

Trinity College Gawler Inc.

Head: Mr Nick Hately B.Ed., MLM.Ed., MBA, MACE, MACEL, FGLF

PO Box 131, Gawler, South Australia 5118

Telephone: +61 8 8522 0666 Facsimile: +61 8 8522 0631 Email: enquiry@trinity.sa.edu.au

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 AdmissionFull Fee Paying Overseas Students - Visa subclass 500

Student Details				
Given names		English or preferred name		
Family name		Male / Female		
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 🔲 No 🔲?		
Mother or Guardian Title Given name Postal address		Surname		
1 Ostal address				
Home phone		Email		
Occupation		Employer		
Mobile phone		Fax		
Native language		English speaker Yes \(\square\) No \(\square\)?		
Education Record				
Name of current school		Current year level		
Language of instruction		Current year level		
Zanguage of monucion				
English Proficiency				
3	nent Handbook fo	or the minimum English language entrance requirements.		
Have you studied English before?		Yes No		
If yes, where did you study?		How long have you studied?		
Have you completed an English compe	etency test?	Yes No		
IELTS (Score)		TOEFL (Score)		
TH LOOK (G	A E A C (
ELICOS (Score)	AEAS(score)			
Entry to Trinity College				
Proposed date of entry to Australia for	/			
Proposed date of entry to Trinity: College:				
Proposed year level of entry to Trinity College:				

Passport, Visa, Health Cove	er			
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 A Health cover fund:	ustralia, please complete the following:			
Membership number:	Expiry date:			
Wembership number.	Expriy date.			
Homestay Accommodation				
3	homestay accommodation unless you nominate a family friend (caregiver)			
	e Department of Immigration and Citizenship (DIAC) defines 'blood			
relative' as a parent, sibling, step-s	sibling, grandparent, aunt, uncle, step-grandparent, step-aunt or step-			
uncle.				
	tive 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 \[\]			
	stay Accommodation Information section below.			
1				
If no, who will you stay with? Na				
Relationship	Telephone			
Address				
	Information natch your needs with the most appropriate host family. Every effort is s, however an exact match may not be possible.			
What kind of room would you pre	efer? 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	y with other international students? ☐ yes ☐ no ☐ either			
Do you have any special interests, please specify:	, hobbies or sports you would like your homestay to know about? If yes,			
Do you have any dietary needs (e	g vegetarian)? If yes, please specify:			
What kind of foods do you particu				
What kind of foods do you particu	ularly dielika?			
Do you have any food allergies? I	If was please specify:			
	(Many Australian families have pets.)			
	ivially 1 tustialian 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 Tr	inity College?			
☐ Education Agent	Name of Agent:			
☐ Education Exhibition	Friend/Relative			
☐ Website	Other, please specify:			
☐ MEDSITE	☐ Onici, piease 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?				
Does the student take regular medication?				
Does the student have any allergies?				
Does the student have an intellectual or physical disability?				
Does the student require educational support?				
Has the student had any operations or been hospitalised in the last 12 months?				
Does the student suffer from anxiety, depression, eating disorder?				
Does the student require ongoing counselling, psychiatric or psychological support?				
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 Fee Schedule and Policy 				
 Behaviour Policy/Code of Conduct Privacy Notice 				
 Complaints and Appeals Policy Refund Policy 				
 Course Progress and Attendance Policy Student Transfer Request Assessment Policy 				
Deferment, Suspension and Cancellation 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:				
\square \$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:

The Enrolment Officer, Trinity College Gawler Inc. PO Box 131, Gawler South Australia 5118

Tel: +61 8 8523 8114 Fax: +61 8 8522 0631

Email: ros.pearson@trinity.sa.edu.au

Payment – to pay the application fee by credit card please complete the following:				
Please charge my:	Mastercard Visa	Expiry Date:		
CCV:				
Amount: \$100				
Card Number:				
Cardholder's signature	;	Date:		