

Read this application carefully, complete all sections and ensure that supporting documents are attached. Please write in **BLOCK LETTERS** using a blue or black pen. Must use Legal Name only – (Please do not use Abbreviated or Alternative given Name)

1. Domestic Student – Fee Source ✕			
Fee for service – domestic full fee paying student	<input type="checkbox"/>	Meets VTG eligibility criteria	<input type="checkbox"/>

2. Personal Details ✕																													
Title:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth :	dd / mm / yyyy																								
Given name:		Other / Middle name:																											
Family name:																													
Residential address and contact information:			Preferred Contact Method:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Address:</td> <td colspan="5"></td> </tr> <tr> <td>Suburb/ town:</td> <td style="width:15%;">State:</td> <td style="width:15%;">Post code:</td> <td colspan="3"></td> </tr> <tr> <td>Mobile number:</td> <td>Home No:</td> <td>Work No:</td> <td colspan="3"></td> </tr> <tr> <td>Email:</td> <td colspan="5"></td> </tr> </table>						Address:						Suburb/ town:	State:	Post code:				Mobile number:	Home No:	Work No:				Email:					
Address:																													
Suburb/ town:	State:	Post code:																											
Mobile number:	Home No:	Work No:																											
Email:																													
If your postal address is different from the residential address provided, please state it below:																													
ADDRESS / P.O. BOX:																													
SUBURB/ TOWN:		STATE:	POST CODE:																										
Country of Birth	<input type="checkbox"/> Australia	<input type="checkbox"/> Other - Specify	Town/City of Birth:																										
Emergency Contact Details																													
Contact Name:			Relationship to you:																										
Daytime Phone:			Mobile:																										

3. Nationality- related information ✕			
Are you a citizen of Australia or Permanent resident? <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> No			
Are you a Citizen of New Zealand? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you of Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No or		Are you of Torres Strait Island origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the main language you speak at home English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If English is not the language you speak most often, please specify your main language:			
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all			

4. Select the Course for which you are filling the application ✕		
COURSE CODE AND COURSE NAME		
✕	Course code / course name - If not sure ask our team member	
✕		
✕		
Preferred Start Date:		
Are you enrolling as a trainee/apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you applying for Recognition of Prior Learning (RPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you applying for any Credit Transfers from previous studies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CANDIDATE REFERRAL		
Of the following categories, which best describes your main reason for undertaking this course/trainee/apprenticeship? (Tick one box only)		
✕	To get a job	✕ It was a requirement of my job
✕	To start my own business	✕ I wanted extra skills for my job
✕	To try for a different career	✕ For personal interest or self-development
✕	To get a better job or promotion	✕ To develop my existing business
✕	To get into another course of study	✕ Other reasons
How did you hear about this course and Gen Institute Education?		
✕	Employer/Colleague	✕ Expo
✕	Brochure/Flyer	✕ Gen Institute Website
✕	Newspaper Ad	✕ Training Directory/Guide
✕	Advertisement	✕ Website other than Gen Institute Education
		✕ Internet
		✕ Word of Mouth
		✕ Job Network
		✕ Other

5. Educational Details

A certified copy of original transcripts of all official results must accompany this application. Please include grading system to enable interpretation of academic results. List any studies you have attempted, whether complete or incomplete. If you would like Gen Institute to consider your employment history in support of your application, please attach your curriculum vitae (résumé). Include English translations if transcript/s is not in English.

What is your highest completed school level?

<input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Year 9 Or Equivalent
<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12

In which year did you complete that school level:

Are you currently attending secondary school? Yes No

Since leaving school, have you **successfully** completed any of the below qualification/s? Yes No

If you ticked "Yes", please indicate the level of the qualification/s you have completed below and whether your qualification is: **A** - Australian, **E** - Australian Equivalent or **I** - International.

