

KINGSWAY INSTITUTE NAATI CCL COURSE APPLICATION FORM

ABN: 40 098 611 360
CRICOS Provider Code: 03177F
GF, 55-57 Wentworth Avenue
Sydney NSW Australia 2000
T: +61 2 9283 2388
E: enquiry@kway.nsw.edu.au



Before completing the application form, please visit: www.kway.nsw.edu.au

Kingsway CCL Number:

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PART A	PERSONAL DETAILS					
Application Checklist:	<ul style="list-style-type: none"> Completed all sections of the Application form Copy of your passport Copies of your academic qualification Evidence of your English language proficiency 					
Is this your first application to CCL course?	YES <input type="checkbox"/> → Please make sure you include the application fee if this is your first application					
	NO <input type="checkbox"/>					
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	
Surnames:						
Family name:						
Preferred name:						
Date of birth(DD/MM/YYYY):				Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Country of birth:						
Postal address:						
	State		Suburb		Postcode	
Contact Phone Number (Home):	()					
Contact Phone Number (Mobile):						
Email Address:						
PART B	COURSE DETAILS					
Select Course Duration	8 weeks <input type="checkbox"/>		10 weeks <input type="checkbox"/>		12 weeks <input type="checkbox"/>	
PART C	FEES AND PAYMENT DETAILS					
<i>All fees and charges are listed in Australian Dollars (\$AUD)</i>						

Fees (\$AUD)*			Account Details		
Enrolment Fee		\$200.00	Account Name: GLOBAL EDUCATION & TOURISM GROUP PTY LTD T/A KINGSWAY INSTITUTE TRUST ACCOUNT (Kingsway Institute) BSB Number: 062 010 Account Number: 1079 7122 Bank Name: COMMONWEALTH BANK Bank Address: 431-439 SUSSEX STREET, SYDNEY NSW 2000 Bank SWIFT Code: CTBAAU2S		
8 weeks	CCL Tuition Fee	\$1,499.00			
	Material Fee	\$180.00			
10 weeks	CCL Tuition Fee	\$1,799.00			
	Material Fee	\$200.00			
12 weeks	CCL Tuition Fee	\$1,999.00			
	Material Fee	\$220.00			

ALL FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

IF YOU (OR ANOTHER INDIVIDUAL) ARE PAYING THE FEES COMPLETE PART C1 ONLY
IF THIRD PARTY (AGENT, AN ORGANISATION) ARE PAYING THE FEES ON YOUR BEHALF A REPRESENTATIVE OF THE THIRD PARTY NEEDS TO COMPLETE PART C2 ONLY

PART C1	Payment by an Individual
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Amount \$AUD:	<i>Payments can be made in Cash, Credit or Debit Card, Bank Cheque, Money order</i> <i>Card payments can also be made at: www.bpoint.com.au/Pay/GETG</i>
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(Please tick one)

<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Cheque	<input type="checkbox"/> Credit or Debit Card	<input type="checkbox"/> Money Order
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Card details (Please tick one)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Debit Card
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Credit Card Number	Security Code	Expiry date
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Card holder's Name:			
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Card holder's Signature	Date:
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PART C2	Payment by Third Party
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Details of the organisation

Company Name:			
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Address	State	Suburb	Postcode
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ABN			
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Sponsor's or Supervisor's name			
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Position			
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Contact Phone Number (Work):	()
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Contact Phone Number (Mobile):			
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Email Address:			
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Sponsor or Supervisor Signature:	Date:
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Payment Details	
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Amount \$AUD:	<i>Payments can be made in Cash, Credit or Debit Card, Bank Cheque, Money order</i>
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(Please tick one)

<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Cheque	<input type="checkbox"/> Credit or Debit Card	<input type="checkbox"/> Money Order
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Card details (Please tick one)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Debit Card
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Credit Card Number	Security Code	Expiry date
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Card holder's Name:			
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Card holder's Signature	Date:
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OFFICE USE ONLY	Date Received:	Date Dispatched:
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<input type="checkbox"/> CSH	<input type="checkbox"/> CHQ	<input type="checkbox"/> EFTPOS	<input type="checkbox"/> AMO	AMOUNT PAID:
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Received By:	Date:
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Receipt Number:	Transaction Number:
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- I declare the information provided in this application form is correct to the best of my knowledge.
- I declare I have read and understood the information provided to me in the application form.
- I understand that if the fees for this application have been paid for by a third party that Kingsway Institute may provide information to that third party about the outcome of this application.
- I understand the application fee accompanying this application is non-refundable
- I declare that I have read and accepted the conditions of enrolment including the cancellation and refund policy of the Institute.
- I acknowledge that, information is collected during the enrolment in order to meet Kingsway Institute's obligations under the ESOS Act and the National Code 2018 to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws. The authority to collect this information is contained in the Education Services for Overseas Students Act 2018, the Education Services for Overseas Students Regulations 2015, The National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018. Information collected about myself during the enrolment can be provided, under certain circumstances, to the Australian Government.

Signature:	Date:
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