



**PART A – APPLICATION INFORMATION**

SELECT COURSE	QUALIFICATION	COURSE DURATION	TUITION FEE
( )	BSB40820 Certificate IV in Marketing and Communication	39 Weeks	A\$6,000
( )	BSB50620 Diploma of Marketing and Communication	52 Weeks	A\$8,000
( )	BSB60520 Advanced Diploma of Marketing and Communication	78 Weeks	A\$12,000
( )	BSB50420 Diploma of Leadership and Management	52 Weeks	A\$8,000
( )	BSB60420 Advanced Diploma of Leadership and Management	78 Weeks	A\$12,000

**Intake Month**      **Year:** (      )      **Onshore:** (      )      **Offshore:** (      )  
 ( ) January   ( ) February   ( ) April   ( ) May   ( ) July   ( ) August   ( ) October   ( ) November

**Class Timetable**

( ) Day Class   ( ) Evening Class: Mon to Fri

**Personal Details**

**1. Student's full name \***

**Single name only**  (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section).

Family Name (Surname): \_\_\_\_\_

First Given Name: \_\_\_\_\_ Second Given Name (Middle name): \_\_\_\_\_

*\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want the college to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.*

**2. Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Day/Month/Year)

**3. Gender (Tick ONE box only):**      Male       Female       Other

**4. Student's contact details**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Alternative email address: (optional) \_\_\_\_\_

**5. Residential Address**

Building/property name: \_\_\_\_\_

Flat/unit details: \_\_\_\_\_

Street or lot number: (e.g. 205 or Lot 118) \_\_\_\_\_

Street name: \_\_\_\_\_

Suburb, locality or town: \_\_\_\_\_

State/territory: \_\_\_\_\_

Postcode: \_\_\_\_\_

**6. Postal Address** (if different from Residential Address)

Building/property name: \_\_\_\_\_

Flat/unit details: \_\_\_\_\_

Street or lot number: (e.g. 205 or Lot 118) \_\_\_\_\_

Street name: \_\_\_\_\_

Postal delivery information: (e.g. PO Box 254) \_\_\_\_\_

Suburb, locality or town: \_\_\_\_\_

State/territory: \_\_\_\_\_

Postcode: \_\_\_\_\_

*Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.*

*If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.*

*Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.*



**Language and cultural diversity**

7. **In which country were you born?**  
Australia  Other – please specify: \_\_\_\_\_
8. **Do you speak a language other than English at home?**  
(If more than one language, indicate the one that is spoken most often)  
No, English only   
Yes, other – please specify: \_\_\_\_\_
9. **Are you of Aboriginal or Torres Strait Islander origin?**  
(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)  
No   
Yes, Aboriginal   
Yes, Torres Strait Islander

**Disability**

10. **Do you consider yourself to have a disability, impairment or long-term condition?**  
Yes  Y  
No  N **No – Go to question 12**
11. **If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**  
(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.
- |              |                          |                           |                          |
|--------------|--------------------------|---------------------------|--------------------------|
| Hearing/deaf | <input type="checkbox"/> | Mental illness            | <input type="checkbox"/> |
| Physical     | <input type="checkbox"/> | Acquired brain impairment | <input type="checkbox"/> |
| Intellectual | <input type="checkbox"/> | Vision                    | <input type="checkbox"/> |
| Learning     | <input type="checkbox"/> | Medical condition         | <input type="checkbox"/> |
| Other        | <input type="checkbox"/> |                           |                          |

**Schooling**

12. **What is your highest COMPLETED school level? (Tick ONE box only)**  
If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.
- |                       |  |
|-----------------------|--|
| Year 12 or equivalent | <input type="checkbox"/>                     |
| Year 11 or equivalent | <input type="checkbox"/>                     |
| Year 10 or equivalent | <input type="checkbox"/>                     |
| Year 9 or equivalent  | <input type="checkbox"/>                     |
| Year 8 or below       | <input type="checkbox"/>                     |
| Never attended school | <input type="checkbox"/> – go to question 14 |
13. **Are you still enrolled in secondary or senior secondary education?**  
Yes  Y No  N

**Previous qualifications achieved**

14. **Have you SUCCESSFULLY completed any of the qualifications listed in question 15?**  
Yes  Y No  N – go to question 16
15. **If YES, tick ANY applicable boxes.**
- |  |                          |
|--|--------------------------|
| Bachelor degree or higher degree   | <input type="checkbox"/> |
| Advanced diploma or associate degree   | <input type="checkbox"/> |
| Diploma (or associate diploma)   | <input type="checkbox"/> |
| Certificate IV (or advanced certificate/technician)                                  | <input type="checkbox"/> |
| Certificate III (or trade certificate)   | <input type="checkbox"/> |
| Certificate II   | <input type="checkbox"/> |
| Certificate I  | <input type="checkbox"/> |
| Other education (including certificates or overseas qualifications not listed above) | <input type="checkbox"/> |

