



## Application Form

Campus Location: \_\_\_\_\_ Institution Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Origin:  Overseas Students in Australia  Resident Students

Intake Year: \_\_\_\_\_ Study Period: \_\_\_\_\_

### 1. Personal Details

Title :

Mr  Mrs  Miss  Ms  Dr

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth : \_\_\_\_\_

Gender:  Male  Female  Gender X

Nationality : \_\_\_\_\_ Residency Status:

\_\_\_\_\_

ID Card No: \_\_\_\_\_ ID Card Expire Date : \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Contact Details

Country: \_\_\_\_\_

Home Address : \_\_\_\_\_

Postal Address : \_\_\_\_\_

Home Phone No : \_\_\_\_\_ Mobile No : \_\_\_\_\_

Overseas Address (if any) : \_\_\_\_\_

### Emergency Contact Details :

**Please note:** The information entered in the below fields must be a student's relative and not an agent.

Relationship : \_\_\_\_\_

Given Name : \_\_\_\_\_  
Family Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Home Phone No : \_\_\_\_\_ Mobile No : \_\_\_\_\_  
Work Phone No : \_\_\_\_\_ Email Address : \_\_\_\_\_  
Language Spoken at home : \_\_\_\_\_

### 3. Language and Cultural Diversity

- Are you of Australian Aboriginal or Torres Strait Islander origin? Yes / No
- Is English your main language? Yes / No
- Was English the language of instruction in previous secondary or tertiary studies? Yes / No
- Are you exempt from providing evidence of English Language proficiency? Yes / No
- Have you completed a test of English Language Proficiency? Yes / No
- The institution used, or will use, other means of testing to ensure the
- Student has, or will have, met the English language requirements for the course within a course. Yes / No

#### Education

- Secondary School level :  Did not go to school     Year 8 or Below  
 Year 9 or Equivalent     Completed Year 10     Completed Year 11  
 Completed Year 12
- Are you still attending secondary school? Yes / No

#### Further Education

*I would like to add Previous Qualifications Achieved \**

List your latest educational qualification by filling in the form below

Qualification level: \_\_\_\_\_

Qualification recognition: \_\_\_\_\_

Qualification name: \_\_\_\_\_ School/Institution name: \_\_\_\_\_

State/Country: \_\_\_\_\_ Year completed: \_\_\_\_\_

## Disability

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

Yes / No

*N.B. Some disabilities may prevent you from participating in certain activities within a course. Alternative forms of assessment may be required.*

## 4. Additional Details

How did you hear about us?

Please Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require Overseas Student Health Cover(OSHC)?

Yes / No

OSHC Provider : \_\_\_\_\_ OSHC Cover Type : \_\_\_\_\_

OSHC Cover Duration : \_\_\_\_\_ OSHC Fee : \_\_\_\_\_

## 5. Other Specific Details

Marital Status: \_\_\_\_\_

Course Delivery:  on- Campus  Online

### Document Checklist

Please upload ANY relevant documents to us for approval (.pdf, .gif, .jpg, .png, .doc, .docx or .jpeg).