

## APPLICATION FOR ADMISSION

### DOMESTIC STUDENTS

Taylors Diploma of Commerce | Taylors Diploma of Science

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

#### LOCAL REPRESENTATIVE INFORMATION

Agent Name	Agent URN
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#### STUDENT DETAILS

Title	Family Name	Given Names
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age
Date of Birth (day/month/year)		Nationality
Country of Birth		
Home Address		
City	State/Province	
Country	Postcode	
Home Telephone	Mobile	
Email		

#### CITIZENSHIP/VISA DETAILS

Supporting Documentation should be attached to this enrolment form

Are you an Australian citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you hold a permanent humanitarian visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Temporary Entry Permit (Student Visa)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a permanent resident visa? (excluding Humanitarian Visa)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

#### NEXT OF KIN CONTACT DETAILS

Name	Relationship to Student
Home Address	
City	State/Province
Country	Postcode
Home Telephone	Mobile
Business Telephone	Fax
Email	

#### 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 (month/year)	

#### ENGLISH LANGUAGE

If the language of instruction in previous education was not English, all students must demonstrate an acceptable level of English proficiency to gain admission to the Taylors Diploma 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](http://taylorscollege.edu.au)

## COURSE SELECTION

Recommended weeks of Taylors English Language Preparation (TELP)				TELP Start Date				
Taylors Diploma of Commerce	Start Date:	March <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Duration:	8 months <input type="checkbox"/>	12 months <input type="checkbox"/>	<input type="text" value="Year"/>
Taylors Diploma of Science	Start Date:	March <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Duration:	8 months <input type="checkbox"/>	12 months <input type="checkbox"/>	<input type="text" value="Year"/>

## DISABILITY

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes  No

If yes, please indicate the area/s of impairment:

Acquired Brain Impairment  Hearing/Deaf  Intellectual  Learning  Physical  Medical Condition   
 Mental Illness  Mobility  Vision  Other

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes  No

## 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, 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 under the provisions of the Higher Education Support Act 2003, Taylors College may release information provided in this application to Australian Commonwealth and State agencies as well as the Australian Council for Private Education and Training.

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](http://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
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\* If applicant is under the age of 18

## SEND YOUR APPLICATION TO:

**Admissions Centre**  
 Level 8, 97-99 Bathurst Street, Sydney NSW 2000  
 T 02 8263 1888  
 E [anziscadmissions@studygroup.com](mailto:anziscadmissions@studygroup.com)