Overview

About the Program

The Western Australian Government has launched a \$300,000 Western Australian International Education Familiarisation (WAIEF) Program to connect with key offshore international education stakeholders.

The WAIEF Program will strengthen collaboration amongst the Western Australian international education sector and engage with influential stakeholders to expand opportunities for the State and enhance Western Australia's reputation as a study destination of choice.

The Department of Jobs, Tourism, Science and Innovation (JTSI) will lead the design and delivery of a series of familiarisations (famils) in 2024.

Each famil will be focused on an identified market or region and involve bringing a small, targeted group of influential stakeholders to the state to experience Western Australia as international students do.

Upon release of each designed famil brief to the sector, interested providers are encouraged submit an interest in participating in the famil itinerary through this form. If you have not received a copy of each famil market brief document, please contact JTSI at internationaleducation@jtsi.wa.gov.au

All enquiries and communication regarding the Western Australian International Education Familiarisation Program can be directed to internationaleducation@jtsi.wa.gov.au

I certify that I am the authorised person to submit this Expression of Interest (EOI) or am authorised on behalf of the Primary Applicant. O Yes

Privacy Notice & Freedom of Information Statement

Information provided by Applicants or collected by the Department relating to an Applicant or their application may be used in the administration and assessment of their application. The Department will store personal information collected in this process, supporting documentation and any program administration, monitoring and evaluation activities in compliance with its obligations under the *Privacy Act 1988* (Cth) and the Australian Privacy Principles.

The Department operates within a public accountability framework and applicants are informed that the Department is subject to the *Freedom of Information Act 1992* which provides a general right of access to records held by Western Australian State and Local Government agencies.

Applicants should be aware that information pertaining to the receipt of State Government financial support may be tabled in the Western Australian Parliament. This information could include names of recipients and the amounts of financial support. This could result in requests for more details to be released publicly.

Further information on the operation of the *Freedom of Information Act 1992* can be obtained from the ITSI website.

| I have read and agr | ee to the Privacy | Notice and Freedor | n of Information |
|---------------------|-------------------|---------------------------|------------------|
| Statement. | | | |

Yes

Applicant Details

* indicates a required field

| Legal Business Name Organisation Name | | |
|---|--|--|
| | | |
| Business Trading Name Organisation Name | | |
| | | |
| Registered Business Address Address | | |
| | | |
| Must be in WA to be eligible. | | |

Applicant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register | | |
|---|------------------|--|
| ABN | | |
| Entity name | | |
| ABN status | | |
| Entity type | | |
| Goods & Services Tax (GST) | | |
| DGR Endorsed | | |
| ATO Charity Type | More information | |
| ACNC Registration | | |
| Tax Concessions | | |
| Main business location | | |

Must be an ABN.

Primary Contact Name

Title First Name Last Name

| Primary Email ID |
|--|
| |
| Must be an email address. |
| Primary Contact Office Phone Number |
| Must be an Australian phone number. |
| Primary Contact Mobile Phone Number |
| Must be an Australian phone number. |
| |
| Type of Applicant * |
| □ International education provider□ Government partner organisation |
| □ Other: |
| No more than 1 choice may be selected. |
| Foreign Arrangement Schemes |
| |
| For Government agencies or related ent |
| The Foreign Arrangements Scheme (FAS) cor to ensure that arrangements between state of the control of the contr |
| foreign entities do not adversely affect Austra with Australia's foreign policy. The Scheme p |
| entities to notify or seek approval from the M negotiate, or enter, or have entered a foreign |
| of both future arrangements and existing arrangements entered into for the purposes of |
| , . |
| Have you confirmed the visit being prop FAS? * |
| □ Yes □ No |
| No more than 1 choice may be selected. |
| D 'I CDICOC D 'I I' N I I |
| Provider CRICOS Registration Number * |
| If you are unsure, search for your CRICOS number |
| Type of education provider * |
| □ University□ Higher Education |

| ☐ TAFE ☐ VET ☐ ELICOS ☐ School No more than 1 choice may be selected. |
|---|
| Familiarisations |
| * indicates a required field |
| Which 2024 Western Australian International Education Famil are you interested in participating in? * Latin America Indonesia The Philippines China Malaysia The Middle East No more than 1 choice may be selected. If you are interested in more than one, you need to complete separate EOI for each famil. If you have not received a copy of the relating market famil brief of interest, please reach out to the JTSI international education team at internationaleducation@jtsi.wa.gov.au |
| Engagement with the 2022-23 International Education Famil Program |
| Was your institution a successful recipient of funding provided in the 2022-23 International Education Famils Program to support collaborative famils? * ☐ Yes ☐ No |
| No more than 1 choice may be selected. |
| Did your institution participate in any other provider-led collaborative famils delivered in 2022-23? * Yes No No more than 1 choice may be selected. |
| If yes, please provide the name of other collaborative famils or total number of famils participated in as part of the program * |
| Word count: |
| |
| Other famil programs |

| In 2023, did you deliver your own familiarisation programs so collaborative famils? * Yes No No more than 1 choice may be selected. | eparate to the | | |
|---|----------------|--|--|
| If yes, please advise how many famils and for which markets? * | | | |
| | | | |
| Do you plan to conduct your own famil program in 2024? ☐ Yes ☐ No | | | |
| No more than 1 choice may be selected. | | | |
| If yes, please advise for which markets. | | | |
| | | | |

