

International application for admission

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

Local representative information

Agent name	Agent URN
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Student details

Family name		Given names	
Title	Date of birth (dd/mm/yyyy)	Age	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)
Country of birth		Nationality	
Are you a Citizen or Permanent Resident of Australia?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)		*Entry to Foundation year program is available to International students only.	
Home address			
City		State/Province	
Country		Postcode	
Home telephone number (including country code)		Mobile telephone number (including country code)	
Email			

Parent/alternative contact details (if under 18)

Name	Relationship to student
Home address (if different from student address)	
City	State/Province
Country	Postcode
Home telephone number (including country code)	Mobile telephone number (including country code)
Business telephone number (including country code)	Fax number (including country code)
Email	

Visa details

Do you have a current Australian Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide a copy of your current visa.		
Are you applying for a Student Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)		
Visa type	Visa subclass	Visa expiry date

Passport details

Passport number	Passport expiry date
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Please provide a copy of your current passport

English Language

All international students must demonstrate an acceptable level of English proficiency to gain admission to the UWAFP academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

Academic IELTS (Score)	Overall	Listening	Reading	Writing	Speaking
Other (please supply)					

For all other tests accepted by the Admissions Department, please refer to taylorscollege.edu.au

Previous education

Please attach verified copies of all academic transcripts or reports (translated into English).

Name of qualification	Year awarded
Name of school/college/university	
Country/State	Language of instruction
If you are currently completing a qualification, please indicate when you expect to complete this study (mm/yyyy)	

Course selection

Recommended weeks of Academic English Preparation (AEP)				AEP start date						
Foundation Program	Intensive	April <input type="checkbox"/>	October <input type="checkbox"/>	Standard	January <input type="checkbox"/>	July <input type="checkbox"/>	Extended	January <input type="checkbox"/>	July <input type="checkbox"/>	Year
Diploma of Commerce	12 Months	February <input type="checkbox"/>	June <input type="checkbox"/>	8 Months	June <input type="checkbox"/>	October <input type="checkbox"/>	Year			
Diploma of Science	12 Months	February <input type="checkbox"/>	June <input type="checkbox"/>	8 Months	June <input type="checkbox"/>	October <input type="checkbox"/>	Year			

Package program offer

Do you wish to receive a conditional undergraduate Letter of Offer from the University of Western Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Will you apply for a visa to cover the undergraduate program? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)

Undergraduate offer

The Undergraduate course I would like to study at the University of Western Australia is: (in order of preference)

Preference 1	Major
Preference 2	Major
Preference 3	Major

Caregiver arrangements

If you are under 18 years of age, do you require the College to recommend a Caregiver? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
If No, please advise the name and address in Australia of your Caregiver. Caregivers name
Caregivers address in Australia

Accommodation

Do you require assistance with accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide details below.	
Length of stay (weeks)	Accommodation start date (dd/mm/yyyy)
What type of accommodation do you require? Homestay* <input type="checkbox"/> University Hall# <input type="checkbox"/> St. Catherine's College# <input type="checkbox"/> Hostel/Apartment† <input type="checkbox"/> (please tick)	
<small>*Single #Bookings per semester, or equivalent. Minimum age 17 †For students over 18, subject to availability</small>	

Airport transfer

Do you require airport transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	If Yes, flight details including date, time and flight number should be sent to the Admissions Centre as soon as possible to arrange the airport collection
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OSHC details (if applicable)

Do you currently hold an OSHC policy? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide details below.	
Name of OSHC provider	
OSHC membership number	OSHC expiry date
<small>For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy.</small>	
Please select type of cover you wish to receive: Single <input type="checkbox"/> Dual Family <input type="checkbox"/> Multi Family <input type="checkbox"/> (please tick)	

Disability

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please indicate the area/s of impairment:
Acquired brain impairment <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Medical condition <input type="checkbox"/> Mental illness <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/>
If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)

Declaration and signature (This application must be signed; otherwise it will not be accepted)

By ticking this box I confirm the following:

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that where I do not meet the entry requirements for the selected course or suite of courses that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Taylors College. I authorise Taylors College, where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that Taylors College is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory academic performance. I also understand that under the provisions of the ESOS Act 2000, Taylors College may release information provided in this application to Australian Commonwealth and State agencies.

Taylors College is bound by the Privacy Act (1988) of the Commonwealth of Australia. Taylors College collects and uses any personal information provided to itself in accordance with the Act. The type of information and the use and disclosure of that information without any prior approval is set out in the Privacy Policy which can be found at taylorscollege.edu.au. By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

Name (Student or Parent, Legal Guardian*)	Date (dd/mm/yyyy)
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* If applicant is under the age of 18.

Note

- Information provided may be made available to Commonwealth and State agencies and the Director of the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and the National Code.
- Any school-aged dependants accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school.

Send your application to:

Admissions Centre, Level 24, 201 Elizabeth Street,
Sydney NSW 2000, AUSTRALIA
T: +61 2 8263 1888 E: anziscadmissions@studygroup.com
or to your local representative