



Massage Schools of Queensland

Student Enrolment Application (Student Visa)

2019

Step 1: Application for Enrolment

Download and carefully read the Handbook for International Students from our website.

https://s3-ap-southeast-2.amazonaws.com/msq-student-handbook/MSQ_International_Student_Handbook_2017.pdf

Complete your Enrolment Application form indicating which course/date you are applying for and ensure that you have answered all the questions.

Sign the Application form and return it to Massage Schools of Queensland (MSQ).

Please attach:

- copies of your academic qualifications, such as Graduate Certificate from high school, college or university (if applicable)
*if they have translated into English they will need to be certified as a correct copy
- evidence of your English language proficiency
*example: IELTS 4.5 for Certificate IV / IELTS 5.5 for Diploma (Upgrade)
*If English is your first language, you don't need to submit any evidence.
- the front section of your passport that shows your personal details
- GTE Assessment form (If applicable)

You can submit the forms online or print the forms out and return them to Massage Schools of Queensland by email, fax or post.

[Fax: +61 (0)7 5576 6398] / [Postal Address: PO BOX 6782, GCMC, QLD 9726 AUSTRALIA]

Step 2: Letter of Offer & Acceptance Agreement

If your application is successful, you will receive a Letter of Offer along with a Letter of Offer Acknowledgement and a Student Acceptance Agreement form to be signed. These documents will explain the course that you have been accepted in, the amount of fees which you will need to pay.

You will also receive an invoice for your payment and a payment plan/s which you need to sign if you required.

Step 3: Confirmation of Enrolment

To accept the offer of a place, sign all forms and return them to MSQ, and pay the amount of the initial invoice, and send proof of payment to MSQ. When your payment has been verified, you will be issued an electronic Confirmation of Enrolment (eCOE) for your place on the course.

Step 4: Visa

With your Confirmation of Enrolment, you can make an application for your Student Visa through the Department of Immigration website. <https://www.border.gov.au/> You can also take your eCOE to your authorized visa agent, who will advise you about your student visa application and the appropriate regulations.

When your student visa has been approved you will be eligible to come to Australia and begin your course.

Please answer all questions

Language and cultural diversity: (Please tick relevant box)

In which country were you born?

Australia Other

If other please specify which.....

Do you speak a language other than English?

English only Other language

If other please specify:.....

If other how well do you speak English?

Very well Well

Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal

Yes, Torres Strait Islander

Disability

Do you consider yourself to have a disability, impairment or long-term condition?

Yes No

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Hearing/deaf Physical

Intellectual Learning

Mental illness Acquired brain impairment

Vision Medical condition

Other

Schooling

What is the highest COMPLETED school level?

Year 12 or equivalent Year 11 or equivalent

Year 10 or equivalent Year 9 or equivalent

Year 8 or equivalent Never attended school

In which year did you complete that school level?

Are you still attending secondary school?

Yes No

Previous qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications?

Bachelor degree or higher Advanced diploma or Associate degree

Diploma (or associate Diploma) Certificate IV (or advanced certificate/technician)

Certificate III (or trade certificate) Certificate II

Certificate I Certificate other than the above

Employment

Of the following categories, which BEST describe your current employment status?

Full-time employee Part-time employee

Self-employed Employer

Employed – unpaid work in a family business

Unemployed – seeking full-time work

Unemployed – seeking part-time work

Not employed – not seeking employment

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

To get a job To develop my existing business

To start my own business To try for a different career

To get a better job or promotion It was a requirement of my job

I want extra skills for my job To get into another course of study

For personal interest or self-development Other reasons

Massage Schools of Queensland

STUDENT ENROLMENT APPLICATION (Student Visa) 2019

- ❖ Please note: certified copies of original documents must be lodged with your application.
- ❖ No fees are payable with enrolment application
- ❖ We do not enrol students under 18 years age

1. APPLICANT DETAILS				
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Family Name				
Given Name/s				
Date of Birth: (dd/mm/yyyy)		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address in home country	City: _____ Post Code/Zip: _____ Country: _____			
Mobile Number		Home Phone		
Email Address				
Address in Australia (if already have)	City: _____ Post Code: _____ State: _____			
Nationality (as shown in passport)		First language		
Passport Number		Expiry date		
Current Visa Number		Expiry date		
USI (Unique Student Identifier) Code (if already have)				

2. EMERGENCY CONTACT			
Name:		Relationship to Student	
Address:			
Email Address			
Mobile Number		Home Phone	

3. FAMILY DETAIL			
Are any family members of yours traveling to Australia with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>*If YES, Please complete family member's details below:</i>		
Full Name		Date of Birth:	/ /
Passport Number		Nationality:	
Relationship		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name		Date of Birth:	/ /
Passport Number		Nationality:	
Relationship		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name		Date of Birth:	/ /
Passport Number		Nationality:	
Relationship		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>*If more than three person, please attach the document for other person</i>			

4. EDUCATION

English Language Proficiency	<input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> Other <input type="checkbox"/> English is my first language	Score: Date achieved: : / / <i>*Note: you are required to have passed an IELTS test or equivalent test with a minimum <u>score of 4.5</u> in the last 2 <u>years</u>, before acceptance into this course.</i>
Do you intend to undertake further English Training to reach the required standards of Massage Schools of Queensland? <i>*If YES, Please indicate the details below:</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of institution		Course Duration

