

Application for Enrolment Form

Applicants must complete all sections and answer all questions (use BLOCK letters) Personal Details: LEGAL NAME must be used; other Part A, B, C, F: to be completed by applicant / Part E - to be completed by agent / Part G - to be completed by staff

PART A. APPLICATION INFORMATION

Select Course	Course Code	Qualification	CRICOS Code	Duration	Location	Enrolment fee\$	Material fee\$	Tuition Fee \$	Total Course Fee\$
<input type="checkbox"/>	22253VIC	Certificate III in EAL (Access)	093110B	28 Weeks	Collingwood	\$250.00	\$300.00	\$8,450.00	\$9,000.00
<input type="checkbox"/>	22258VIC	Certificate IV in EAL (Further Study)	093111A	28 Weeks	Collingwood	\$250.00	\$300.00	\$8,450.00	\$9,000.00
<input type="checkbox"/>	BSB51915	Diploma of Leadership and Management	093112M	52 Weeks	Collingwood or Epping	\$250.00	\$300.00	\$9,450.00	\$10,000.00
<input type="checkbox"/>	BSB61015	Advanced Diploma of Leadership and Management	093113K	78 Weeks	Collingwood Epping	\$250.00	\$300.00	\$11,450.00	\$12,000.00
What is your preferred Intake date for the first chosen course:									

Please make sure you refer to the specific entry requirements that apply to the course you are enrolling for. These requirements are detailed in the International Student Pre-enrolment Handbook.

PART B. PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Surname:		Given Name:	
Middle Name:		Any other Name:	
Date of Birth (DD/MM/YY):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Australian Contact Details (if known)			
Address:			
Telephone:		Mobile:	
Fax:		Email:	
Home Contact Details			
Address:			
Telephone:		Mobile:	
Fax:		Email:	
Postal Details			
Address:			
Person to Contact in an Emergency			
Name:		Relationship:	
Address:			
Telephone:		Mobile:	
Fax:		Email:	

PART B1. STATISTICAL DATA COLLECTION

Employment Status		
Of the following categories, which BEST describes your current employment status?		
<input type="checkbox"/> Full time Employee	<input type="checkbox"/> Unemployed - seeking part time work	<input type="checkbox"/> Not employed - not seeking employment
<input type="checkbox"/> Part time Employee	<input type="checkbox"/> Employed - unpaid worker in a family business	
<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed - seeking full time work	
Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only) If never employed move to 'Your Background' field.		
<input type="checkbox"/> 1. Managers	<input type="checkbox"/> 4. Community and Personal Service Workers	<input type="checkbox"/> 7. Machinery Operator/Driver
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 5. Clerical and Admin Worker	<input type="checkbox"/> 8. Labourers
<input type="checkbox"/> 3. Technician/Trade Workers	<input type="checkbox"/> 6. Sales Workers	<input type="checkbox"/> 9. Other:
Which of the following classifications BEST describes the Industry of your current or previous Employer?		
<input type="checkbox"/> A. Agriculture, Forestry and Fishing	<input type="checkbox"/> G. Retail Trade	<input type="checkbox"/> N. Administrative and Support
<input type="checkbox"/> B. Mining	<input type="checkbox"/> H. Accommodation and Food Services	<input type="checkbox"/> O. Public Administrative and Safety
<input type="checkbox"/> C. Manufacturing	<input type="checkbox"/> I. Transport, Postal and Warehousing	<input type="checkbox"/> P. Education and Training
<input type="checkbox"/> D. Electricity, Gas, Water and Waste Services	<input type="checkbox"/> J. Information Media and telecommunications	<input type="checkbox"/> Q. Health Care and Social Assistance
<input type="checkbox"/> E. Construction	<input type="checkbox"/> K. Financial and Insurance Services	<input type="checkbox"/> R. Arts and Recreation Services
<input type="checkbox"/> F. Wholesale Trade	<input type="checkbox"/> L. Rental, Hiring and real Estate Services	<input type="checkbox"/> S. Other Services:
	<input type="checkbox"/> M. Professional, Scientific and Technical Services	
Your Background		
Are you of Aboriginal or Torres Strait Islander Origin?		
<input type="checkbox"/> No – Neither	<input type="checkbox"/> Yes – Aboriginal	<input type="checkbox"/> Yes – Torres Strait Islander
		<input type="checkbox"/> Yes – Both
Were you born in Australia?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO , what was your Country of Birth? _____
Do you speak a language OTHER THAN English at home? If more than one language, indicate the one spoken most often.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES , which language do you usually speak? _____
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
Do you require any language, literacy or numeracy assistance?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consider yourself to have a disability, impairment or long-term condition?		
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual
<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Vision
<input type="checkbox"/> Medical Cond		
<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Other;	
Do you consider yourself to have a disability, impairment or long-term condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES , please specify? (Attach supporting material where applicable)
Prior Education		
What is your highest COMPLETED school level?		
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 8 or below
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Never attended school
In which YEAR did you complete that school level?		
<input type="checkbox"/> Overseas	<input type="checkbox"/> Australia	Year: _____
Are you still attending secondary school?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you SUCCESSFULLY completed any of the following qualifications?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level. A – Australian, E – Australian Equivalent, I – International		
Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine with identifier to use:		
1. A – Australian	2. E – Australian Equivalent	3. I – International

