

Application Form Please print in BLOCK LETTERS

Privacy Declaration

Hawthorn-Melbourne and its parent company Navitas Pty Limited manages the security of your privacy. As outlined in our **Privacy Policy**, the information you provide us will allow us to assess your application and provide you with an outcome. We will also be able to provide you with the information about the course you have applied for; Hawthorn-Melbourne; your further studies provider and our local community. It is really important that you read and understand the Privacy Policy. If you have questions about the Privacy Policy please email: **privacy@navitas.com** and ask your question.

If you agree with how we intend to manage your personal information, by ticking the boxes below, we may contact you to provide you with relevant information on other courses that we offer, as well as other services offered by Hawthorn-Melbourne or the Navitas Group.

It is IMPORTANT to know and understand that if you choose NOT TO CONSENT to this contact, that we will be unable to provide you with information about some of our services such as accommodation or airport transfer services. No I have read and understood the **Privacy Policy**. Yes \square No \square I understand that Hawthorn-Melbourne will be collecting, processing and storing my personal information as part of this application process. No If applicable, I authorise Hawthorn-Melbourne to communicate any information in respect of my application and Yes subsequent enrolment, including results and attendance, to my education agent. I understand I have the right to request Hawthorn-Melbourne to cease supplying any information about me to this agent at any time. Yes No If applicable, I agree for Hawthorn-Melbourne to release attendance and academic information to my sponsor as per any scholarship terms and conditions. Yes No If applicable, I agree for Hawthorn-Melbourne to release attendance and academic information to my further studies provider. Yes No I understand that Hawthorn-Melbourne may need to share my personal information with a third party (Sharing Personal Information) including but not limited to: • the Australian government (for example to Australian immigration and education authorities) in connection with Your visa, as required by the National Code or the ESOS Act • to the Tuition Protection Service, if required Your Overseas Student Health Cover provider, if required • in the case of students who have sponsors, to Your sponsors • in the case of students who have booked airport transfer and/or Homestay, to the transfer company and Your Homestay provider • in the case of students who have used an agent to act on their behalf in submitting the application, to Your appointed agent • in the case of students who have nominated to study further in Australia, to Your further studies provider. No I consent to Hawthorn-Melbourne sending me marketing information by e-mail. No I consent to Hawthorn-Melbourne contacting me by telephone for marketing purposes. We may disclose your personal information to Australian Government agencies, including Services Australia, where this is required or authorised by Australian law.

• Information about your enrolment with us may be disclosed if you are claiming or receiving a payment from Services Australia.

- You are still required to notify Services Australia of any change in circumstances that may affect your payment.
- Personal information disclosed to Services Australia is protected by law, including the Privacy Act 1988.
 More information about the way Services Australia handles personal information can be found on their privacy webpage.

For more information about how the Department of Education, Skills and Employment (DESE) will handle your personal information, please refer to the department's Privacy Policy at www.dese.gov.au/privacy or by requesting a copy from the department at privacy@dese.gov.au

Personal details (same as your passport)

Nationality:

Language spoken:

Country of birth:	
Nationality/Citizenship	
Gender: Male Female	
Date of birth: DAY / MONTH / YEAR	
Family name:	
Given names:	
Student number (re-enrolling students only):	

Contact details (MUST be applicant details, not agent)

Email address:		
Address in Australia (if known):		
Tel (AUS):	Mobile (AUS):	
Address overseas: (must be applicant's address — not agent's address)		
City + Province:		
Country:		
Tel (home country): COUNTRY CODE / CITY CODE / NUMBER		

English course requested

Students may be required to take the official placement test for their initial class placement.

Start date: DAY / MONTH / YEAR	
Total study weeks: weeks	
Please indicate which course(s) you wish to apply for.	
General English - Day classes	
General English - Evening classes	
☐ IELTS Preparation - Day classes	
☐ IELTS Preparation - Evening classes	
☐ English for Business	
☐ English for Academic Purposes	
☐ Intensive Academic Preparation (IAP) Program	
☐ English for High School 1 (Pre-Intermediate - Intermediate)	
☐ English for High School 2 (Upper Intermediate – Advanced)	
University of Melbourne English Language Bridging Program Preparation (UMELBP Prep)	٦
University of Melbourne English Language Bridging Program (UMELBP)	1

Holiday Breaks

If you require a holiday break while studying, please complete the table below. Holidays breaks are not an option for some courses. For further details refer to hawthornenglish.edu.au/course-calendar.

