS (Academic): minimum overall band of _____ list of individual band score			
Listening:	Reading:	Writing:	Speaking:
<input type="checkbox"/> Pearson Test of English (Academic): minimum score _____ list of individual band score			
Listening:	Reading:	Writing:	Speaking:
<input type="checkbox"/> Cambridge English Advanced (CAE) score of: _____			
<input type="checkbox"/> Certificate in Advanced English (CAE) of _____ or equivalent _____			
<input type="checkbox"/> Occupational English Test (OET) score of PASS: _____			
<input type="checkbox"/> TOEFL Paper Based (PB) score of: _____			
<input type="checkbox"/> TOEFL Internet Based (IBT) score of: _____			

I will sit an English language proficiency test in the future

<input type="checkbox"/> IELTS (Academic)	<input type="checkbox"/> Pearson Test of English (Academic)	<input type="checkbox"/> Cambridge English Advanced (CAE)
<input type="checkbox"/> Occupational English Test (OET)	<input type="checkbox"/> TOEFL Paper Based (PB)	<input type="checkbox"/> TOEFL Internet Based (IBT)

Date to sit exam: ____/____/____

EDUCATION

Highest completed school level:	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent
	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended

Year completed school:	
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Are you currently enrolled in any studies:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please specify:	
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Have you every successfully completed any following qualifications in Australia?
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Type	Name of Qualification	Type	Name of Qualification
<input type="checkbox"/> Certificate I		<input type="checkbox"/> Diploma	
<input type="checkbox"/> Certificate II		<input type="checkbox"/> Adv Diploma	
<input type="checkbox"/> Certificate III		<input type="checkbox"/> Bachelor's degree	
<input type="checkbox"/> Certificate IV		<input type="checkbox"/> Overseas qualification	
Recent Qualification Name:			
Qualification Start date:		Completion date:	
Institute Name and Address:			
<p>Note: We require certified copies of your academic qualifications attached to this application. If your qualifications are in a language other than English, you are to supply certified translated copies. All Documents will be verified by Pinnacle Institute for accuracy and authenticity.</p>			
Current Education Provider			
Are you transferring within the first 6 months of your principal course?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, an original copy of a letter of release is required from your provider.			
Are you submitting a letter of release from your current education provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
STUDY REASONS			
which BEST describes your main reason for undertaking this course? (Tick ONE box only.)			
<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get a better job or a promotion	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> Other reasons
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To get skills for community/voluntary work	
How did you hear about the College:			
<input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Search Engine	<input type="checkbox"/> Print ad
<input type="checkbox"/> Employer		<input type="checkbox"/> Forum	<input type="checkbox"/> Other:
Would you like Pinnacle Institute to contact you to further discuss your enrolment?			
<input type="checkbox"/> Yes, via phone		<input type="checkbox"/> Yes, via email	<input type="checkbox"/> No

CULTURAL BACKGROUND

Do you identify as:

Aboriginal
 Torres Strait Islander (TSI)
 Both Aboriginal and TSI
 Neither

Country of birth:

City of birth:

Overseas Student Health Cover (OSHC)

Under the Australian Government Department of Home Affairs' student visa conditions, you must maintain an adequate OSHC for the duration of your studies in Australia. As this course is a secondary offering, please supply your OSHC details below:

Name of OSHC provider: _____

OSHC membership number: _____ OSHC Expiry Date: ___/___/_____

UNIQUE STUDENT IDENTIFIER (USI)

USI Number:

From 1 January 2015, Pinnacle Institute is prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVET. If you do not have a USI, please visit www.usi.gov.au and create your USI.

STUDENT DECLARATION AND CONSENT

I _____ declare that the information I have provided on this form is complete and accurate. I understand that my enrolment is subject to my compliance with all Pinnacle Institute policies and procedures, which I have read and understood. I have read and understood information related to Pinnacle Institute courses, fees, location, policies and procedures and other relevant information available in the Student Handbook available from the Pinnacle Institute website. I will pay all the applicable fees as they become due and accept that non-payment of fees may result in a cancellation of my enrolment and trigger a debt-recovery process through a third party. I agree that I will be liable for any costs associated with debt-recovery and any associated legal costs if I fail to pay my Pinnacle Institute fees as they become due. I understand that information collected on this form may be used by Pinnacle Institute in accordance with the Pinnacle Institute Privacy Policy. I agree to abide by the policies, rules and regulations of Pinnacle Institute as relevant to my enrolment as a student of Pinnacle Institute.

I authorise for my agent to act on my behalf with all correspondence from Pinnacle Institute

Yes No

Student Name:		Date:	
Student Signature:			

INSTRUCTIONS

Step 1: Complete the enrolment details on Pages 1 to 5

Step 2: Attach the following documents:

- Certified copy of passport title page, or original sighted by Pinnacle Institute
- Copy of Visa Grant Notification Letter
- Copy of your last completed academic qualification from your home country and/or Australia, if relevant
- Evidence of English proficiency
 - IELTS 5.5 or equivalent English proficiency; Copy of any international English test results (e.g. IELTS / TOEFL / PTE); OR
 - proof that the student has successfully completed an English Language course with an Australian educational institution exiting at an Upper Intermediate level; OR
 - statement from educational institution or similar evidence that confirms that English was the language of instruction, if at least five years' studies completed in Australia, UK, USA, Canada, New Zealand, South Africa or Republic of Ireland; OR
 - confirmation that the student has successfully completed in Australia in the English language either the Senior Secondary Certificate of Education or studies at the Certificate IV or higher level, in the two years before applying to Pinnacle Institute; OR
 - Cambridge C1 Advanced test results (Scale Score Level B2)
- Pre-Course Questionnaire (if applicable)
- Primary Confirmation of Enrolment (if applicable)
- Timetable for Primary Course of Study (if applicable)

Pinnacle Institute

6/34 Old Cleveland Rd, Stones Corner QLD 4120

RTO- 41329 | ABN- 42 607 056 959 | CRICOS- 03942G | Email: admin@pin.edu.au | www.pinnacleinstitute.edu.au

- Evidence of Course Progression (if applicable)
- Statutory declaration – Confirming you will progress in your primary course of study (if applicable)

Step 3: Submit your enrolment form, with the above documents to Pinnacle Institute:

- in person at our office
- by email to: admin@pin.edu.au
- by mail to: PO BOX 3365, Sunnybank South Qld 4109

Step 4: If your application is successful, you will receive a Letter of Offer detailing payment requirements. You must sign the Letter of Offer and return to us with proof of payment and Overseas Students Health cover evidence (if not arranged by Pinnacle Institute), within **2 weeks of the date of the Letter of Offer.**

Step 5: After we receive your payment and signed Letter of Offer, we will issue an electronic 'Confirmation of Enrolment' (eCOE). If other conditions have been noted on your letter of offer, you will be required to meet the conditions before an eCOE can be issued.

Step 6: You will receive a Welcome Email outlining the details of your Orientation.

We look forward to welcoming you at Orientation.