



Massage Schools of Queensland

Student Enrolment Application (Student Visa)

2024

Step 1: Application for Enrolment

Download and carefully read the Handbook for International Students from our website.

https://massageschools.com.au/wp-content/uploads/2023/06/MSQ_International_Student_Handbook_2023_v2.pdf

Complete your Enrolment Application form indicating which course/date you are applying for and ensure that you have answered all the questions.

Sign the Application form and return it to Massage Schools of Queensland (MSQ).

Please attach:

- copies of your academic qualifications, such as Graduate Certificate from high school, college or university (if applicable)
*if they have translated into English they will need to be certified as a correct copy
- evidence of your English language proficiency
*IELTS (Academic Module) 6.0 or equivalent
*If English is your first language, you don't need to submit any evidence.
- a copy of the front section of your passport that shows your personal details
- GTE Assessment form (If applicable)

You can submit the forms [online](#) or print the forms out from [our website](#) and return them to Massage Schools of Queensland by email, fax or post.

[Email: enquiry@massageschools.com.au] | [Fax: +61 (0)7 5576 6398]

| [Postal Address: PO BOX 6782, GCMC, QLD 9726 AUSTRALIA]

Step 2: Letter of Offer & Acceptance Agreement

If your application is successful, you will receive a Letter of Offer along with a Letter of Offer Acknowledgement and a Student Acceptance Agreement form to be signed. These documents will explain the course that you have been accepted in, the amount of fees which you will need to pay.

You will also receive an invoice for your payment and payment plan/s which you need to sign if you required.

Step 3: Confirmation of Enrolment

To accept the offer of a place, sign all forms and return them to MSQ, and pay the amount of the initial invoice, and send proof of payment to MSQ. When your payment has been verified, you will be issued an electronic Confirmation of Enrolment (eCOE) for your place on the course.

Step 4: Visa

With your Confirmation of Enrolment, you can make an application for your Student Visa through the Australian Government, the Department of Home Affairs website. [\[https://www.homeaffairs.gov.au\]](https://www.homeaffairs.gov.au) You can also take your eCOE to your authorized visa agent, who will advise you about your student visa application and the appropriate regulations.

When your student visa has been approved you will be eligible to come to Australia and begin your course.

Massage Schools of Queensland

STUDENT ENROLMENT APPLICATION (Student Visa) 2024

- ❖ Please note: certified copies of original documents must be lodged with your application.
- ❖ No fees are payable with enrolment application
- ❖ We do not enrol students under 18 years age

1. APPLICANT DETAILS						
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	
Family Name						
Given Name/s						
Date of Birth: (dd/mm/yyyy)	/	/	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Address in HOME COUNTRY	City: _____ Post Code/Zip: _____ Country: _____					
Mobile Number			Home Phone			
Email Address						
Address in AUSTRALIA (if already have)	Suburb/Town: _____ Post Code: _____ State/Territory: _____					
Nationality (as shown in passport)			First language			
Passport Number			Expiry date			
Current Visa Number			Expiry date			
USI (Unique Student Identifier) Code (if already have)						

*If you have not yet obtained a USI, you can apply for it at <https://www.usi.gov.au/students/create-usi>

2. EMERGENCY CONTACT		
Name:		Relationship to Student
Address:		
Email Address		
Mobile Number		Home Phone

3. FAMILY DETAIL		
Are any family members of yours traveling to Australia with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>*If YES, Please complete family member's details below:</i>	
Full Name		Date of Birth: / /
Passport Number		Nationality:
Relationship		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name		Date of Birth: / /
Passport Number		Nationality:
Relationship		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name		Date of Birth: / /
Passport Number		Nationality:
Relationship		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>*If more than three person, please attach the document for other person</i>		

4. EDUCATION

English Language Proficiency	<input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> Other () <input type="checkbox"/> English is my first language	Score: Date achieved: : / / <i>*Note: you are required to have passed an IELTS test or equivalent test with a minimum score of 6.0 in the last 2 years, before acceptance into this course.</i>
Do you intend to undertake further English Training to reach the required standards of Massage Schools of Queensland? <i>*If YES, Please indicate the details below:</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of institution		Course Duration

Education Background	What was your highest level of education? (ex. High school, College, University)
Course Credit	Do you wish to claim Course Credit in a particular part of the course as a result of previous study, experience or recognition of a competency currently held, this includes academic credit or recognition of prior learning . Claim Credit Transfer / Recognition of Prior Learning (RPL) YES <input type="checkbox"/> <i>*If YES, provide details below and attach supporting documentation.</i> NO <input type="checkbox"/> <i>*Note: there is a cost to apply for RPL, see the fees, charges and refunds policy and course credit policy in the handbook.</i>
Details of Course Credit requested:	