	Holiday break start date (Monday only)	Holiday break end date (Friday only)	Weeks
1			
2			
3			

	Visa information
	What type of visa will you apply for to study at Hawthorn–Melbourne? Student Visa
	Student Dependant Visa
	☐ Visitor Visa
	Other (please specify):
	Do you plan to travel with a family member? Yes No If "yes", who will travel with you?
	Are you currently studying in Australia? Yes No If "yes", when is your course completion date? DAY / MONTH / YEAR
	Have you previously studied in Australia? Yes No If "yes", please provide: Education provider name: Course completion date: DAY / MONTH / YEAR
	If you hold a current visa for Australia, what type of visa is it? Student Visa Visitor Visa Other (please specify): (include a copy of your passport and current visa with your application)
	Have you ever been refused, or had a visa cancelled? Yes No

Fnalish language level

☐ Beginner (contact us for stud	
	y advice before applying)
☐ Elementary	☐ Upper-Intermediate
Pre-Intermediate	☐ Pre-Advanced
Intermediate	Advanced
My English test result is:	
IELTS Score:	PTE-Academic Score:
TOEFL Score:	Cambridge Test Score:
Please attach a copy of your reapplication form.	esults when submitting your
Further studies in Austro	ılia
Are you planning further acade have finished your English courself "yes", at which education provides	
Education provider name:	
Course:	
Planned start date: DAY / MON	NTH / VEAD
If you have already received a your application.	n offer, please attach a copy to
Provider:	
□Allianz □NIB	ПАНМ
□ Allianz □ NIB □ Medibank □ Bupa	□AHM □CBHS
☐ Medibank ☐ Bupa	
☐ Medibank ☐ Bupa ☐ Other (please specify):	□свнѕ
☐ Medibank ☐ Bupa ☐ Other (please specify): Membership number: Expiry date: ☐ DAY / MONTH / f you require Overseas Student	□свнѕ
☐ Medibank ☐ Bupa ☐ Other (please specify): Membership number: Expiry date: ☐ DAY / MONTH / f you require Overseas Student	□ CBHS YEAR
☐ Medibank ☐ Bupa ☐ Other (please specify): Membership number: Expiry date: ☐ DAY / MONTH / f you require Overseas Student preference: ☐ Single ☐ Dual family ☐ Multi family	YEAR Health Cover, please indicate your
☐ Medibank ☐ Bupa ☐ Other (please specify): Membership number: Expiry date: ☐ DAY / MONTH / f you require Overseas Student preference: ☐ Single ☐ Dual family	YEAR Health Cover, please indicate your
Medibank	YEAR Health Cover, please indicate your eas Student Health Cover
Medibank Bupa Other (please specify): Membership number: Expiry date: DAY / MONTH / f you require Overseas Student preference: Single Dual family Multi family I will arrange my own Overse Single - covering only the overse pouse or recognised de facto p	YEAR Health Cover, please indicate your eas Student Health Cover eas students, and either one adult eartner, or one or more children or
Medibank Bupa Other (please specify): Membership number: Expiry date: DAY / MONTH / If you require Overseas Student preference: Single Dual family Multi family I will arrange my own Overse Single - covering only the overse Spouse or recognised de facto postep-children under the age of 16 Multi family - covering the overse Multi family - covering the overse	Eas Student Health Cover eas student. eas students, and either one adult artner, or one or more children or 8 years who are not married. seas student and more than one ide one adult spouse or recognised
Medibank Bupa Other (please specify): Membership number: Expiry date: DAY / MONTH / If you require Overseas Student preference: Single Dual family Multi family I will arrange my own Overse Single - covering only the overse Spouse or recognised de facto postep-children under the age of 16 Multi family - covering the overse dependant, which can only include	PEAR Health Cover, please indicate your eas Student Health Cover eas student. seas students, and either one adult fartner, or one or more children or 8 years who are not married. seas student and more than one ide one adult spouse or recognised one dependant children.
Medibank Bupa Other (please specify): Membership number: Expiry date: DAY / MONTH / If you require Overseas Student preference: Single Dual family Multi family I will arrange my own Overse Single - covering only the overse Dual family - covering the overse spouse or recognised de facto p step-children under the age of 1- Multi family - covering the overse dependant, which can only included facto partner, and one or model	eas Student Health Cover eas student. seas students, and either one adult artner, or one or more children or 8 years who are not married. seas student and more than one ide one adult spouse or recognised one dependant children.
Medibank Bupa Other (please specify): Membership number: Expiry date: DAY / MONTH / f you require Overseas Student preference: Single Dual family Multi family I will arrange my own Overse Single - covering only the overse Dual family - covering the overse spouse or recognised de facto postep-children under the age of 18 Multi family - covering the overse dependant, which can only include facto partner, and one or mo	PEAR Health Cover, please indicate your eas Student Health Cover eas students, and either one adult eartner, or one or more children or 8 years who are not married. seas student and more than one ide one adult spouse or recognised ore dependant children. port transfer

