

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
 Full Time Quality Evening
 Exam Preparation Course:
 PET FCE CAE EAP OLI
 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, 237 Murray St, Perth City, WA 6000
 Account Name: Perth International College of English
 BSB. No: 016 120 Account No: 1978 41291

Please complete this form and return to the Registrar at:
 Perth International College of English, 100-104 Murray Street, Perth WA 6000
 PH: (61 8) 9221 2295 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 Shared accommodation
 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 medical conditions or 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: _____

Please Note: All Credit Card payments will incur a 1% Surcharge.

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).