

APPLICATION FORM FOR INTERNATIONAL STUDENTS



Sunshine Coast Institute of TAFE

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CRICOS Provider: 02004B

1. HOW DID YOU HEAR ABOUT US?

- Friend / Family
 Educational Exhibition
 Educational Agent
 Website
 Advertisement (where)
 Other (please indicate)

2. PERSONAL DETAILS

Title: Mr Mrs Ms Miss Gender: Male Female

Family Name: Given Names:

Age (in years): Date of Birth (dd/mm/yy)

Currently living in: Home country Australia

Do you have any type of disability? Yes No

If yes, please specify:

3. CONTACT DETAILS

Address in your home country: Address in Australia:

Email: Email:

Phone: Phone:

Fax: Fax:

EMERGENCY CONTACT

Name: Name:

Phone: Phone:

4. PASSPORT, VISA AND STUDENT HEALTH COVER (OSHC) DETAILS

Country of citizenship (as shown on passport): Country of birth:

Do you hold a current Australian visa? Yes No Passport number:

What type of visa do you hold? (please specify): Visa Expiry Date (dd/mm/yy)

Do you already have OSHC cover? Yes No

If yes, name your current provider: Expiry Date (dd/mm/yy)

If no, please tick the type of OSHC cover that you require? Single Family

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5. LANGUAGE

First Language:	Language spoken in your home:
If your first language is not English, have you passed a recognised English Language test in the past 12 months? (e.g. IELTS, TOEFL, PEARSONS)	
<input type="checkbox"/> Yes – What English test taken?	Date taken (dd/mm/yy) Result:
<input type="checkbox"/> No, I will take a recognised English test on:	

6. COURSE SELECTION

Preference	CRICOS Code	Course Name	Institute / Campus	Commence	Year
1.					
2.					
3.					

7. EDUCATIONAL HISTORY

Details of past education and training, including highest levels reached (attach certified copies of all records)

Year	School / Institution	State / Country	Name of Qualification	Length of Study	Result Attached
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

8. FAMILY DETAILS

Do you have any dependants? Yes No If YES, how many dependants?

(a) Are they already in Australia ? Yes No (go to part 9) (b) Will they accompany / join you? Yes No

If YES to (a) or (b), then please complete your family members' details below:

Family Name	Given Name	Relationship	Date of Birth	Studying in Australia (Y/N)	Institution

9. DOCUMENT CHECKLIST

Please ensure you provide a copy of the following documents:

- Identification pages of passport
- visa pages of you passport (if you have a visa)
- Educational certificates and academic records
- English Language Test results - International English Language Testing System (IELTS); Test of English as a Foreign Language (TOEFL); International Second Language Proficiency Rating (ISLPR), Pearsons (PTE Academic)
- Portfolio of work if required for course entry

The Department of Education and Training is collecting the information on this form to determine student selection eligibility. Only authorised departmental officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, or unless authorised by law. Under the ESOS Act: (i) any information provided to the provider may be made available to Commonwealth and State agencies and (ii) the provider is required to tell DIMIA about changes to the student's enrolment (NC51.2(i)) and any breaches of a student visa condition relating to attendance or satisfactory academic performance (NC51.2(ii)).

Agent's Stamp