<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate I	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate II
<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate III or Trade Certificate	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate IV or Advanced Certificate/Technician
<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Diploma or Associate Diploma	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Advanced Diploma of Associate Degree Level
<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Bachelor Degree or Higher Degree Level	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificates other than the above

Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use. 1. **A** - Australian, 2. **E** - Australian Equivalent 3. **I** - International

Are you applying for Credit Transfer or Recognition of Prior Learning (RPL)? Yes No If yes, you must attach a detailed Course or Unit (Subject) syllabus. Or an Statement of Attainment from other RTO

Have you previously been excluded or suspended from Gen Institute or any other educational institution for academic or non-academic reasons? Yes No

6. VICTORIAN STUDENT NUMBER

To be completed by all students up to 24 years old. If over 24, please go to USI Section

Do you have or have you ever been issued a **Victorian Student Number (VSN)**?

Yes, Please specify: Yes, but I don't know it No

If you have and have provided your VSN, you do not need to complete Section 6.1 below.

6.1 Have you attended any Victorian school since 2009 or done any training with a vocational education and Training (VET) registered training Organisation or an Adult and Community Education provider in Victoria since 2011?

No- I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

Yes - I have attended a Victorian School since 2009. Most recent school attended:

Yes - I have participated in training at a TAFE or other Training Organisation since the beginning of 2011. List the most recent training organisations with which you have participated in training in Victorian since 2011. (List up to 3 training organisations).

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
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If yes, institution:

7. UNIQUE STUDENT IDENTIFIER (USI)

As of January 1st 2015, all candidates undertaking VET training in Australia must have a **Unique Student Identifier (USI)**. Do you have or have you ever been issued a USI?

Yes, Please specify: Yes, but I don't know it No

If you answered "**No/Not sure**" above, you must complete the details of **ONE** of the below listed forms of identification in order for Gen Institute to apply for a USI on your behalf. If this section does not apply to you and you already have an USI, please leave it blank.

Driver's License:	State:	License No.:	
Medicare Card:	Colour: <input type="checkbox"/> Green <input type="checkbox"/> Blue	Card No.:	Expiry date: <input type="text"/> Reference No.: <input type="text"/>
Passport (Aus):	Document No.		
Birth Certificate (AU):	Registration State:	*Note: A copy of the birth cert must be provided. Extracts are insufficient	
Certificate of Registration by Decent:	Acquisition date:		
Citizenship Certificate:	Stock No:	Acquisition Date:	
ImmiCard:	Card No:		

8. Employment Details				✕
Which of the following best describes your current employment status? <i>(Tick one box only)</i>				
<input checked="" type="checkbox"/> Full-time	<input checked="" type="checkbox"/> Part-time	<input checked="" type="checkbox"/> Self-Employment- Not employing others	<input checked="" type="checkbox"/> Employer	
<input checked="" type="checkbox"/> Employed - Unpaid worker	<input checked="" type="checkbox"/> Unemployed- Seeking full-time employment	<input checked="" type="checkbox"/> Unemployed- Seeking part-time employment	<input checked="" type="checkbox"/> Not Employed- not seeking employment	
Which of the following classifications best describes your current or most recent occupation? <i>(Tick one box only)</i> Note: <i>If never employed leave blank.</i>				
<input checked="" type="checkbox"/> Managers	<input checked="" type="checkbox"/> Professionals	<input checked="" type="checkbox"/> Technicians & Trade Workers	<input checked="" type="checkbox"/> Community & Personal Service Workers	<input checked="" type="checkbox"/> Clerical & Administrative Workers
<input checked="" type="checkbox"/> Sales Workers	<input checked="" type="checkbox"/> Machinery Operators & Drivers	<input checked="" type="checkbox"/> Labourers	<input checked="" type="checkbox"/> Other	
Complete 8.1 or 8.2- whichever is applicable to you.				
8.1	If unemployed, are you registered with a Job Services Australia provider (JSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you ticked "Yes" above, please complete the following details:				
Provider Name:		Provider Location:		
Agent's Name:		Agents Phone No:		
Agent's Email:				
8.2	If employed, please complete the details of your employment below:			
Job Title:		Supervisor/Manager Name:		
Company Name:		Company ABN:		
Company Address:			Postcode:	
Company Phone No.:		Company Email:		
How long have you worked with your current employer?	Years:		Months:	
Which of the following categories best describes the industry that you work in? <i>(Tick one box only)</i>				
<input type="checkbox"/> Agriculture , Forestry & fishing	<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Electricity, Gas, Water & Waste Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Transport, Postal & Warehousing	<input type="checkbox"/> Information, Media & Telecommunication
<input type="checkbox"/> Rental, Hiring & Real Estate	<input type="checkbox"/> Professional, Scientific & Technical	<input type="checkbox"/> Administrative & Support Services	<input type="checkbox"/> Public Administration & Safety	<input type="checkbox"/> Education & Training
<input type="checkbox"/> Arts & Recreation	<input type="checkbox"/> Other Services			

