

Domestic application for admission

Taylors Diploma of Commerce | Taylors Diploma of Science

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	
Home address			
City		State/Province	
Country		Postcode	
Home telephone number (including country code)		Mobile telephone number (including country code)	
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"/> (please tick)	Do you hold a permanent resident visa?*	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Are you a New Zealand citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Do you hold a permanent humanitarian visa?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)

*Excluding humanitarian visa

Parent/legal guardian contact details

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	

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)	

English Language

All students must demonstrate an acceptable level of English proficiency to gain admission to the Taylors College academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years, if your previous education was not in English.

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

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

Course selection

Recommended weeks of Academic English Preparation (AEP)			AEP start date (dd/mm/yyyy)		
Taylors Diploma of Commerce (Perth) *	Start date February <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/>	Duration 8 months <input type="checkbox"/> 12 months <input type="checkbox"/>	Year		
Taylors Diploma of Science (Perth) *	Start date February <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/>	Duration 8 months <input type="checkbox"/> 12 months <input type="checkbox"/>	Year		

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"/>	(please tick)
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, 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. 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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* February 12-month program only

* October 8-month program only

** If applicant is under the age of 18.

Send your application to:

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