

Course Application 2019

Domestic



LCI
Melbourne

Applicant details

FULL LEGAL NAME

Given name(s)

Middle name(s)

Family name(s)

PREFERRED NAME

First name

Last name

MAIN ADDRESS

Your permanent residence. This can be interstate or overseas.

Address line 1

Address line 2

City/town/suburb

State

Postcode

Country

SECONDARY ADDRESS

N/A Postal Temporary (during study)

Address line 1

Address line 2

City/town/suburb

State

Postcode

Country

TITLE

Preferred term of address

Mr

Mrs

Ms

Miss

Mx

Other

GENDER

M

F

X

DATE OF BIRTH

DD MM YYYY

CONTACT DETAILS

Mobile

Alternate phone

Email

EMERGENCY CONTACT

Full name

Relationship

Mobile

Alternate phone

Email



Course Information Please tick one option

COURSE	BACHELOR OF DESIGN ARTS
STUDY MODE	ON CAMPUS
LOCATION	COLLINGWOOD, AUSTRALIA

- Communication Design
 Filmmaking & Photography
 Interior Design
 Fashion & Costume Design
 Graphic & Digital Design
 Visual Arts

COURSE COMMENCEMENT Please tick one option

When are you intending to commence study at LCI Melbourne?

Year Intake: February June September

ENTRY ROUTE

Please indicate your entry route

Academic entry Creative entry

Secondary Education (Senior/Year 12 or Equivalent)

<input type="checkbox"/> I am currently studying the final year of secondary education	<input type="checkbox"/> I completed the final year of secondary education	<input type="checkbox"/> I have not completed the final year of secondary education
My predicted ENTER/ATAR score is: <input type="text"/>	In the year: <input type="text"/>	My highest completed year level was: <input type="text"/>
	My actual ENTER/ATAR score was: <input type="text"/>	

SECONDARY SCHOOL/INSTITUTION DETAILS

FULL INSTITUTION NAME	WHERE DO/DID YOU LIVE WHEN YOU STUDIED/COMPLETED?	
<input type="text"/>	Suburb/town <input type="text"/>	Postcode <input type="text"/>

Post-Secondary Education & Work Experience

Please provide the details of all the post-secondary studies you have completed or attempted.

NAME OF QUALIFICATION / AWARD	INSTITUTION/SCHOOL/UNIVERSITY/COUNTRY	COMPLETED?	LAST STUDIED
e.g. Diploma of Graphic Design	e.g. LCI Melbourne	Yes/no/completing	Month/year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DO YOU HAVE WORK OR EMPLOYMENT EXPERIENCE THAT IS RELEVANT TO THE COURSE YOU ARE APPLYING FOR?

Yes No If yes, please provide a current resume or CV with this application.

DO YOU WISH TO APPLY FOR COURSE CREDIT BASED UPON PREVIOUS ACADEMIC STUDIES OR WORK EXPERIENCE?

Yes No If yes, you will be asked to supply additional information via a course credit application that will be provided upon assessment of your application.



Citizenship, Descent & Language

WHAT IS YOUR CURRENT CITIZENSHIP?

(Please note, you will be required to provide evidence of your citizenship/visa, refer to Supporting Documentation)

Australian New Zealand Other, please specify

If other, please indicate your status for being eligible to study in Australia:

Permanent visa (excluding humanitarian) Temporary entry permit (e.G. Student Visa)

Permanent humanitarian visa Other status

In what country were you born?

If not born in Australia, what year did you arrive in Australia?

Are you of Australian Aboriginal and/or Torres Strait Islander descent?

No, neither Torres Strait Islander

Aboriginal Both Aboriginal and Torres Strait Islander

IS ENGLISH THE MAIN LANGUAGE SPOKEN AT HOME?

Yes No, please specify

How would you rate your written English? Limited Satisfactory Excellent

How would you rate your spoken English? Limited Satisfactory Excellent

Special Circumstances

The information requested below is used to assist LCI Melbourne in monitoring, supporting and improving services to students with additional needs. Disclosing this information will not affect your admission to LCI Melbourne.

DO YOU HAVE A DISABILITY, IMPAIRMENT OR LONG TERM MEDICAL CONDITION WHICH MAY AFFECT YOUR STUDIES?

