

1. Personal Details

International Student Application Form

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at Southern English College are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form.

| Title: | | Title: | Mr | Miss | Mrs | M | /s | | | | | |
|---|---------------|-----------------------|-------|-------|-----|---|--------------------------|--------------|---------------------------|-----------|--|--|
| Surname: | | | | | | | | | | | | |
| (As stated in your pass) Given name/s: | oort) | | | | | | Gender: | | Male | Female | | |
| (As stated in your pas | sport) | | | | | | | | Maio | Tomalo | | |
| Date of Birth: | | | | | | | Country of birth | า: | | | | |
| Marital Status | | Never Married Married | | | | | Others: | | | | | |
| Nationality: | | | | | | | Passport Number: | | | | | |
| Passport Expiry Date | te: | | | | | | | | | | | |
| Address in your hor | ne country: | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Home country phone Number: | | | | | | | Phone number (if known): | in Australia | | | | |
| | | | | | | | | | | | | |
| 2. Emergency Contac | ct Details | | | | | | | | | | | |
| Name: | | | | | | Relationship: | | | | | | |
| Phone number: | | | | | | Email address: | | | | | | |
| | | | | | | | | | | | | |
| 3. Course Options – | please tick (| /) | | | | | | | | | | |
| GENERAL ENGLISH (Starter, Elementary, Pre-Intermediate, Intermediate, Upper Intermediate, Advanced) CRICOS Course Code: 108792k | | | | | e, | ENGLISH FOR ACADEMIC PURPOSES (EAP) CRICOS Course Code: 095482B | | | | | | |
| Session: | Morning | | | | | EAP 1 (12 weeks) | | | Set intake dates are | | | |
| | Evening | | | | | EAP 2 (12 weeks) | | | subject to change | | | |
| | | | | | | | | | Courses and T | imetables | | |
| Ouration: weeks | | | weeks | | | are Subject to availability | | | | | | |
| IEI TS Droparation | | Foundation Advanced | | | | PTE Preparation | | | OET Preparation - Nursing | | | |
| IELTS Preparation | | | | | | | | | | | | |
| Duration: | | | w | veeks | | | | | | | | |
| Which intake do you wish to commence your course (day, month and year)?/// | | | | | | | | | | | | |



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| 4. English Proficiency | | | | | | | | | |
|---|-----------------|-----------------------|------------|--|-------------|-----------|----|--|--|
| What is your current level of Er | ıglish? | Beginner | Elementary | Elementary Inte <mark>rmediate Advanced</mark> | | | | | |
| Have you completed an accredited English language ability test (IELTS/PTE) in the last 2 years? Yes No | | | | | | | | | |
| If yes, please provide details: | Гest Name: | | Test Sco | ore: | Date | :/ | _/ | | |
| Have you studied an accredited English language course in Australia? Yes No | | | | | | | | | |
| If yes, please provide details: | Provider: | | Course: | | | Duration: | | | |
| | | | | | | | | | |
| 5. Overseas Student Health Co | over (OSHC) | | | | | | | | |
| Do you require SEC to arrange OSHC for you? Yes No If yes, which cover do you require? Single Family Couple If you have | | | | | | | | | |
| a current OSHC, please write the | Insurer Name an | nd Policy Number: | | | | | | | |
| Do you already have an Australian Visa that allows you to study here? Yes No Which DHA office will you lodge your application with? City: Country: | | | | | | | | | |
| | | | | | | | | | |
| 7. Agent Details | | | | | | | | | |
| Organisation Legal Name: | | | Telephone: | | | | | | |
| Email: | Agent Repre | Agent Representative: | | | | | | | |
| | | | | | | | | | |
| 8. Privacy Statement & Student Declaration (Student to complete) | | | | | | | | | |
| I acknowledge that this is an application only and there is no guarantee of a place. If an offer is made to me, my acceptance is subject to the terms and conditions set out in the letter of offer. | | | | | | | | | |
| I declare that the information I have provided is true and correct. | | | | | | | | | |
| I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the | | | | | | | | | |
| cancellation of my enrolment or the withdrawal of any offer made by Southern English College. | | | | | | | | | |
| I understand that Southern English College is required to submit data sourced from this enrolment form to the Commonwealth and state government agencies as a regulatory reporting requirement. The information contained on my enrollment form may be used by Southern English College or third parties for administrative, regulatory and/or research purposes. | | | | | | | | | |



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| Student Signature: | | | | | | Date: | | | |
|---|----------------------------|--|-----------------------|---|---------|-------------|--------------------------------|----------------|--|
| Printed Name: | | | | | | | | | |
| 9. Students under 18 to | comple | te | | | | | | | |
| Signature of Parent/ Guardian 1: | | | | | Date: | | | | |
| Printed Name: | | | | | | | | | |
| Signature of Parent/ Guardian 2: | | | | | Date: | | | | |
| Printed Name: | | | | | | | | | |
| | | | | | | | | | |
| 10. Application Checklis day for verification): Pleas | st: Provide se tick tho | a copy of the follo se that you are pro | wing documents with y | your application fo | rm (you | ı will need | d to bring the originals to yo | ur orientation | |
| Valid passport copy | | | | Proof of English Language Proficiency | | | | | |
| Valid visa (if you have one) | | | | Genuine Student Test(GST) Assessment Form | | | | | |
| Note: Please send t | ne compl | eted and signed | application form ald | ong with the sup | oportir | ng docum | nents to <u>admissions@sa</u> | bt.edu.au | |
| | | | | | | | | | |