

# INTERNATIONAL STUDENT APPLICATION FORM

## 1. Personal Details

Title:  Mr.  Miss  Mrs.  Ms.

Family name: .....

Given names: .....

Gender:  Male  Female  Indeterminate

Date of birth: \_\_/\_\_/\_\_\_\_

First Language: .....

### Passport details:

Passport number: .....

Passport expiry date: \_\_/\_\_/\_\_\_\_

Country of birth: .....

City of birth: .....

Nationality: .....

### USI number (for VET course students):

Yes, .....

No, I authorize Apsley to create on my behalf (please fill USI Consent Form)

No, I will create myself (please visit [www.usi.gov.au](http://www.usi.gov.au))

## 2. Contact Details

### In Australia:

Street address: .....

Town/City: .....

State: ..... Postcode: .....

Email: .....

Phone Number: .....

**Permanent address in your home country:**

Street address:.....  
 Town/City:.....  
 State: Postcode:.....  
 Country:.....  
 Email:.....  
 Phone Number: .....

**Emergency contact details:**

Contact full name:.....  
 Relationship to you:.....  
 Mobile:.....  
 Email:.....

**3. English Proficiency**

**What is your current English level?**

- Beginner       Elementary       Pre intermediate  
 Intermediate       Upper Intermediate       Advanced

**Have you completed any of the following tests?**

IELTS: ..... PTE: .....  
 CAE: ..... Other: .....  
 Date specified on your test result: .....

**Note:** only test results taken two years prior to commencement will be accepted. Apsley reserves the right to ask applicant to sit for an Internal English Test and an LLN test (for VET enrolments) in order to issue a Letter of Offer.

**4. Visa Details**

If you hold a current Australian visa:

Current location:     onshore  offshore  
 Type of visa:         Student  Working  Visitor  Other  
 Expiry Date: \_\_\_/\_\_\_/\_\_\_\_\_

**If you do not hold a current Australian visa:**

Department of Home Affairs Office where your application will be/has been lodged:

.....

Date of application /intended application: \_\_\_/\_\_\_/\_\_\_\_\_

When did you first arrive in Australia: \_\_\_/\_\_\_/\_\_\_\_\_

## 5. Do you require Apsley to organise

**Overseas Student Health Cover (OSHC)**

Yes. I authorize Apsley to organize OSHC on my behalf:

Single  Couple  Family

No: (If No, please provide the Insurer name, duration and expiry date of your OSHC)

Insurer Name: ..... Date of Expiry: .....

**Airport pick-up:**  No  Yes (Please specify)

Arrival date: \_\_\_/\_\_\_/\_\_\_\_\_

Arrival Time: .....

Flight Number: .....

**Homestay:**  No  Yes (Please Specify)

Number of weeks: .....

Start date: \_\_\_/\_\_\_/\_\_\_\_\_

## 6. Previous Studies

**Please provide evidence for any 'Yes' answers**

Have you previously studied in Australia?  Yes  No

Are you transferring from another education provider?

Yes  No

Did you complete your course?  Yes  No

What is your highest completed Qualification in Australia?

Name of school/Institution: .....

State/country: .....

Name of qualification: .....

Year completed: .....

Total Number of years of study: .....

Are you **currently studying**?  No  Yes (Please specify):

Course Name: .....

Institute Name: .....

State/Country: .....

Start Date: ..... Potential End Date: .....

Total Number of years of study: .....

What is your highest completed Qualification from **overseas**?

Name of school/Institution: .....

State/country: .....

Name of qualification: .....

Year completed: .....

Total Number of years of study: .....

## 7. Support Questions

Do you have a disability, impairment or permanent medical condition that may affect your studies?

No (Please skip to the next section)

Yes (Please answer the questions below)

What is the nature of your situation?

Hearing  Vision  Mobility  Learning  other (Please specify)

## 8. Credit Transfer (CT)/Recognition of Prior Learning (RPL)

Do you want to apply for Credit Transfer?

No  Yes

Do you want to apply for Recognition of Prior Learning?

No  yes

## 9. Genuine Temporary Entrant (GTE)

Are you aware of the Genuine Temporary Entrant (GTE) requirements by the Department of Home Affairs?

No  Yes

## 10. How did you heard about us?

Through my agent

Agent Name: .....

Other (Please specify): .....

Agent Stamp:

I authorize the above-mentioned agent to receive information related to my enrolment and studies with Apsley College on my behalf.

## 11. Program selection

ELICOS -VET Courses					
	CRICOS Code	Course Code	Course Name	Duration	Intake Date
<input type="checkbox"/>	107284E	CPC30620	Certificate III in Painting and Decorating	104 weeks	
<input type="checkbox"/>	103998C	BSB40520	Certificate IV in Leadership and Management	52 weeks	
<input type="checkbox"/>	104360M	BSB50420	Diploma of Leadership and Management	53 weeks	
<input type="checkbox"/>	106497M	BSB60420	Advanced Diploma of Leadership and Management	76 weeks	
<input type="checkbox"/>	108127K	ICT50220	Diploma of Information Technology	52 weeks	
<input type="checkbox"/>	107285D	ICT60220	Advanced Diploma of Information Technology	104 weeks	
<input type="checkbox"/>	108126M	BSB50820	Diploma of Project Management	52 weeks	
<input type="checkbox"/>	108128J	-	General English	-	

**Delivery Location:**

- Parramatta Campus:** Suite 8, 8-10 Hunter Street, Parramatta, NSW, 2150
- Sydney Campus:** Level 7, 114-120 Castlereagh St, Sydney, NSW, 2000

**How will your studies be funded?**

- Self-funded
- Private sponsor
- Home-Government
- Other.....

Please be advised that Apsley reserves the right to ask for additional evidence of financial capacity.