5. COURSE DETAIL

When do you wish to start?	START YEAR	20
	JAN / FEB / MAR / APR / MAY / JUN / JUL / AUG / SEP / OCT / NOV / DEC	
What course/s do you wish to enrol?	Campus location: Level 1, 36 Kortum Drive, Burleigh Heads QLD 4220 AUSTRALIA	
Course Title (please tick all courses)	CRICOS Code	Duration*
<input type="checkbox"/> HLT 42021 Certificate IV in Massage Therapy	113411H	26 weeks
<input type="checkbox"/> HLT 52021 Diploma of Remedial Massage	113412G	73 weeks
<input type="checkbox"/> HLT 52315 Diploma of Clinical Aromatherapy	094163C	73 weeks
<input type="checkbox"/> Certificate IV & Diploma of Remedial Massage	113411H & 113412G	87 weeks
<input type="checkbox"/> Certificate IV & Diploma of Clinical Aromatherapy	113411H & 094163C	87 weeks
<input type="checkbox"/> Double Diploma of Remedial Massage & Clinical Aromatherapy	113412G & 094163C	120 weeks

***Course duration will be varied with the course schedule**

6. ARE YOU TRANSFERRING FROM OTHER PROVIDER?	Are you enrolled with another Educational Provider? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>*if yes, please ask for the student transfer application to complete and attach to this form</i>
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7. OVERSEAS STUDENT HEALTH COVER INSURANCE (OSHC)	
Would you like MSQ to arrange insurance? <i>*OSHC provider is ahm (Australian Health Management) OSHC</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	SINGLE <input type="checkbox"/> COUPLE <input type="checkbox"/> FAMILY <input type="checkbox"/>
If NO – Please arrange OSHC by yourself AND <i>Please provide details in Student Acceptance Agreement form which we will provide you once your application is successful & Submit us the evidence: confirmation letter / copy of membership card</i>	

8. PAYMENT PREFERENCE
PAYMENT IN FULL <input type="checkbox"/> PAYMENT PLAN <input type="checkbox"/> <i>*If applying for more than 25 weeks course, please choose PAYMENT PLAN</i>

9. SPECIAL NEEDS	
Are there any special requirements or needs that we should be aware of so that we may assist you in your learning environment? Please tick: YES <input type="checkbox"/> NO <input type="checkbox"/>	Allergies <input type="checkbox"/> Medical condition <input type="checkbox"/> Numeracy issues <input type="checkbox"/> Language difficulties <input type="checkbox"/> Disability or long term illness <input type="checkbox"/> Other <input type="checkbox"/> If you ticked any of the above boxes, please provide details:

10. EDUCATION AGENT	Do you have an Education Agent? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>*If yes, please ask them to complete section below</i>
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I confirm that I have briefed the applicant on the Terms and Conditions relating to this application and that I have provided the applicant with relevant information on MSQ and the course consistent with the requirements of the ESOS Act 2000 and the National Code 2007 or successor.		
Agent Name		
Contact Person		
Agent Address		
Phone Number		
Email Address		
Are you registered with Massage Schools of Queensland?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Agent Signature	Date	

11. DECLARATION

For your application for enrolment to be assessed you must complete this declaration

I declare that the information I have provided on this form and supporting documentation is true and correct. I do hereby certify that this application has been completed by me personally.

I agree that in the event I have supplied false, misleading or inaccurate information that MSQ reserves the right to refuse, vary or terminate the student enrolment application.

I further acknowledge that I have the financial capacity to pay my college fees and living expenses as and when they become due.

Sharing personal information: I understand and agree and consent that my personal information may be made available to the relevant agencies i.e. Department of Home Affairs (DHA), Australian Skills Quality Authority (ASQA), Tuition Protection Service (TPS) Director and the Health Insurance Provider pursuant to obligations under the ESOS Act 2000, the ESOS Regulations Act 2001 and the National Code 2018 or their successors and to any staff or contractor(s) employed or engaged by MSQ to provide advice or services in connection with MSQ registration and/or compliance.

MSQ will not provide or disclose to any outside parties' personal information other than is approved in this application. However, if required by law to disclose such information then this information will be released.

I further consent to being contacted by MSQ and/or the relevant Commonwealth agency in connection with my enrolment and future studies.

