

STUDENT CONTACT DETAILS FORM

PLEASE STRICTLY FILL THIS FORM IN CAPITAL LETTERS



OCEANIA POLYTECHNIC
INSTITUTE OF EDUCATION

CRICOS PROVIDER CODE: 01905F | RTO NO: 6324

1. PERSONAL DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other:
Family Name				
Given Name				
Date of Birth		Gender		
Student USI		Student No.		
Courses Enrolled		Month/year of commencement		

2. CONTACT DETAILS

PERSONAL CONTACT

House No.			
Street Address			
Suburb		State	
Postcode		Telephone	
Mobile No.		Email	

EMERGENCY CONTACT IN AUSTRALIA

COMPULSORY FOR ALL STUDENTS; TYPE IN YOUR GUARDIAN DETAILS IF YOU ARE UNDER 18 YEARS OLD

Name		Relationship to you	
Address			
Suburb		State	
Postcode		Telephone	
Mobile No.		Email	

EMERGENCY CONTACT - OVERSEAS

Name		Relationship to you	
Address			
City/State		Country	
Postcode		Telephone	
Mobile No.		Email	

3. DEMOGRAPHICS

EMPLOYMENT STATUS ☐ Full-time employee ☐ Part-time employee ☐ Unemployed

OCCUPATION IDENTIFIER

- ☐ Manager ☐ Machinery Operator/Driver ☐ Sales Worker ☐ Other
☐ Community & Personal Service ☐ Administrative Worker ☐ Technician/Trade Worker

HIGHEST COMPLETED SCHOOL LEVEL

Year of Completion

- ☐ Completed Year 12 or equivalent ☐ Completed Year 9 or equivalent
☐ Completed Year 11 or equivalent ☐ Completed Year 8 or equivalent
☐ Completed Year 10 or equivalent ☐ Never Attended School

PRIOR EDUCATION

- ☐ Yes, a prior education achievement has been successfully completed ☐ No, a prior education achievement has not been successfully completed

PRIOR EDUCATION ACHIEVEMENT

- ☐ Certificate I ☐ Certificate II ☐ Certificate III ☐ Certificate IV ☐ Diploma
☐ Advance Diploma ☐ Bachelor ☐ Post-Graduate ☐ Doctoral Degree

PRIOR EDUCATION IDENTIFIER

- ☐ Australian ☐ Australian Equivalent ☐ International

LANGUAGE AND CULTURAL DIVERSITY

Country of Birth

English Test Taken

Language spoken at home

- ☐ IELTS ☐ PTE ☐ TOEFL ☐ CAE ☐ Others

SCORE

Expiry Date

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

DISABILITY

Do you consider yourself to have a disability, impairment, or long-term condition? ☐ Yes ☐ No

If YES, please specify

FOR INTERNATIONAL STUDENT ONLY

Passport No.

Visa Number

Passport Expiry

Visa Type

Country of Passport

Visa Expiry Date

STUDENT DECLARATION

I acknowledge and understand that while I am in Australia and studying with OPIE, I am required to provide my current residential address, mobile number, email address, and emergency contact details, and that I must notify OPIE of any changes to these within seven (7) days of their occurrence. I understand that failure to update my details may result in not receiving important information that could affect my course, enrolment, or visa. I also acknowledge that at commencement and at least every six (6) months during my enrolment, I will be asked to review and update my contact information with OPIE.

Signature

Date

OFFICE USE ONLY

☐ Student Management System updated

Date

Initial



Oceania Polytechnic Institute of Education Pty Ltd

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