

APPLICATION FORM

Personal Details

Family Name _____

Given Names _____

Date of Birth _____ Sex: M F

Nationality _____ Occupation _____

Address _____

Phone _____ Email _____

Are you applying for a Visa in Australia?

Yes No

Immigration (DIAC) Office: _____

Which type of visa will you apply for?

Visitor Working holiday Student

Other: _____ Passport No _____

Course Details

Which course(s) are you applying for?

Part Time General English

Full Time General English + Afternoon Elective

Exam Preparation Course:

PET FCE CAE CPE EAP

Start Date _____ Finish Date _____

Number of weeks _____

What is your level of English?

Beginner Intermediate

Elementary Advanced

Referral Details

Where did you find out about our school?

Agent: _____

Website Newspaper/Magazine

Friend Other: _____

Method of Payment

Bank Transfer Bank Cheque Credit Card

Bank Details: ANZ, Town Hall, Perth City, WA 6000

Acc. Name: Perth International College of English

Acc. No: 016 120 1978 41291

Please complete this form and return to the Registrar at:

Perth International College of English, The Kings Complex, 517 Hay Street, Perth City,

Western Australia, 6000 FAX: (61 8) 9221 1792 EMAIL: info@pice.com.au

Paxmil Education Holdings Pty Ltd Provider Code: 02368G ABN: 32 099 081 188

Accommodation Details

Do you want P.I.C.E. to arrange accommodation for you?

Yes No

If yes: Homestay Hostel

What date do you wish to start your accommodation?

When will you leave your homestay? _____

Number of weeks _____

Do you smoke? Yes No

Do you prefer a family with pets?

Yes No Doesn't matter

Do you have any allergies/foods you cannot eat/special requests? _____

Do you prefer a family with or without children?

With children Without children Doesn't matter

Do you have any special requests? _____

Do you want airport transfer?

Yes No

Please advise your flight number _____

Arrival Date _____

Arrival Time _____

(if you do not know now, please advise when confirmed)

Payment Details

Registration fee A\$ _____

Course fee _____ wks A\$ _____

Cambridge fee A\$ _____

Accommodation placement fee A\$ _____

Homestay accommodation _____ wks A\$ _____

Airport transfer A\$ _____

OSHC A\$ _____

Total Payment Due A\$ _____

Credit Card Number

Type of Card: Visa MasterCard Expiry Date: ___/___/___

Name of Cardholder: _____

I confirm that I have read and understood the refund policy overleaf. I confirm that the terms and conditions of this offer have been explained to me or that copies of the documents were available to me in my own language on request. I understand that this agreement does not remove the right to take further action under Australia's consumer protection laws, nor remove the right to pursue other legal remedies in any dispute resolution. I understand that information on this form may be made available to Commonwealth and State government agencies, and the ESOS Assurance Fund Manager.

Signed _____ Date _____

by enrollee (or parent or guardian if enrollee is under 18 years old).