9. Training And Learning Support				✕
Are you of aboriginal/Torres Strait Island decent and require specific training and learning support? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you consider yourself to have a permanent or significant disability and or learning difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you ticked "Yes" above, please indicate which disability/ies apply to you:				
<input type="checkbox"/> Hearing/ Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectuals	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Vision	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Other – Specify:	
TRAINING AND LEARNING SUPPORT				
If you feel you have any training or learning needs that require additional support, please write a brief explanation below. You will be contacted by an Gen Institute staff member to discuss this need in further detail.				

10. Concession				✕
Do you have a Valid - current card? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you ticked "Yes" Please indicate below:</i>				
<input type="checkbox"/> Healthcare card	<input type="checkbox"/> Pensioner Concession card	<input type="checkbox"/> Job Seekers Concession Card	<input type="checkbox"/> Veteran's Gold Card	
<i>*Note: Holders of current concession cards as listed may be eligible for enrolment fee exemptions.</i>				

11. Applicant's declaration

Applicant's declaration

- 1) I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.
- 2) I acknowledge that failure to disclose my academic record may result in Gen Institute revoking an offer or terminating my studies at any stage.
- 3) I authorise Gen Institute to seek verification of my academic and professional qualifications, and work experience. I understand that Gen Institute reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
- 4) I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
- 5) I acknowledge that Gen Institute reserves the right to alter any course, subject, admission requirement or fee without prior notice.
- 6) I understand that the personal information I have provided may be released to government agencies as required by law. I further understand that it may be disclosed to third parties for the purpose of this application.
- 7) I acknowledge that I have read and understand the description of the courses/s that I am applying for
- 8) I declare that the information provided in this application and the documentation supporting it is true and complete
- 9) I declare that my signature is true and correct and matches the signature in my passport.
- 10) I authorise Gen Institute to apply for my "Unique Student Identifier" Number on my behalf. I hereby declare that the information provided above is true and correct to the best of my knowledge.

Declaration by applicant:

I (insert full name) _____ understand all of the requirements for the course and visa application and confirm that all of the information provided is true.

Signature of applicant: (as in passport signature page): _____

Date: dd/mm/yyyy

Candidate Print Name:

Candidate Signature:

Date:

Office Use only

To be completed by a representative of GEN Institute.

Team Member: _____

I confirm that the applicant has been informed of eligibility requirements for government subsidised and training under Victorian Training Guarantee, and that the applicant is aware of the consequences arising from a false, misleading or an incomplete declaration.

Gen Institute Representative: _____

Gen Institute Representative Signature: _____

Date: _____

Referral Eligibility

Is the candidate eligible for VTG funding? Yes No

Proof of eligibility provided: Yes No

Proof of concession eligibility provider: Yes No Not Applicable

Does the candidate need to be issued a USI? Yes No

Enrolment Fee: _____

Paid Date: _____

Invoice No.: _____

Is payment plan done for candidate if not eligible for VTG funding? Yes No Not Applicable

Staff Signature: _____

Date: _____

Funding source

Meets VTG eligibility criteria

P

Fee for service – domestic full fee paying students

FF

12. Sending your Application

Please send your application to:

Gen Institute Pty Ltd.,
Address: 416-420(Basement) Collins st, Melbourne, VIC 3000. AUSTRALIA
email: admissions@gen.edu.au
website: www.gen.edu.au