

# APPLICATION FORM



Suite - 908, Level - 9,  
365 Lt Collins Street, Melbourne,  
Victoria 3000, Australia.  
**Phone:** +61 3 9670 1140  
**Fax:** +61 3 9670 1142  
**Email:** iaec@optusnet.com.au

Please complete this form and send to:

## SARINA RUSSO SCHOOLS | AUSTRALIA

Sarina Russo Centre 82 Ann St Brisbane Queensland 4000 Australia

hotline 1300 734 353 phone + 61 7 3221 5100 fax + 61 7 3221 5161

international enquiries admissions@russo.qld.edu.au local enquiries info@russo.qld.edu.au

www.sarinarusso.com.au

CRICOS PROVIDER NUMBER 00607B

I wish to apply for enrolment in the following course(s):

## RUSSO ENGLISH | AUSTRALIA

General English - TELL (Full Time)

No. of Hours:  30  25  20

No of Weeks:  Start \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

General English - TELL (Part Time)

No. of Hours:  15  10  5

No of Weeks:  Start \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

English for Academic Purposes (EAP)1 - Full Time IELTS\*

No of Weeks:  Start \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

English for Academic Purposes (EAP)2 - Full Time IELTS\*

10 Weeks Start \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

Direct Entry English Program (DEEP)1\*

No of Weeks:  Start \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

Direct Entry English Program (DEEP)2\*

10 Weeks Start \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

Major (eg: Business)

Bridging English Entry Program (BEEP) †

10 Weeks  May  Sep  Nov Year:

Cambridge Examination Series

First Certificate in English (FCE)

Jan  Mar  Sep Year:

Certificate of Advanced English (CAE)

Jan  Mar  Sep Year:

Certificate of Proficiency in English (CPE)

Mar  Sep Year:

Work and Study Package

Internship

Farm Stay

## RUSSO COLLEGE | AUSTRALIA

in association with



Diploma of Business

Year:   Feb  Jul  Nov

## RUSSO SCHOOL OF HOTEL AND TOURISM | AUSTRALIA

Advanced Diploma of Hospitality Management  
(Commercial Cookery Stream)

Diploma of Hospitality Management

Certificate IV in Hospitality

Certificate III in Hospitality

Diploma of Tourism

Certificate IV in Tourism

Certificate III in Tourism

Choose one of the following Specialty Areas:

Resort & Spa Management

Sports Events Management

Wine Tourism Management

Other (Please specify)

Year:   Feb  Mar  Jul  Oct

## RUSSO INSTITUTE | AUSTRALIA

Double Diploma (Business Management / Business Admin.)

Diploma of Business Management

Certificate IV in Business Administration

Certificate III in Business

Other (Please specify)

Monthly Starts Available:  Year:

Choose one of the following Specialty Areas:

Marketing

Resort & Spa Management

Human Resources

Sports Events Management

Functions & Events

Wine Tourism Management

## JAMES COOK UNIVERSITY



International Foundation Program

Year:   Mar  Jul  Nov

Bachelor of

Major eg. Marketing

Master of

Campus:  Brisbane  Townsville  Cairns

Year:   Mar  Jul  Nov

\*Students applying for these courses require the indicated equivalent level of English for entry found on Page 13 of the student handbook. † Students applying for this course require IELTS 5.5 or successful completion of DEEP 2.



Please print in BLOCK letters.

**PERSONAL DETAILS**Title:  Mr  Ms  Other

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender:  Male  Female

Are you a citizen or permanent resident of Australia?

 YES  NO (Please provide evidence)

If you currently hold an Australian Visa, please specify:

 Student  Tourist  Other**CONTACT DETAILS**

Address in Australia / Overseas (must not be agent's address)

\_\_\_\_\_  
\_\_\_\_\_

Mobile Number: \_\_\_\_\_

Office Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_

**EDUCATION BACKGROUND**

Highest level of education completed. Attach certified copies of school / college / university certificates.

Name of qualification: \_\_\_\_\_

Institution attended: \_\_\_\_\_

(If you are currently enrolled in another institution please provide a "Letter of Release".)

Name of current Institution: \_\_\_\_\_

**EMPLOYMENT OR RELEVANT WORK EXPERIENCE**

Please specify and attach evidence \_\_\_\_\_

\_\_\_\_\_

**ADVANCED STANDING | RECOGNITION OF PRIOR LEARNING**

Do you wish to apply for advanced standing or RPL?

 YES  NO

(If yes, please attach supporting documents including transcripts of previous study, evidence of work experience etc.)

**ACCOMMODATION**

Complete this section if you want Sarina Russo Schools | Australia to arrange accommodation for you: \_\_\_\_\_

Start Date: \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy) No of Weeks: \_\_\_\_\_

Homestay?  Zone 1-2  Zone 3-4  GuardianRusso Preferred Residence?  SingleHostel?  Single  Twin shareShare?  On arrival onlyDo you smoke?  YES  NOAre you prepared to live with a family that has a pet?  YES  NO

Are you prepared to live with a family that has school aged children?

 YES  NODo you have any ongoing medical conditions?  YES  NO

Do you have any special dietary requirements?

\_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

**AIRPORT RECEPTION**Do you require an airport pick-up?  YES  NO**INTERNATIONAL STUDENTS ONLY****English Level Details**

IELTS/TOEFL Score: \_\_\_\_\_

Date: \_\_\_\_\_

Other: \_\_\_\_\_

 Secondary or tertiary education conducted in English medium

Name: \_\_\_\_\_ Highest Level: \_\_\_\_\_

If you are currently enrolled in an ELICOS school, please specify:

Provider Name: \_\_\_\_\_ Current English Level \_\_\_\_\_

Overseas Student Health Cover (OSHC)

If you currently have OSHC, please specify:

Provider Name: \_\_\_\_\_ Number \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT SARINA RUSSO SCHOOLS | AUSTRALIA?** Agent  Exhibition  School/College Newspaper/Mag  Friend/Relative  Internet Other (Please specify) \_\_\_\_\_**CHECKLIST FOR APPLICANTS** Read and understood the Policies and Procedures, and Conditions of

Enrolment of the Institution.

 Attached certified copies of your academic qualifications. Provided evidence of English Language ability if required. Relevant work experience documentation.**AGREEMENT**

I have read and understood the published course information in the brochure or website and I have sufficient information about Sarina Russo Schools | Australia (SRSA) and/or James Cook University (JCU). I have also read information relating to conditions of enrolment including the Fee Refund Policy and understand that by signing this agreement I am bound by the rules and regulations of SRSA and/or JCU, and the Education Services for Overseas Students (ESOS) Act 2001. For further information, consult SRSA's Policies and Procedures at [www.sarinarusso.com.au](http://www.sarinarusso.com.au) and JCU's Policies and Procedures at [www.jcu.edu.au](http://www.jcu.edu.au). I understand by signing this application form, I will be sent Letters of Offer for SRSA and JCU programs.

I understand that timetables may vary between morning, afternoon and evening.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

For students under the age of 18, a parent/guardian signature is required.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

**REPRESENTATIVE'S STAMP****Indo-Australian  
Education Centre**Suite - 908, Level - 9,  
365 Lt Collins Street, Melbourne,  
Victoria 3000, Australia.**Phone:** +61 3 9670 1140**Fax:** +61 3 9670 1142**Email:** iaec@optusnet.com.au