Expression of Interest

* indicates a required field

Proposed activity details

When proposing an activity, it's encouraged to think outside of the box and beyond the traditional campus tour or presentation.

This as an opportunity to showcase an unique study experiences available at your organisation. Whenever possible, we recommend the inclusion of interactive activities or experiences that create emotional connections, providing attendees with tangible and memorable experiences.

More than one activity can be proposed, with only one to be selected. Please list the activity in order of preference.

| Name of the Proposed Activity | Summary of the activity | Duration required | Preferred activity date |
|----------------------------------|---------------------------------|----------------------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Must be no more than 200 words. | For example- 1 hour, 2 hours etc | Must be a date. |

| Estimated cost of the activity | | | |
|--------------------------------|--|--|--|
| \$ | | | |
| Must be a dollar amount. | | | |

Please note that provider participation will be in kind, with no financial support available from JTSI for activities delivered by selected providers. If funding support is needed, JTSI encourages StudyPerth members to explore collaborating with other members to apply for a StudyPerth Innovation Fund.

Benefits of the famil to your organisation

Please answer the below questions regarding the purpose and benefits of the proposed famil.

| Please explain how your involvement contributes to the obje | ectives of the famil. * |
|--|-------------------------|
| | |
| Word count: | |
| Must be between 200 and 350 words. The famil objectives can be found in the famil brief prepared by JTSI. | |
| Please explain how participating in this famil will benefit you | ur organisation. * |
| | |
| | |
| Word count: Must be no more than 350 words. | |
| What are the desired outcomes of your participation in this | famil? |
| | |
| | |
| Please consider measurable outcomes | |
| How does the Western Australian International Education Fa your organisations long-term strategic plan? | mils Program align to |
| | |
| | |
| | |

How does your involvement in this famil contribute to the benefits of the WA international education sector, including showcasing Perth/WA as a study

destination to drive outcomes for the state? *

| Please upload any additional information you would like to provide as p EOI. Attach a file: | art of the |
|--|------------|
| | |
| | |
| Market engagement | |
| * indicates a required field | |
| Do you currently engage with the Invest and Trade Western Australia international offices? ☐ Yes ☐ No | |
| If yes, please outline your engagement with the Invest and Trade WA International offices | |
| | |
| Word count: Must be no more than 350 words. Please consider historical and future engagement, inclusive of frequency and type of engagement. | agement |
| Do you have an in-market staff representative who services the famil money is the services the services the services is | ıarket? * |
| How frequently do you travel to the market in a year? | |
| Never 12 2 or more times | |
| Never, 1 2, 3 or more times. | |
| | |

Applicant Declaration

Declaration

I recognise that this is an expression of interest only and is subject to assessment by the Department.

I declare that I am authorised to complete, sign and submit this Expression Of Interest (EOI) on behalf of the Applicant.

I declare that I have read, understood and undertake to comply at all times with the terms, conditions and requirements of the Western Australian Education Familiarisation Program 2024, which can be **found here.**

I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this application and that the Department may, during the application process, consult with other agencies about the Applicant's claims and may also enlist external advisers to advise on information provided in the application.

I understand that if the application is approved and following notification by email, this EOI will become a binding agreement between the Applicant and the Department and acknowledge that no legal obligations will arise between the parties until an agreement is formalised through approval and notification of such.

I recognise that I will be required to acknowledge the Western Australian Government's support for the delivery of this program, including utilising the Western Australian Government's logo where appropriate.

I declare that the information contained in this application together with any statement attached is, to the best of my knowledge and belief, true, accurate, and complete in all material particulars. I also understand that the provision of false or misleading information or the making of a false or misleading statement in this application is a serious offence.

I understand that the Applicant has and will maintain records that substantiate the details provided in this application and that the Department shall have access to those records if requested.

Signed

| | authorised of First Name | ficer submitting | this EO |
|------------|-----------------------------|------------------|---------|
| Tiere | r ii se rvaine | Last Wallie | |
| Position | of authorised | officer | |
| | | | |
| Email ad | dress of autho | orised officer | |
| Must be a | | | |
| Must be at | n email address. | | |