



Application Form - International Students

1. Personal Details			
Surname: (as stated in your passport)		Title: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	
Given name/s: (as stated in your passport)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	___/___/_____	Country of birth:	
Passport Number:		Nationality:	
Passport Expiry Date:	___/___/_____	Email address:	
Address in your home country:		Address in Australia (if known):	
Phone number in your home country:		Phone number in Australia (if known):	
2. Emergency Contact Details			
Name:		Relationship:	
Phone number:		Email address	
3. Course Options – please tick (✓)			
GENERAL ENGLISH (2 to 48 weeks)		ENGLISH FOR ACADEMIC PURPOSES (EAP) – Morning only	
Session	<input type="checkbox"/> Morning	<input type="checkbox"/> EAP 1 (12 weeks)	<ul style="list-style-type: none"> Set intake dates are subject to change Courses are subject to availability
	<input type="checkbox"/> Evening	<input type="checkbox"/> EAP 2 (12 weeks)	
Duration weeks		
Which intake do you wish to commence your course (day, month and year)?		___/___/_____	
4. English Proficiency			
What is your current level of English? <input type="checkbox"/> Beginner <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			
Have you completed an accredited English language ability test (IELTS/PTE) in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide details: Test Name <input type="text"/> Test Score <input type="text"/> Test Date:/...../.....			
Have you studied an accredited English language course in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, please provide details:			
Provider: Course: Duration:			



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5. Overseas Student Health Cover (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 quote the policy number: _____

6. Visa details

Do you already have an Australian Visa that allows you to study here? Yes ➔ If yes, what type of visa? Student Tourist Working Other: _____
 No ➔ Which DIBP office will you lodge your application with?
City: _____ Country: _____

7. Education History

Highest level of education completed	Year Completed

8. Agent Details (If Applicable)

Agent Name: Australian Standard Pty Ltd Telephone: 0450226167
Email: anna@eduau.com.au Agent Representative: Anna Solovyeva

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 enrolment form may be used by Southern English College or third parties for administrative, regulatory and/or research purposes.

Student Signature:		Date:		/		/	
Printed Name:							

Application Checklist: Provide a copy of the following documents with your application form (you will need to bring the originals to your orientation day for verification): Please tick those that you are providing.

<input type="checkbox"/> Valid passport copy	<input type="checkbox"/> Proof of English Language Proficiency
<input type="checkbox"/> Valid visa (if you have one)	<input type="checkbox"/> Genuine Temporary Entrant (GTE) Assessment Form