

International Student Application Form

Please read this application form carefully and complete ALL sections ensuring that certified copies of your academic transcripts and English language assessments are attached.

Ph: +61 3 9421 4464
 Email: info@nahb.edu.au
 www.nahb.edu.au

1. Personal Details <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____ Country of Birth: _____
Surname:	_____		
Given Names:	_____		
Nationality:	_____		
Unique Student Identifier(USI):	_____		
Please note from January 2015, all students undertaking nationally recognized training delivered by a registered training organization will require a USI. You can create your own USI at http://usi.gov.au/create-your-USI/Pages/default.aspx .			
2. Contact Details			
Address (Home Country)			
Address:	_____		
Country:	_____		
Phone:	_____	Email:	_____
Residential Address (Australia)			
Address:	_____		
Suburb:	_____		
State:	_____	Postcode:	_____
Phone:	_____	Mobile:	_____
Email:	_____		
Postal Address (If different from Residential)			
Address:	_____		
Suburb:	_____		
State:	_____	Postcode:	_____
Emergency Contact Details			
Name of	_____	Relationship to you:	_____
Address:	_____		
Mobile/phone	_____	Email:	_____
3. Passport Details			
Passport Number:	_____	Passport Expiry date:	_____
Passport Issued by:	_____		
A certified true copy of your original documents must be provided as part of your application			

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4. Education Agents				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of Agent:					
Address:					
Phone:		Mobile:			
Email:		Fax:			
Agent Stamp					
5. Overseas Student Health Cover (OSHC)					
OSHC		Yes (Part A)		<input type="checkbox"/>	No (Part B)
				<input type="checkbox"/>	
Part A – Insurer Details					
Name of Insurer:					
Member Number:		Date of expiry:			
Part B – NAHB to arrange:					
Cover Type and duration required:		Single Couple Family <i>(please circle one)</i>			
		From Date: / /		To Date: / /	
1. The Australian Government requires all persons entering Australia on a Student Visa to have OSHC. 2. The length of your OSHC MUST cover the total length of your course(s).					
6. English Language Proficiency					
Please provide certificated copies of your latest academic results & IELTS, TOEFL or PEARSON score if applicable. Please note that only results achieved within two years of the test date will be considered. If you have not yet sat an IELTS/ TOEFL/ PEARSON exam please indicate below when you will be taking the test.					
IELTS Score		TOEFL Score		PEARSON Score	Other (please specify)
Or I will sit/ have sat an English language proficiency test on: _____ (please enter date)					
7. Disability Status					
Do you have a disability, impairment or long-term condition that may affect your participation in the course? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please specify) _____					
8. Course Selection <i>(Please choose by placing an X in the boxes that apply to you)</i>					
Course Name		CRICOS Code	Duration (Weeks)	Specify preferred intake date	
<input type="checkbox"/>	SHB20116 Certificate II in Retail Cosmetics	096343E	36		
<input type="checkbox"/>	SHB20216 Certificate II in Salon Assistant	096335E	30		
<input type="checkbox"/>	SHB30115 Certificate III in Beauty Services	096342F	58		
<input type="checkbox"/>	SHB30215 Certificate III in Make-Up	096341G	56		
<input type="checkbox"/>	SHB30315 Certificate III in Nail Technology	096340G	56		

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<input type="checkbox"/> SHB40115 Certificate IV in Beauty Therapy	096344D	78	
<input type="checkbox"/> SHB50115 Diploma of Beauty Therapy	096345C	98	
<input type="checkbox"/> SHB30416 Certificate III in Hairdressing	096337C	60	
<input type="checkbox"/> SHB30516 Certificate III in Barbering	096336D	52	
<input type="checkbox"/> SHB40216 Certificate IV in Hairdressing	096338B	30	
<input type="checkbox"/> SHB50216 Diploma of Salon Management	096339A	58	

9. Accommodation and Airport Pick-up

Do you require Airport pickup and transfer?	<input type="checkbox"/> Yes (complete the Airport Pick Up request form)	<input type="checkbox"/> No
Do you require assistance with accommodation?	<input type="checkbox"/> Yes (complete the Homestay request form)	<input type="checkbox"/> No

10. Marketing

How did you hear about NAHB?

Advertisement
 Expo/ Event
 Agent
 Friends
 Internet/ Website
 Other, specify: _____

11. Payment Details

Payment by Credit Card

VISA
 MasterCard
 AMEX
 Diners
 Other (Please Specify): _____

Credit Card No.:																				
Cardholder Name:											Cardholder Signature:									
Expiry Date:						CCV:														

Bank Cheque for AUD \$250 (non-refundable application fee) made payable to National Academy of Hair and Beauty
 Bank Transfer for AUD \$250 (non-refundable application fee) made payable to National Academy of Hair and Beauty

Account Name:	National Academy of Hair and Beauty
Account Number:	BSB: 013 226 ACCOUNT NUMBER: 1825 946 11
Bank Name:	ANZ BANK
Bank Address:	ShRP-01 Roxburgh Park 250 Somerton Road ROXBURGH PARK VIC 3064
Swift Code:	ANZBAU3M

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12. Declaration	
1. I declare that the information on this form and supporting documentation provided is true and correct. 2. I confirm that I have received and read a copy of NAHB's Student Handbook and information available on www.nahb.edu.au and I understand the requirements of the course. 3. I have read, understood and consent to the Terms and Conditions of Enrolment at NAHB. 4. I have read, understood and consent to NAHB's Policies and Procedures regarding the following; Privacy, Cancellation, Suspension and Deferral of enrolment, Fees and Refunds, and Complaints and Appeals provided to me along with this application. 5. I confirm that I have been fully advised of the fees, cancellation and refund conditions and I agree to be a student at NAHB. 6. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation may result in the cancellation of my enrolment. 7. I consent to DIBP providing NAHB with any information about my visa status from the time of my application to the time of my departure from Australia. 8. I understand that my photo, art-work or project work may be used in NAHB's promotional material and consent for this to be done. 9. I authorise NAHB to apply for a Unique Student Identifier (USI) on my behalf. 10. I confirm that I have read the ESOS framework available for International students on www.internationaleducation.gov.au	

Name:			
Signature:		Date:	

13. Application Checklist	
<input type="checkbox"/> Read and understood the terms and conditions, privacy, cancellation, refund and grievance policies	<input type="checkbox"/> Completed all sections of this application form
<input type="checkbox"/> Attached Certified true copy of your VISA (if applicable)	<input type="checkbox"/> Attached Certified true copies of your English language proficiency
<input type="checkbox"/> Attached Certified true copy of your Passport	<input type="checkbox"/> Attached Certified true copies of your academic qualifications
<input type="checkbox"/> Included AUD\$250 non-refundable application fee	<input type="checkbox"/> Attached any other relevant documentation

14. Intake Calendar 2019	
Orientation Date	Start Date
22 January	29 January
25 February	04 March
15 April	22 April
20 May	27 May
8 July	15 July
12 August	19 August
01 October	07 October
04 November	11 November