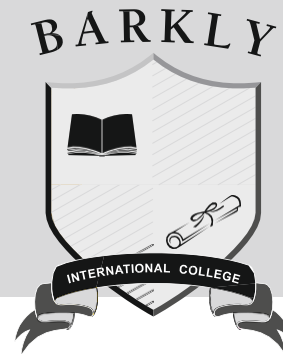


APPLICATION FORM 13.0

BARKLY INTERNATIONAL COLLEGE

A TRADING NAME OF BARKLY INTERNATIONAL COLLEGE PTY LTD.
CRICOS PROVIDER NUMBER 03136D (VIC)
RTO PROVIDER NUMBER 22238



PART A - APPLICATION INFORMATION

SELECT COURSE	COURSE CODE	QUALIFICATION	COURSE DURATION	PREFERRED INTAKE
<input type="checkbox"/>	AUR30616	Certificate III in Light Vehicle Mechanical Technology	60 weeks	
<input type="checkbox"/>	AUR40216	Certificate IV in Automotive Mechanical Diagnosis	34 weeks	
<input type="checkbox"/>	BSB40215	Certificate IV in Business	26 weeks	
<input type="checkbox"/>	BSB42415	Certificate IV in Marketing and Communication	32 weeks	
<input type="checkbox"/>	BSB50215	Diploma of Business	26 weeks	
<input type="checkbox"/>	BSB52415	Diploma of Marketing and Communication	52 weeks	
<input type="checkbox"/>	BSB61015	Advanced Diploma of Leadership and Management	50 Weeks	
<input type="checkbox"/>	BSB61315	Advanced Diploma of Marketing and Communication	60 Weeks	
<input type="checkbox"/>	22250VIC	Certificate I in EAL (Access)	26 weeks	
<input type="checkbox"/>	22251VIC	Certificate II in EAL (Access)	26 weeks	
<input type="checkbox"/>	22255VIC	Certificate III in EAL (Further Study)	26 weeks	
<input type="checkbox"/>	22258VIC	Certificate IV in EAL (Further Study)	26 weeks	

Applicant Details: Name (Family) _____ Given Name _____

Nationality _____ Sex Male Female

Victorian Student Number (VSN): Do you have a Victorian Student Number? Yes, Please Specify _____

Yes. But the VSN is unknown, No. I do not have VSN

Date of Birth / / (All students must of the age of 18 years or over at the time of applying for admission at College)

Are you of Aboriginal or Torres Strait Islander origin? Yes Aboriginal Yes Strait Islander No

Australian Contact Details (if known): Address _____

Telephone _____ Mobile _____ Fax _____ Email _____

Home Country Contact Details: Address _____

Telephone _____ Mobile _____ Fax _____ Email _____

Passport Number _____

Postal Address: Address _____

Person to Contact in an Emergency: Name _____ Relationship _____

Address _____

Telephone _____ Mobile _____

Fax _____ Email _____

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

(If yes, please specify) _____

Do you require Overseas Student Health Cover? Yes No (If yes, please specify) Single Family

PART B – EDUCATION AND EXPERIENCE

Qualifications

(You must attach verified copies of all qualifications)

Do you hold a certificate of English proficiency (e.g. IELTS, TOEFL or GCE 'O' levels in English)? Yes No

(If yes, please attach verified copies of English language results, for example IELTS)

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 the Training Manager for further information. You must attach verified copies of documents to support a credit transfer or RPL application)

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 the Training Manager for further information You must attach verified copies of documents to support an RPL application)

Own assessment of English level Elementary Intermediate Advanced

Language spoken at home other languages spoken _____

Tell us the reason you want to take our course Career Academic Personal

Where did you hear about us? _____

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 student information section of the prospectus.

PART C – OTHER FEES

Application Fee (not refundable)	A\$100	Materials Fee (not refundable)	A\$300
Assessment resit fee (3 Attempts)*	nil	Repeat unit fee	\$300 per unit
Bank Transfer Fee	\$30	Airport meeting	\$150.00
Home Stay Fee	Depends on specific arrangements		

Please make your fees payment by bank cheque, or telegraphic transfer

Our Bank Details: Bank name - ANZ Bank | Account Name - Barkly International College Pty Ltd

BSB - 013-312 | Account number - 481823111 | SWIFT CODE ANZBAU3M

PART D – COLLEGE CONTACT DETAILS

City Campus (Head Office)

Street Address: 568-570 Lonsdale St Melbourne 3000

Postal Address: 568-570 Lonsdale St Melbourne 3000

Phone: 03 9600 2996

Email: info@barklycollege.com

North Melbourne Campus

14/65 Mark St, North Melbourne - 3051

14/65 Mark St, North Melbourne - 3051

Fax: 03 8678 0671

Web: www.barklycollege.com

Send the completed application form along with the application fee to the above address.

Student Name _____ Student Signature _____ Date _____

Part E – Provider Offer (for office use only)

Name of the authorised College employee approving / rejecting an offer _____

Signed _____ Date ____/____/____

Checklist - Have you attached: Documentary evidence of English Proficiency? | Certified copies of passport and visa? | Certified copies of academic record plus English translation, if any? | completed fully all sections of the application? Read and signed the application form?