**Employment**

16. **Of the following categories, which BEST describes your current employment status? (Tick ONE box only)**  
For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).
- |   |                          |
|---|--------------------------|
| Full-time employee                            | <input type="checkbox"/> |
| Part-time employee                            | <input type="checkbox"/> |
| Self employed – not employing others          | <input type="checkbox"/> |
| Self employed – employing others              | <input type="checkbox"/> |
| Employed – unpaid worker in a family business | <input type="checkbox"/> |
| Unemployed – seeking full-time work           | <input type="checkbox"/> |
| Unemployed – seeking part-time work           | <input type="checkbox"/> |
| Not employed – not seeking employment         | <input type="checkbox"/> |

**Study reason**

17. **Of the following categories, select the one which BEST describes the main reason you are undertaking this course/ traineeship/ apprenticeship (Tick ONE box only)**
- |  |                          |
|--|--------------------------|
| To get a job                               | <input type="checkbox"/> |
| To develop my existing business            | <input type="checkbox"/> |
| To start my own business                   | <input type="checkbox"/> |
| To try for a different career              | <input type="checkbox"/> |
| To get a better job or promotion           | <input type="checkbox"/> |
| It was a requirement of my job             | <input type="checkbox"/> |
| I wanted extra skills for my job           | <input type="checkbox"/> |
| To get into another course of study        | <input type="checkbox"/> |
| For personal interest or self-development  | <input type="checkbox"/> |
| To get skills for community/voluntary work | <input type="checkbox"/> |
| Other reasons                              | <input type="checkbox"/> |

**PART B – EDUCATION AND EXPERIENCE**

1. **Qualifications** .....  
 (You must attach verified copies of all qualifications)
2. **English exams completed and score** .....  
 (You must attach verified copies of English language results, for example IELTS)
3. **Have you enrolled in the same or a similar course elsewhere?** ( ) Yes ( ) No  
 (If you have, you may be eligible for a credit transfer or Recognition of Prior Learning – contact us for further information. You must attach verified copies of documents to support a credit transfer or RPL application)
4. **Have you been employed in the area covered by the course applied for?** ( ) Yes ( ) No  
 (If you have, you may be eligible for Recognition of Prior Learning – contact us for further information. You must attach verified copies of documents to support an RPL application)
5. **Own assessment of English level:** ( ) Elementary ( ) Intermediate ( ) Advanced
6. **Have you fully done any type of the COVID-19 vaccination\*?** ( ) Yes ( ) No
7. **If yes, which type of the COVID-19 vaccination have you done?**  
 ( ) Pfizer Comirnaty ( ) AstraZeneca Vaxzevria ( ) Janssen-Cilag - COVID-19 Vaccine Janssen  
 ( ) Moderna Spikevax ( ) Coronavac (Sinovac) ( ) Covishield (AstraZeneca/Serum Institute of India)  
 ( ) Others (Non-listed above)

\*Please note that the vaccination status is not a factor of consideration in the college's admission process. However, you might be given different enrolment advice based on your vaccination status. Only the vaccine listed above have been recognised by TGA and hotel quarantine might be required if you have not fully done any type of the TGA recognised vaccination.

Please make sure you refer to the specific entry requirements that apply to the course you are enrolling for. These requirements are detailed in our website: <https://wallstreet.edu.au>

**OVERSEAS STUDENT HEALTH COVER**

- ( ) Single Cover ( ) Couples Cover ( ) Family Cover

**PART C – Unique Student Identifier (USI)**

From 1 January 2015, we can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device.

1. **Enter your Unique Student Identifier (USI) (if you already have one)**  
 You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

Unique Student Identifier (USI)

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## PART D - Privacy Notice

### **Why we collect your personal information**

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

### **How we use your personal information**

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### **How we disclose your personal information**

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### **How NCVER and other bodies handle your personal information**

Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), Commonwealth authorities, state and territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact our college using the contact details listed below.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

### **Surveys**

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

### **Contact information**

At any time, you may contact us to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Our contact details: Phone: +61 3 9629 4770 Email: [admissions@wallstreet.edu.au](mailto:admissions@wallstreet.edu.au).





**Acceptance Procedure:**

1. As soon as decision is made on your eligibility you will be informed of the outcome
2. If your application is successful, you will receive a copy of this countersigned Letter of Offer and Written Agreement stating the course, for which you have been accepted, courses fee to be paid, commencement date and Overseas Student Health Cover information. Please refer to our Student Handbook for refund policy and procedure, which is available on our website. The link to the website is detailed above.
3. When you have paid your fees a Confirmation of Enrolment will be sent to you, and the college will have DHA advised within 14 days.

**PART E – STUDENT DECLARATION**

I understand the terms of this contract and confirm that I have been fully advised of the conditions of enrolment and agree to be a student at the college.

Information is collected on this form and during your enrolment in order to meet the college’s obligations under the ESOS Act and the National Code 2018; and to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Protection Service (TPS). In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

Applicant Signature .....

Date ..... / ..... /.....

**PART F – PROVIDER ACCEPTANCE**

**Accepted by Wall Street College**

Signed..... Name.....Date ..... / ..... /.....

**PART G – AGENT**

Agent Name:.....

Signature : ..... Date..... /..... /.....