**How do you want to pay your tuition fees\*?**

- Pay in full
- Pay Monthly
- Pay by Trimester
- Pay by Semester

## 12. Student Declaration (Please tick)

- I declare that I am aware of and understand my financial obligations relation to study in Australia and with Apsley. (<https://www.homeaffairs.gov.au/trav/stud/more/student-visa-living-costs-and-evidence-of-funds>)
- I have read, understood and accept all the terms and conditions of enrolment including any information, policies and procedures and information that may be found <http://www.Apsley.nsw.edu.au> and/or are included in this form or other enrolment documents and agreements provided to me by Apsley College and acknowledge that failure to do so may result in the suspension or cancellation of my enrolment.
- I understand that I am not required to pay more than 50% of my tuition fees before my studies commence, but that I may do so if I choose. By submitting this application, I declare that all information and documentation provided in support of it is accurate and true.
- I acknowledge that submission of false, incorrect, incomplete or misleading information may result in the delay or cancellation of my enrolment.

## 13. Applicant Checklist

- Completed all sections of the International Student Application Form
- Copy of current Passport
- Copy of English Language Qualification (IELTS, PTE, CAE, etc.)

## 14. Applicant Acknowledgement and Signature

Student full name: .....

Student signature: ..... Date: \_\_\_/\_\_\_/\_\_\_\_\_

## Pre- Training Review

Apsley College uses the information provided in this section prior to making an offer to ensure the applicant is enrolled in the most appropriate course to achieve their intended outcomes.

Do you have access to enough information to make an informed decision about your enrolment		
Course Information including:	NO	YES
Contents of your course	<input type="checkbox"/>	<input type="checkbox"/>
Entry requirements for the course	<input type="checkbox"/>	<input type="checkbox"/>
Duration of course	<input type="checkbox"/>	<input type="checkbox"/>
School locations	<input type="checkbox"/>	<input type="checkbox"/>
Delivery method of course	<input type="checkbox"/>	<input type="checkbox"/>
Course requirements (attendance, course progress)	<input type="checkbox"/>	<input type="checkbox"/>
How assessment is conducted	<input type="checkbox"/>	<input type="checkbox"/>
Any course requirements you must have access to (Computers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Fees and charges that apply	<input type="checkbox"/>	<input type="checkbox"/>
Refund policy, Attendance policy, Complaints and Appeals Policy, Course progress Policy	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to any further information? Please specify:		

What is your reason to choose this course? Please choose the best option.	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop or 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 is a requirement of my job	<input type="checkbox"/> To get skills for community/voluntary work <input type="checkbox"/> To increase my self-esteem <input type="checkbox"/> To assist me for further study <input type="checkbox"/> Other reason (please specify):

**Please provide us with some brief details about your employment history**

**Are you currently working?**

- NO  
 YES – please provide details in next section
- Full-time  Part-time  Casual

Briefly outline any relevant employment history you possess for the course you have chosen:

**Please provide us with details of any relevant courses/qualifications that you have completed**

Qualification Title

Did you complete the course?

Where did you study?

**What do you think is the easiest and most effective way for you to learn? This will help us determine your learning style.**

- |  |  |
|--|--|
| <input type="checkbox"/> Textbooks that I can read and refer to in my own time<br><br><input type="checkbox"/> Power Points explained to me during classes;<br><br><input type="checkbox"/> Pictures and diagrams;<br><br><input type="checkbox"/> Group discussions with others;<br><br><input type="checkbox"/> Conducting my own research;<br><br><input type="checkbox"/> Listening to the lectures/ trainers; | <input type="checkbox"/> Practical application of skills and knowledge in a workplace or similar or watching videos;<br><br><input type="checkbox"/> Working through real examples such as a case study or scenario;<br><br><input type="checkbox"/> Other (please explain below): |
|--|--|



**What additional support do you think you will need in order to complete this course successfully?**

<input type="checkbox"/> English language support; <input type="checkbox"/> Reading support; <input type="checkbox"/> Writing support; <input type="checkbox"/> One-on-one guidance;	<input type="checkbox"/> Additional resources: <input type="checkbox"/> Other (Please specify):
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**Digital capability**

How do you plan to access computers and the internet? (please circle)	At home <input type="checkbox"/>	Library <input type="checkbox"/>	Family and friends <input type="checkbox"/>	No access <input type="checkbox"/>	
Do you use any of the following digital devices and if so how often?	Computer	Laptop	Smartphone	Tablet/iPad	
	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tick any of the comments that apply to you:

<input type="checkbox"/> I am confident in computer programming <input type="checkbox"/> I am comfortable in producing and saving sending emails documents and spreadsheets <input type="checkbox"/> I am comfortable in watching videos (YouTube etc.) and using social media	<input type="checkbox"/> I am comfortable in researching on the Internet and <input type="checkbox"/> I am not comfortable with any technology
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**Declaration:** I declare to the best of my knowledge that the information contained in this form is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic record or work experience may result in the withdrawal by Apsley of a place that may be offered and that this withdrawal may take place at any stage during the course I undertake.

Applicant's signature: ..... Date: \_\_\_/\_\_\_/\_\_\_\_\_

Please Note: Unsigned forms will not be processed.

**FOR OFFICE USE ONLY**

	NO	YES
Is the qualification suitable for the student?	<input type="checkbox"/>	<input type="checkbox"/>
The student is fully aware of the course training and assessment arrangements	<input type="checkbox"/>	<input type="checkbox"/>
The student is fully aware of their rights and obligations	<input type="checkbox"/>	<input type="checkbox"/>
Training and assessment strategy is suitable and based on the student's learning needs and learning styles?	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified any support requirement during the process? (If yes, please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Staff Name	Signature	Date