I nominate the Education Agent detailed in this document to be my Education Agent in further dealings with this college.

Note to applicant: You may access your personal information by contacting the Manager of Student Relations; your personal details may be edited and corrected if required.

Student Name: _____

Student Signature: _____ Date: ____ / ____ / ____

Once you have completed this form, attach the associated documents. Please forward to:
Massage Schools of Queensland (MSQ)

If you are selected for acceptance into your chosen course, you will receive a Letter of Offer and a Student Acceptance Agreement.

These forms must be completed and returned with applicable fees and supporting documentation. Once this is completed, upon final approval a Confirmation of Enrolment (CoE) will be provided.

Please fill in the AVETMISS Form on the following pages

AVETMISS Form

Privacy Notice

VET Data Use Statement

Under the Data Provision Requirements 2012 and National VET Data Policy (which includes the National VET Provider Collection Data Requirements Policy), Registered Training Organisations are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used and disclosed for the following purposes:

- populate authenticated VET transcripts;
- facilitate statistics and research relating to education, including surveys and data linkage;
- pre-populate RTO student enrolment forms;
- understand how the VET market operates, for policy, workforce planning and consumer information; and
- administer VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Please answer all questions below

1. Language and cultural diversity: (Please tick relevant box)

In which country were you born?

- Australia
 Other *If other, please specify which:

Do you speak a language other than English?

- English only
 Other language *If other, please specify:

If other, how well do you speak English?

- Very well Well
 Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin?

- No Yes, Aboriginal
 Yes, Torres Strait Islander

2. Disability

Do you consider yourself to have a disability, impairment or long-term condition?

- Yes No

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

*Please refer to the Disability supplement for an explanation of the following disabilities.

- | | | | |
|----------------|--------------------------|---------------------------|--------------------------|
| Hearing/deaf | <input type="checkbox"/> | Physical | <input type="checkbox"/> |
| Intellectual | <input type="checkbox"/> | Learning | <input type="checkbox"/> |
| Mental illness | <input type="checkbox"/> | Acquired brain impairment | <input type="checkbox"/> |
| Vision | <input type="checkbox"/> | Medical condition | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

3. Schooling

What is the highest COMPLETED school level?

- | | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| Year 12 or equivalent | <input type="checkbox"/> | Year 11 or equivalent | <input type="checkbox"/> |
| Year 10 or equivalent | <input type="checkbox"/> | Year 9 or equivalent | <input type="checkbox"/> |
| Year 8 or equivalent | <input type="checkbox"/> | Never attended school | <input type="checkbox"/> |

Are you still attending secondary school?

Yes No

4. Previous qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications?

Yes No

- | | | | |
|--|--------------------------|---|--------------------------|
| Bachelor degree or higher | <input type="checkbox"/> | Advanced diploma or Associate degree | <input type="checkbox"/> |
| Diploma (or associate Diploma) | <input type="checkbox"/> | Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> |
| Certificate III (or trade certificate) | <input type="checkbox"/> | Certificate II | <input type="checkbox"/> |
| Certificate I | <input type="checkbox"/> | | |
| Other education (including certificates or overseas qualifications not listed above) | | | <input type="checkbox"/> |

5. Employment

Of the following categories, which BEST describe your current employment status?

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| Full-time employee | <input type="checkbox"/> | Part-time employee | <input type="checkbox"/> |
| Self-employed – not employing others | <input type="checkbox"/> | Self-employed – employing others | <input type="checkbox"/> |
| Unemployed – seeking full-time work | <input type="checkbox"/> | Unemployed – seeking part-time work | <input type="checkbox"/> |
| Employed – unpaid work in a family business | <input type="checkbox"/> | | |
| Not employed – not seeking employment | <input type="checkbox"/> | | |

6. Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

- | | | | |
|---|--------------------------|--|--------------------------|
| To get a job | <input type="checkbox"/> | To develop my existing business | <input type="checkbox"/> |
| To start my own business | <input type="checkbox"/> | To try for a different career | <input type="checkbox"/> |
| To get a better job or promotion | <input type="checkbox"/> | It was a requirement of my job | <input type="checkbox"/> |
| I want extra skills for my job | <input type="checkbox"/> | To get into another course of study | <input type="checkbox"/> |
| For personal interest or self-development | <input type="checkbox"/> | To get skills for community / voluntary work | <input type="checkbox"/> |
| Other reasons | <input type="checkbox"/> | | |

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 – Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 – Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 – Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 – Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 – Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 – Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 – Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 – Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 – Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.