

<p>Do you require assistance with applying for Unique Student Identifier?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Please provide the details of your current passport below:</p> <p>Country:</p> <p>No.:</p> <p>Expiry Date:</p>
<p>Do you authorise Byron Yoga Centre to verify and access details about your current visa with the Department of Immigration and Border Control?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>	
<p>Byron Yoga Centre's minimum requirement for English Language Proficiency is an International English Language Testing System (IELTS) www.ielts.org Overall Band score of 5.5.</p> <p>Have you recently completed an IELTS Test, or any other test used to determine your level of English Proficiency?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you attached evidence of the outcomes of such test?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Personal History</p>	
<p>1. In which country were you born?</p> <p>2. Do you speak a language other than English at home?</p> <p>Please list: No, English only <input type="checkbox"/> (skip Question 3)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. How well do you speak English?</p> <p>Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/></p> <p>4. Do you consider yourself to have a disability, impairment or long-term condition?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>5. If yes, please circle those applicable to you from the list:</p> <p>Hearing/Deaf</p> <p>Physical</p> <p>Intellectual</p> <p>Mental Illness</p> <p>Acquired Brain Impairment</p> <p>Vision</p> <p>Medical Condition</p> <p>Other</p> <p><i>If you ticked "Other" please provide further information below:</i></p> <p>_____</p> <p>_____</p>

<p>6. What is your highest COMPLETED school level? (Tick ONE box only.)</p> <p>Year 12 or equivalent <input type="checkbox"/></p> <p>Year 11 or equivalent <input type="checkbox"/></p> <p>Year 10 or equivalent <input type="checkbox"/></p> <p>Year 9 or equivalent <input type="checkbox"/></p> <p>Year 8 or below <input type="checkbox"/></p> <p>Never attended school <input type="checkbox"/></p>	<p>7. In which year did you complete that school level?</p> <p>_____</p>
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Please describe your yoga practice in the space below.

If you have an appropriate certificate or statement of attainment (SOA) relating qualifications or specific units undertaken in Australia you may apply for credit transfer.

If you have work experience, knowledge and past training in any of the units you may wish to apply for Recognition of Prior Learning (RPL).

Do you have an appropriate certificate or SOA as evidence of credit transfer?

Yes (If 'YES' please attach certificate or SOA) No

Do you wish to apply for RPL? Yes No

(If 'YES' Byron Yoga Centre will provide you with further information or you may choose to download the relevant pdf document from our website)

Please be advised that if your application for credit is successful, this may affect the length of your Confirmation of Enrolment (COE) and the length of your studies in Australia. International Students are encouraged to read the Credit Transfer and Recognition of Prior Learning (RPL) Policy and Procedure for International Students in this regard.

Where did you learn about Byron Yoga Centre?

Internet	<input type="checkbox"/>	School	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	Work	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Other	<input type="checkbox"/>

Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS ACT and the National Code 2007; 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 2007.

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 Assurance Scheme and the Tuition Protection Service. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law. Byron Yoga Centre is required under s19 of the ESOS Act 2000 to advise the department of changes in enrolment and of any breach by the student of the student visa condition relating to attendance and/or satisfactory academic performance. As an International/Overseas student, your course must be completed within the given time frame.

I understand the above information and have read the overview of the Education Services for Overseas Students (ESOS) Act as found on the Byron Yoga Centre website.

Signature:

Date:

Declaration

Prior to enrolment I was provided with sufficient information about the course that I intend completing, including all aspects of training, assessment and support services.

I have been provided with access to the International Student Handbook and have been advised that further information is available on Byron Yoga Centre website.

I confirm the information I have provided is accurate and I have read and understood all of Byron Yoga Centre terms and conditions (available on Byron Yoga Centre website and the International Student Handbook) and I will abide by these terms and conditions throughout my training with Byron Yoga Centre.

I have provided a certified copy of proof of identification.

I hereby agree to the above declaration and to pay for the above course/s, in accordance with the payment specified, on the date(s) due.

Signature:

Date:

Office Use Only	
Information entered into system?	Name: _____ Date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature: _____