Yes No

If yes, please indicate the area(s) of impairment:

Hearing Mobility Medical

Learning Vision Other

If yes, would you like to receive advice on support services, equipment and facilities that may assist you?

Yes No

Do you have religious obligations, caring responsibilities, elite sporting representation, national service commitments or other special circumstances that may affect your studies?

Yes No

Will you be relocating to study in Collingwood (Melbourne)?

Yes No

If yes, would you like assistance finding accommodation?

Yes No



Demographics & Statistics

HOW DID YOU HEAR ABOUT LCI MELBOURNE?

- | | | |
|--|--|----------------------|
| <input type="checkbox"/> Local school expo | <input type="checkbox"/> Teacher | |
| <input type="checkbox"/> Regional expo or fair | <input type="checkbox"/> Word of mouth | |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Internet search | |
| <input type="checkbox"/> VTAC guide | <input type="checkbox"/> Other | <input type="text"/> |
| <input type="checkbox"/> Careers counsellor | | |

EDUCATION LEVEL OF PARENTS OR GUARDIANS

Please indicate the highest educational attainment of the parent/s or guardian/s you have spent most time with.

PARENT/GUARDIAN 1

- Postgraduate qualification (e.g. Postgraduate Diploma, Master's, PhD)
- Bachelor's Degree
- Other post school qualification (e.g. VET Certificate, Associate Degree or Diploma)
- Completed Year 12 schooling or equivalent
- Did not complete Year 12 schooling or equivalent
- Completed Year 10 schooling or equivalent
- Did not complete Year 10 schooling or equivalent
- Don't know

PARENT/GUARDIAN 2

- Postgraduate qualification (e.g. Postgraduate Diploma, Master's, PhD)
- Bachelor's Degree
- Other post school qualification (e.g. VET Certificate, Associate Degree or Diploma)
- Completed Year 12 schooling or equivalent
- Did not complete Year 12 schooling or equivalent
- Completed Year 10 schooling or equivalent
- Did not complete Year 10 schooling or equivalent
- Don't know

WHAT IS YOUR CURRENT EMPLOYMENT STATUS?

- | | |
|--|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Seeking full-time employment |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Seeking part-time employment |
| <input type="checkbox"/> Self employed or employer | <input type="checkbox"/> Not employed and not seeking employment |



Supporting Documentation

PLEASE PROVIDE SUPPORTING DOCUMENTATION WITH THIS APPLICATION

These can be photocopied/scanned, or electronic copies. Certified copies of these documents will be requested to be provided at a later date

REQUIRED: PHOTO IDENTIFICATION (PLEASE PROVIDE 1 ONLY)

Driver's license

Passport

Student ID

Proof of age

SITUATIONAL: ACADEMIC EVIDENCE

Secondary school results/certificates

Post-secondary school documentation

Resume/cv

Other

REQUIRED: EVIDENCE OF ELIGIBILITY (PLEASE PROVIDE 1 ONLY)

Australian Passport

Australian Birth Certificate

New Zealand Passport

Permanent Resident Visa

Permanent Humanitarian Visa

Temporary Entry Permit

Other

Declaration

I declare that to the best of my knowledge, the information I have submitted on this form is true and correct.

I have attached all supporting documentation.

I will inform LCI Melbourne immediately if any of the information provided changes.

I understand that I must be prepared to provide original documents or certified copies of supporting documents upon request at any time. Failure to provide documents on request, or the discovery of either fraudulent documents or a misrepresentation of true circumstances, may lead to rejection of this application.

I understand that LCI Melbourne may obtain official records from any institution or organisation I have claimed a previous association with, for the express purpose of verifying my academic or employment history.

I understand that the information I have provided via this application and during my enrolment at LCI Melbourne may be made available to the Australian Government, state agencies and other designated authorities under the relevant legislation.

Applicant Details

APPLICANT SIGNATURE

DD MM YYYY

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I am the parent/guardian signing on behalf of an under 18 student (if applicable)

PARENT/GUARDIAN SIGNATURE

DD MM YYYY

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PARENT/GUARDIAN FULL NAME