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

If YES, what was the name of the qualification(s)? _____

Study Reason

Of the following categories, which BEST describes you main reason for undertaking this course/ traineeship/ apprenticeship? (Tick ONE box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> Extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> Personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> Other reasons: _____
	<input type="checkbox"/> Requirement of my job	_____

PART B2. VISA & PASSPORT DETAILS

Nationality Passport No.:	_____	Passport Valid until:	_____
Do you require Overseas Student Health Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, please specify):	_____
Type of Overseas Student Health Cover	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family		

The Annual Premium for nib OSHC for the calendar year is as follows (GST inclusive):

Single	AUD \$480.00	Couple	AUD \$3060.00	Family	AUD \$4000.00
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PART B3. UNIQUE STUDENT IDENTIFIER (USI)

Do you have a USI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide your USI:	_____
If NO, Would you like KIA to create your USI on your behalf?	<input type="checkbox"/> No, I will do it myself <input type="checkbox"/> Yes (Please complete the details below):	Town/City of Birth _____	(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below. Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

Australian Driver Licence	
State:	_____ Licence Number: _____
Medicare Card	
Medicare card number:	_____
Individual reference number (next to your name on Medicare card):	_____
Card colour:	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue
Expiry date (MM/YYYY):	_____
Expiry date (DD/MM/YYYY):	_____
Australian Birth Certificate <i>Details vary according to State/Territory (see note above)</i>	
State/Territory:	_____
Australian Passport	
Passport number:	_____
Non-Australian Passport (with Australian Visa)	
Passport number:	_____
Country of issue:	_____
Immocard	
Immocard Number:	_____
Citizenship Certificate	
Stock number:	_____

Acquisition date:	
Certificate of Registration by Descent	
Acquisition date	

In accordance with section 11 of the Student Identifiers Act 2014, IIA will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

If you are aged 25 or below at time of enrolment

I am an existing student in the Victorian Education System. My Victorian Student Number (VSN) is	
I am an existing student in the Victorian Education System	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am unaware of my Victorian Student Number(VSN)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am new to the Victorian Education System.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have never attended a Victorian school, TAFE or other training provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes – Strait Islander <input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Neither

PART C. ACADEMIC QUALIFICATIONS EXPERIENCE

Qualifications (Start with your highest qualification. You must attach verified copies of all qualifications.)

Highest qualification or completed Unit of Competency	Name of Institution	Date completed

Course Credit

Are you applying for Course Credit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you enrolled in the same or a similar course you have selected in Part A elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(If you have, you may be eligible for a Course Credit - contact the Admission Team for further information. You must attach verified copies of documents to support a credit transfer application)

Company name	Company address	Supervisor name & Contact no.	Employment period

Recognition of Prior Learning

Are you applying for Recognition of Prior Learning:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed or gained experience through informal learning in the area covered by the course applied for	<input type="checkbox"/> Yes <input type="checkbox"/> No

(If you have, you may be eligible for Recognition of Prior Learning - contact the Admission for further information. You must attach verified copies of documents to support an RPL application. A qualified Assessor with you to assist you on your RPL application)

English Proficiency

Do you hold a certificate of English proficiency (e.g. IELTS, TOEFL or GCE 'O' levels in English)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is type of English Proficiency test:	
Achieved score:	

(If yes, please attach verified copies of English language results, for example IELTS; the test result must have been issued at least 18 months prior to your enrolment.)

If not, what is your first language::	
Language spoken at home Other languages spoken:	
Tell us the reason you want to take our course	<input type="checkbox"/> Career <input type="checkbox"/> Academic <input type="checkbox"/> Personal
Where did you hear about us?	

PART D. ACADEMIC QUALIFICATIONS EXPERIENCE

Application fee (non-refundable)	\$250.00	Materials fee	\$300.00
Airport Pick-up	\$180.00	Accommodation booking assistance	\$180.00

PART E. FEE PAYMENT METHOD

Direct Deposit into Kensington Institute of Australia's Bank Account.

