

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)

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

	Course Code and Name	CRICOS Code	Course Duration
<input type="checkbox"/>	CPC30620- Certificate III in Painting and Decorating	107284E	104 weeks
<input type="checkbox"/>	BSB40520- Certificate IV in Leadership and Management	103998C	52 Weeks
<input type="checkbox"/>	BSB50420- Diploma of Leadership and Management	104360M	53 Weeks
<input type="checkbox"/>	BSB60420- Advanced Diploma of leadership and management	106497M	76 Weeks
<input type="checkbox"/>	ICT50220- Diploma of Information Technology	108127K	52 Weeks
<input type="checkbox"/>	ICT60220- Advanced Diploma of Information Technology	107285D	104 Weeks
<input type="checkbox"/>	BSB50820-Diploma of Project Management	108126M	52 Weeks
<input type="checkbox"/>	General English	108128J	
<input type="checkbox"/>	CPC31320-Certificate III in Wall and Floor	113773D	104 Weeks
<input type="checkbox"/>	CPC33020-Certificate III in Bricklaying and Blocklaying	113774C	104 Weeks



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.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Textbooks that I can read and refer to in my own time <input type="checkbox"/> Power Points explained to me during classes; <input type="checkbox"/> Pictures and diagrams; <input type="checkbox"/> Group discussions with others; <input type="checkbox"/> Conducting my own research; <input type="checkbox"/> Listening to the lectures/ trainers; | <ul style="list-style-type: none"> <input type="checkbox"/> Practical application of skills and knowledge in a workplace or similar or watching videos; <input type="checkbox"/> Working through real examples such as a case study or scenario; <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"/>
	Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Monthly	<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 (You tube 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.

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	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