Our accommodation office will contact you for more information

once your enrolment is confirmed.

Special Needs

Do you have a disability, impairment or long-term medical condition that may affect your ability to study and progress of Yes No	academically?
f "yes" , please provide details:	

This application is not valid unless it is signed and dated by the student and for students under 18 years, signed by Your parent. Agents MUST NOT sign the declaration on behalf of any student.

By signing, You and Your parents (for under 18 students) declare that:

- All the information provided in my application form is true and correct.
- I have accessed information regarding the costs associated with living in Australia for me and any dependants accompanying me, published by the Australian Government at: https://www.studyaustralia.gov.au/english/live/living-costs
- I have accessed information regarding the costs related to studying at Hawthorn-Melbourne at: hawthornenglish.edu.au/fees
- I have sufficient funds to finance my studies including tuition fees, ancillary costs, and living expenses for me and any dependants accompanying me to Australia.
- Student Visa applicants: I am a Genuine Temporary Entrant and a Genuine Student as defined by the Department of Home Affairs at: immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/genuine-temporary-entrant
- YES, I have read and understood the terms of your **Privacy Policy** and I confirm that I have understood the questions in the Privacy Declaration on page 1 and that my answers represent how I want my personal information used.
- YES, I have read and understood the Conditions of Enrolment which can be found at: hawthornenglish.edu.au/policies

For students 18 years and over:

Signature in English:	
Signature in own language:	
Date: DAY/MONTH/YEAR	

For students under 18 years:

Relation to applicant: Father Mother
Parent name:
Signature in English:
Signature in own language:
Date: DAY/MONTH/YEAR

Submit your application

By email admissions@hawthornenglish.vic.edu.au

Or through a Hawthorn-Melbourne representative

Or inrough a nawinorn-Meibourne representative
Agency name:
Agent office code:
Address:
Email address:
Representative's stamp

Application checklist

I have:	
□ com	pleted ALL SECTIONS of the application form
□ com	pleted the Privacy Declaration at the start of this application
☐ signe	ed and dated the application form
Please i	include:
асо	py of your current passport
□ cop	y of your current visa (if you hold one)
'	py of any Further Studies offer to an Australian education vider (University, Foundation Studies, TAFE or High School)
	py of your official English test results IELTS, TOEFL, PTE if available)

The information provided by the student may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code. The provider is required, under S19 of the ESOS Act 2000, to tell the Department of Home Affairs: (i) Certain changes to the student's enrolment; and (ii) Any breach by the student of a student visa condition relating to attendance or satisfactory academic performance. Hawthorn Learning Pty Ltd ABN 50 124 208 171 CRICOS provider code: 02931G. HAW230823-1526 1123