Bank Details as Follows:

Account Name:	Kensington Institute of Australia
Bank Name:	Westpac Banking Corporation
Branch Address:	215 Smith Street, Fitzroy Victoria 3065 Australia
SWIFT Code:	WPACAU2S
BSB:	033048
Account No:	497299

PART F. DETAILS OF APPROVED EDUCATION AGENT:

For offshore applicants from Assessment Level 2 & 3 countries, please consult with one of our approved education agent in your country to assist you with your application.

Company Name:			
Contact Name:		Contact details:	
Agent's Comments on this application:			
Agent's Signature:		Date:	

PART G. STUDENT DECLARATION

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> I declare that all information provided in this application is accurate and complete and that KIA may refuse my application or cancel my enrolment if any information is found to be incorrect or misleading.</p> <p><input type="checkbox"/> I understand that by completing this application, I am giving written consent to KIA to independently verify the information supplied by me in this form and request further documents as required</p> <p><input type="checkbox"/> I declare that I am a Genuine Temporary Entrant and a Genuine Student. Please refer to the DIBP website for details: http://www.border.gov.au/</p> <p><input type="checkbox"/> I acknowledge that the information provided in the application is complete and correct.</p> <p><input type="checkbox"/> I agree to undertake a testing requirement prior to any course entry, if deemed necessary by KIA, and adhere to any other pre requisite identified above.</p> | <p><input type="checkbox"/> I have read and understood KIA's Enrolment Policy and procedure, fee payment, fee refunds and Defer, Suspend or Cancel policy and all the Pre-enrolment information referred from the website http://kensington.edu.au or calling KIA to obtain copies of these policies and procedures.</p> <p><input type="checkbox"/> I understand that this agreement and the availability of complaints and appeals process do not remove the rights of the student to take action under Australia's consumer protection laws.</p> <p><input type="checkbox"/> I confirm that the information supplied in this form in relation to my study plan is true and accurate. I understand that any changes to my study plan may be considered detrimental.</p> <p><input type="checkbox"/> I confirm that I have received and read a copy of KIA's International Student Pre-enrolment Handbook available on www.kensington.edu.au and fully understand the requirements of the course and relevant policies and procedures.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Student Name			
Student's Signature		Date	

PART H. PRE-TRAINING REVIEW (Applicant to complete)

A pre-training review ensures that the learning and assessment strategy is designed to meet your individual needs and your workplace requirements. This information will enable KIA to understand your training needs, your current competencies that relate to the course, opportunity for Recognition of Prior Learning (RPL) and to ensure that your Language, Literacy and Numeracy skills suit the learning and assessment strategies.

KIA will use this review to provide you with the support you require in areas such as language, literacy and learning and assessment, while ensuring you will get the maximum outcomes and benefits from the course you are enrolling in, according to your learning objectives, career aspirations and skill level.

Refer to the course overviews at <http://www.kensington.edu.au/> for the qualification you are intending to undertake and review this in light of your expectations and your previous experience.

Where required, write a brief answer to the following questions (about 100 words each). All questions must be answered for the Review to be considered.

If you need assistance with this form, contact KIA on phone: +61 3 9999 7959

Head Office & Reception:

Collingwood Campus: CA124, Level 1, 20 Otter Street, Collingwood, VIC 3066.

Epping Campus: EF102, Bldg. F, Corner Cooper Street & Dalton Road, Epping VIC 3076

A. Your Work Experiences and Current Competencies

A1. Read through the task list below and for each item, think about your current or previous job roles and indicate if you have any vocational experience in that area:

Skill / Experience	Indicate experience level in the appropriate column for each criteria with a tick (✓)		
	Highly Experienced	Less Experienced	No experience
Showing leadership in the workplace			
Establishing effective workplace relationships			
Implementing operational plans			
Monitoring workplace OHS			
Managing people performance			
Responsibility for developing and managing your own work priorities			
Actively seeking feedback on own performance from clients and colleagues			
Communicating with team members and management to ensure open communication channels and to clarify issues			
Resolving conflict and disputes in the work team			
Consulting and developing objectives with the work team			
Monitoring and adjusting operational performance by producing short-term plans, planning and acquiring resources and reporting on performance			
Coaching and mentoring colleagues and team members to support the introduction of change			
Using business technology such as computer programs and telecommunications to collect and manage information			
Please circle as applicable and rate: I am a Coordinator / Leading Hand / Supervisor / Team Leader / Manager / Other:			

To determine your suitability based on prerequisites (where required) and work history, please attach a copy of your CV or Resume. This should detail any professional development you may have completed in the last education and training history. **Please attach a copy of your CV or Resume.**

A2. Write a brief description of your current role and responsibilities; you may also refer to previous roles if relevant for this qualification.

