International Application Form 2026

Aurora TRAINING INSTITUTE

Personal Information

PLEASE SELECT YOUR PREFERRED TITLE

☐ Miss ☐ Mrs ☐ Ms ☐ Mr ☐ Other:_____ Are you: ☐ Male ☐ Female ☐ Other

First name(s)_____

Last name_____

E-mail address_____

☐ *I do not give permission for Aurora Training Institute to contact me by e-mail or SMS for marketing purposes*

Date of Birth_____

Passport number *(please attach a copy of the PHOTO ID page of your passport)*_____

Nationality_____

Country of birth_____

First language_____

Citizenship_____

Current occupation_____

Are you living in Australia? ☐ Yes ☐ No

Are you an Australian resident? ☐ Yes ☐ No

Do you currently hold an Australian visa? ☐ Yes ☐ No

If yes, please indicate visa type: ☐ Student ☐ Visitor ☐ Other

Visa expiry date: Day_____Month_____Year_____

Have you ever held a student visa for Australia? ☐ Yes ☐ No

Will you be lodging your visa application in Australia? ☐ Yes ☐ No

If no, which country will you lodge the visa application?_____

YOUR CURRENT ADDRESS

Street number_____Street name_____

City_____State_____Postcode_____

Home phone number_____Mobile phone number_____

Vocational Courses

COURSE	START DATE	WEEKS	FEES $
SIT30821 Certificate III in Commercial Cookery			
SIT40521 Certificate IV in Kitchen Management			
SIT50422 Diploma of Hospitality Management (Commercial Cookery)			
CHC30121 Certificate III in Early Childhood Education and Care			
CHC50125 Diploma of Early Childhood Education and Care			

Agent Information

PLEASE INDICATE THE FOLLOWING

Agent agreement number_____

Name of representative_____

Organisation_____

E-mail address_____

Overseas Student Health Cover (OSHC*)

HEALTH COVER TYPE	START DATE	NO. OF WEEKS	FEES $
Single			
Couple			
Family			

** It is not mandatory that your Overseas Student Health Cover (OSHC) is organised by your Education Provider (Aurora). You may choose to arrange your own OSHC.*

*** The OSHC start date is your expected arrival date into Australia. It is your responsibility to advise Aurora in writing if your expected entry date into Australia/visa start date changes so that your OSHC can be re-quoted and revised. Immigration requirements state that it is the student's responsibility to make sure they do not enter Australia before their OSHC begins, and that they maintain OSHC until they leave Australia.*

Health Information

Do you have any special needs or require any adjustments to accommodate you in your course? ☐ Yes ☐ No

You may wish to discuss this confidentially with your lecturer.

Do you suffer from any allergies or medical problems? ☐ Yes ☐ No

If yes, please provide further information below. This information is required so that we can accommodate you in the workplace and in your training.

Do you have any pre-existing injury, disability, or impairment that will require special assistance, including literacy support?

You may wish to discuss this confidentially with your lecturer. ☐ Yes ☐ No

Next Of Kin

WHO WE SHOULD CONTACT

This is the legal person for Aurora Training Institute to contact in the event of an emergency. This person must be legally responsible for your welfare, i.e. a family member.

Contact's full name

Contact's telephone 1 Contact's telephone 2

Contact's address

Contact's e-mail

Contact's relationship to you

Summary Checklist

PLEASE ENSURE THAT YOU SUBMIT THE FOLLOWING:

- ☐ Completed signed Application Form
- ☐ Copy of your passport / or photo of applicant if no passport at time of application
- ☐ Financial evidence
- ☐ Copy of your school results
- ☐ Proof of other studies or employment
- ☐ IELTS test results

Feedback

PLEASE SELECT ALL THAT APPLY:

Where did you hear about Aurora?

☐ Google	☐ Newspaper	☐ Parent	
☐ Website	☐ School	☐ Agent e-mail	
☐ Facebook	☐ Expo	☐ Student SMS	
☐ Internet	☐ Friend	☐ Internal memo	
☐ Magazine	☐ Teacher	☐ Other	*If other, please provide further information below:*

_____

Declaration

I declare that the information provided by me on this application is true and correct, and that it relates specifically and solely to me as an individual. I accept that Aurora Training Institute makes decisions based on this information and may seek further information or clarification as required. I understand that if offered a place in a course of training I will be required to pay fees and meet requirements specific to that course before my enrolment is confirmed. I accept that failure to attend the scheduled sessions may compromise my ability to satisfy some or all of the course requirements. I further accept that any additional training may be required if I do not meet the course requirements, that this training is at an additional cost to myself, and that any requirement to undertake this extra training is at the additional cost to myself, and that any requirements to undertake this extra training is at the discretion of Aurora Training Institute.

Name_____ Signature_____ Date _____ _____ _____

Day *Month* *Year*

Aurora reserves the right in its absolute discretion to reject any application for enrolment, and shall be under no obligation whatsoever to give reasons for its decision. Enrolments at Aurora Training Institute must be completed prior to the commencement date of the program / courses and non-refundable fee must be paid to secure the enrolment. Aurora Training Institute does not accept students who have not enrolled prior to the commencement of programs or courses.