Education Background	What was your highest level of education? (ex. High school, College, University)
Course Credit	Do you wish to claim Course Credit in a particular part of the course as a result of previous study, experience or recognition of a competency currently held, this includes academic credit or recognition of prior learning . Claim Credit Transfer / Recognition of Prior Learning (RPL) YES <input type="checkbox"/> <i>*If YES, provide details below and attach supporting documentation.</i> NO <input type="checkbox"/> <i>*Note: there is a cost to apply for RPL, see the fees, charges and refunds policy and course credit policy in the handbook.</i>
Details of Course Credit requested:	

5. COURSE DETAIL

When do you wish to start?	START YEAR	20
	JAN / FEB / MAR / APR / MAY / JUN / JUL / AUG / SEP / OCT / NOV / DEC	
What course/s do you wish to enrol?	Campus location: Level 1, 36 Kortum Drive, Burleigh Heads QLD 4220 AUSTRALIA	
Course Title (please tick all courses)	CRICOS Code	Duration
<input type="checkbox"/> HLT 42015 Certificate IV in Massage Therapy	094166M	20 weeks
<input type="checkbox"/> HLT 52015 Diploma of Remedial Massage	094164B	60 weeks
<input type="checkbox"/> HLT 52315 Diploma of Clinical Aromatherapy	094163C	60 weeks
<input type="checkbox"/> Certificate IV in Massage Therapy & Diploma of Remedial Massage		80 weeks
<input type="checkbox"/> Certificate IV in Massage Therapy & Diploma of Clinical Aromatherapy		80 weeks

6. ARE YOU TRANSFERRING FROM OTHER PROVIDER?	Are you enrolled with another Educational Provider? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>*if yes, please ask for the student transfer application to complete and attach to this form</i>
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7. OVERSEAS STUDENT HEALTH COVER INSURANCE (OSHC)	
Would you like MSQ to arrange insurance? <i>*OSHC provider is ahm (Australian Health Management) OSHC</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	SINGLE <input type="checkbox"/> FAMILY <input type="checkbox"/>
If NO – Please arrange OSHC by yourself AND <i>Please provide details in Student Acceptance Agreement form which we will provide you once your application is successful & Submit us the evidence: confirmation letter / copy of membership card</i>	

8. PAYMENT PREFERENCE
PAYMENT IN FULL <input type="checkbox"/> PAYMENT PLAN <input type="checkbox"/> <i>*If applying for more than 25 weeks course, please choose PAYMENT PLAN</i>

9. SPECIAL NEEDS													
Are there any special requirements or needs that we should be aware of so that we may assist you in your learning environment? Please tick: YES <input type="checkbox"/> NO <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Allergies</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Medical condition</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Numeracy issues</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Language difficulties</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Disability or long term illness</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Other</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Allergies	<input type="checkbox"/>	Medical condition	<input type="checkbox"/>	Numeracy issues	<input type="checkbox"/>	Language difficulties	<input type="checkbox"/>	Disability or long term illness	<input type="checkbox"/>	Other	<input type="checkbox"/>
Allergies	<input type="checkbox"/>												
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Language difficulties	<input type="checkbox"/>												
Disability or long term illness	<input type="checkbox"/>												
Other	<input type="checkbox"/>												
	If you ticked any of the above boxes, please provide details:												

10. EDUCATION AGENT	Do you have an Education Agent? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>*If yes, please ask them to complete section below</i>
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I confirm that I have briefed the applicant on the Terms and Conditions relating to this application and that I have provided the applicant with relevant information on MSQ and the course consistent with the requirements of the ESOS Act 2000 and the National Code 2007 or successor.		
Agent Name		
Contact Person		
Agent Address		
Phone Number		
Email Address		
Are you registered with Massage Schools of Queensland?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Agent Signature	Date	

11. DECLARATION

For your application for enrolment to be assessed you must complete this declaration

I declare that the information I have provided on this form and supporting documentation is true and correct. I do hereby certify that this application has been completed by me personally.

I agree that in the event I have supplied false, misleading or inaccurate information that MSQ reserves the right to refuse, vary or terminate the student enrolment application.

I further acknowledge that I have the financial capacity to pay my college fees and living expenses as and when they become due.

Sharing personal information: I understand and agree and consent that my personal information may be made available to the relevant agencies i.e. Department of Immigration and Border Protection (DIBP), Australian Skills Quality Authority (ASQA), Tuition Protection Service (TPS) Director and the Health Insurance Provider pursuant to obligations under the ESOS Act 2000, the ESOS Regulations Act 2001 and the National Code 2007 or their successors and to any staff or contractor(s) employed or engaged by MSQ to provide advice or services in connection with MSQ registration and/or compliance.

MSQ will not provide or disclose to any outside parties' personal information other than is approved in this application. However, if required by law to disclose such information then this information will be released.

I further consent to being contacted by MSQ and/or the relevant Commonwealth agency in connection with my enrolment and future studies.

I nominate the Education Agent detailed in this document to be my Education Agent in further dealings with this college.

Note to applicant: You may access your personal information by contacting the Manager of Student Relations; your personal details may be edited and corrected if required.

Student Name: _____

Student Signature: _____ Date: ____ / ____ / ____

Once you have completed this form, attach the associated documents. Please forward to:
Massage Schools of Queensland (MSQ)

If you are selected for acceptance into your chosen course, you will receive a Letter of Offer and a Student Acceptance Agreement.

These forms must be completed and returned with applicable fees and supporting documentation. Once this is completed, upon final approval a Confirmation of Enrolment (CoE) will be provided.