A3. List any qualifications or statements of attainment you previously gained.

A4. Recognition of Prior Learning (RPL) / Credit Transfer

RPL is the acknowledgment of skills and knowledge obtained through:

- formal training or study, including courses at school, college, adult education and training programs at work
- work experience, including paid and volunteer work
- life experience, including skills attained through leisure pursuits or hobbies

RPL recognises this prior knowledge and experience and measures it against the course in which students are enrolled. A student possessing some of the skills and/or knowledge taught in the course may not need to complete all the units.

For more information on the RPL / Credit Transfer, refer to the Participant Handbook on <http://www.intia.com.au/>

Refer to the course outline and if you believe that you hold some of the competencies described in the course outline then state the units below and then complete an RPL application form.

After reviewing the course outline, list the units for which you could provide evidence of your competency:

I would like to make an application for RPL: YES NO

B. Your previous Learning Experiences:

B1. In your past learning experiences, have you encountered any barriers or difficulties to learning? Give a brief description of your past learning experiences (the good and not so good ones)

B2. From the information that you currently have about the course, do you have any concerns that might prevent you from progressing through this training and assessment program? Give a brief description of your worries or any other perceived obstacles to achieving your desired learning outcomes.

B3. We all learn differently and have preferred learning styles.

IntIA aims to tailor a program (where possible) to suit the individual. Take some time to think about how you like to learn and please tick one box below in order of preference.

- I am a visual learner and prefer visual input and tend to remember things better if they are organised and presented visually, for example, images, charts and flow diagrams.
- I am an auditory learner and prefer auditory in remember things best when I hear them.
- I am a kinaesthetic learner and prefer input that is physical and concrete. I require action and movement to learn things. I need to do something to remember it.

C. Your Expectations

C1. What do you hope to gain from undertaking this qualification?

C2. What benefits do you think this course will provide you personally and professionally?

C3. What can you tell us about the industry this qualification will lead to employment in?

D. Language, Literacy and Numeracy

D1. It takes 2 ½ hours to type a 7-page report. It takes 1¼ hours to photocopy the 11 copies of the report.

How long did it take to complete the report? (tick appropriate box)

- 4 Hours
- 3 Hours and 45 minutes
- 2 Hours and 30 minutes

D2. If there is currently \$139.50 petty cash in the tin how much do I need to withdraw from the bank to make \$200.00 in the tin? (tick appropriate box)

- \$60.50
- \$67.50
- \$63.50

D3. If a 90ml drink has 2 parts milk and 1 part chocolate topping, how many mls of milk and chocolate topping is that? (tick appropriate box)

- 60 mls chocolate topping, 30 mls milk
- 60 mls milk, 30 mls chocolate topping
- 50 mls chocolate topping, 40 mls milk
- 50 mls milk, 40 mls chocolate topping

D4. Your pay rate is \$12 per hour. This week you worked the following hours:

- Monday 1pm - 4pm
- Tuesday 9am - 2pm
- Wednesday Nil
- Thursday 10am - 5pm
- Friday Nil





How much will you receive in pay for the week? (tick appropriate box)

- \$135
- \$120
- \$180

D5. A Hospitality Store is having a sale, and you want to buy the cheapest kitchen knives set available. Which kitchen knives set is the cheapest to buy after the reduction? (tick appropriate box)

- Kitchen knives set 1- 15% off the RRP of \$100
- Kitchen knives set 2- RRP \$100, during the sale the price will be reduced by \$10
- Kitchen knives set 3- on sale with 1/3 off the RRP of \$120

D6. Look at the Safety signs and symbols below. Write in the space provided what they mean.

Sign	Description
	
	
	
	

PART I. FOR OFFICE USE ONLY

Application Approved:			
Staff's comments:			
Staff Name:			
Staff Signature		Date	

PART J. STUDENT'S CHECKLIST

Have you attached the following documents (certified copies):

Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Passport (data page)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visa or VEVO	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overseas Student Health Cover (copy of OSHC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
English Proficiency Test score	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic Transcripts (Testamurs, Statement of Attainment, Results) obtained overseas and/or in Australia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Certificates (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Special Notes:

1. Decide on the course you want to study.
2. Check entry requirements for the course
3. When filling up this form, it is important that you complete all areas/sections of this form to avoid delay of processing your application.
4. Receive your OFFER LETTER
5. Sign the Letter of Acceptance and then make the initial payment
6. Receive your Confirmation of Enrolment (COE)
7. Apply for your visa
8. Plan for your arrival (read the International Student Pre-Enrolment Handbook to guide you)

Contact Details:
Kensington Institute of Australia

RTO 41588 CRICOS No. 03536K

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www.kensington.edu.au

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