



TRINITY COLLEGE

Trinity College Gawler Inc.

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www.trinity.sa.edu.au

ABN: 15 742 803 718

CRICOS Provider #: Trinity College Senior: Yr 11-12 02709B

Trinity College North: Yr 8-10 00374C

Application for Admission

Full Fee Paying Overseas Students - Visa subclass 500

Student Details

| | | |
|------------------|---------------------------|-----------------------|
| Given names | English or preferred name | |
| Family name | Gender | |
| Home address | | |
| Date of birth | Age | Denomination/Religion |
| Country of birth | Language spoken at home | |
| Mobile phone | Email | |

Contact Details

Father or Guardian

| | | |
|-----------------|--|---------|
| Title | Given name | Surname |
| Postal address | | |
| Home phone | Email | |
| Occupation | Employer | |
| Mobile phone | Fax | |
| Native language | English speaker Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Mother or Guardian

| | | |
|-----------------|--|---------|
| Title | Given name | Surname |
| Postal address | | |
| Home phone | Email | |
| Occupation | Employer | |
| Mobile phone | Fax | |
| Native language | English speaker Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Education Record

| | |
|-------------------------|--------------------|
| Name of current school | Current year level |
| Language of instruction | |

English Proficiency

Refer to the International Student Enrolment Handbook for the minimum English language entrance requirements.

| | |
|--|--|
| Have you studied English before? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, where did you study? | How long have you studied? |
| Have you completed an English competency test? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| IELTS (Score) | TOEFL (Score) |
| ELICOS (Score) | AEAS(score) |

Entry to Trinity College

| | |
|--|----------------|
| Proposed date of entry to Australia for ELICOS: | ____/____/____ |
| Proposed date of entry to Trinity: College: | _____ |
| Proposed year level of entry to Trinity College: | _____ |

Passport, Visa, Health Cover

Passport number

Passport expiry date

Please nominate the Australian Embassy or High Commission at which your visa application will be processed:

If you are currently studying in Australia, please complete the following:

Health cover fund:

Membership number:

Expiry date:

Homestay Accommodation

Trinity College will arrange ALL homestay accommodation unless you nominate a family friend (caregiver) or blood relative to live with. The Department of Immigration and Citizenship (DIAC) defines 'blood relative' as a parent, sibling, step-sibling, grandparent, aunt, uncle, step-grandparent, step-aunt or step-uncle.

If you nominate a non-blood relative or friend to live with, whilst studying at Trinity College, the College must approve all accommodation. Please note: all caregivers MUST be over 25 years of age.

Do you require Trinity College to arrange accommodation for you? Yes No

If Yes, please complete the Homestay Accommodation Information section below.

If no, who will you stay with? Name

Age

Relationship

Telephone

Address

Homestay Accommodation Information

This information will be used to match your needs with the most appropriate host family. Every effort is made to consider your preferences, however an exact match may not be possible.

What kind of room would you prefer? single room shared room

Do you prefer older children younger children children your own age no children?

Do you wish to live in a Homestay with other international students? yes no either

Do you have any special interests, hobbies or sports you would like your homestay to know about? If yes, please specify:

Do you have any dietary needs (eg vegetarian)? If yes, please specify:

What kind of foods do you particularly like?

What kind of foods do you particularly dislike?

Do you have any food allergies? If yes, please specify:

Do you like pets? Yes No (Many Australian families have pets.)

If no, please give reasons:

Airport Reception

Do you require airport reception? Yes No

Anticipated date of arrival: _____

How did you hear about Trinity College?

Education Agent

Name of Agent:

Education Exhibition

Friend/Relative

Website

Other, please specify:

Declaration and Agreement

If your answer is yes to any of the following, please provide detailed information, attaching assessment/medical reports and additional pages if necessary.

Does the student have any known allergies or medical conditions? Yes No

Does the student take regular medication? Yes No

Does the student have any allergies? Yes No

Does the student have an intellectual or physical disability? Yes No

Does the student require educational support? Yes No

Has the student had any operations or been hospitalised in the last 12 months? Yes No

Does the student suffer from anxiety, depression, eating disorder? Yes No

Does the student require ongoing counselling, psychiatric or psychological support? Yes No

I accept that emergency treatment may be given without this knowledge and I accept responsibility for providing this information to medical practitioners who treat the student. I acknowledge and agree that I am responsible for costs incurred in providing medical treatment and associated services for the student. (Failure to declare a medical condition may result in cancellation of the student's enrolment.)

I,

(parent's/guardian's full name) am the parent/guardian

of

(student's full name) and declare that all the information provided in connection with this application form is correct and that I have read and understand the Terms and Conditions of Enrolment including the:

- Accommodation and Welfare Policy
- Behaviour Policy/Code of Conduct
- Complaints and Appeals Policy
- Course Progress and Attendance Policy
- Deferment, Suspension and Cancellation Policy
- Fee Schedule and Policy
- Privacy Notice
- Refund Policy
- Student Transfer Request Assessment Policy

I acknowledge that the Terms and Conditions of Enrolment, including fees may be subject to variation without further notice as a consequence of change to the law or policy of Trinity College. I acknowledge that I will comply with and will ensure that the student complies with the Terms and Conditions of Enrolment found in the International Student Enrolment Handbook and any subsequent variations:

Student's signature

Parent / guardian's signature

Date

Please return the completed form together with:

- \$100 non-refundable application fee.
- Photocopy of student's birth certificate.
- Photocopy of student's passport or if not available, a recent colour passport photograph.
- Results of a recent English language proficiency test (AEAS, IELTS and TOEFL are accepted.)
- Certified English translation of school reports for the last two years.
- Letter from current school Principal commenting on the student's behaviour and commitment towards studies (provided in English or a certified English translation.)

Return to:

Mrs Ros Pearson
Senior Enrolment Officer
Trinity College Gawler Inc.
PO Box 131, Gawler South Australia 5118
Tel: +61 8 8523 8114
Fax: +61 8 8522 0631
Email: enquiry@trinity.sa.edu.au

Payment – to pay the application fee by credit card please complete the following:

Please charge my: Mastercard Visa for the amount of \$100.

Card Number:

Expiry Date: **CCV:**

Cardholder's signature: _____ Date: _____