

Sydney Metropolitan Institute of Technology Pty Ltd Trading as *SydneyMet College*

2 – 4 Marmaduke Street | Burwood NSW 2134 | AUSTRALIA

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Provider ID PRV4280 | CRICOS XXXXXX

APPLICATION FOR ADMISSION FORM

Instructions for Completing this Form

- The form must be completed in English. Information should be typed, or, if written, block capitals must be used.
- Please complete all sections of the form clearly. Missing sections or non-legible content may cause delays in your application.
- Completed forms are sent to the college via email as an attachment, by post or in person at the college campus. Course fees, dates, delivery modes and course codes can be found in the Student Prospectus along with term dates.

Privacy

The college complies with State and National Privacy Laws and associated guidelines and treats information collected from an applicant as confidential. Information you supply will only be used for the purpose of enrolling you in a course and for your ongoing enrolment and study at the college. The college will not make this information available to a third party unless this is required or permitted by law. Disclosure may also occur if you have consented to it. The college may be required by law to provide aggregate or specific information to the Australian Government or other government entities.

APPLICATION FOR ADMISSION FORM

Course Details		
Course Name		
Proposed start date		
Applicant Details		
Title (Mr, Mrs, Ms, Other)		
Gender	□ Male □ Female □ Other	
First Name		
Surname		
Date of Birth (DD/MM/YYYY)		
Marital Status	☐ Single ☐ Married ☐ De facto ☐ Divorced ☐ Other	
Country of Citizenship		
Are you currently living in Australia?	□ Yes □No	
If you answered 'Yes', which year did you arrive in Australia? (International Students only)		
Are you an Australian Permanent Resident or Citizen?		
Are you of Aboriginal or Torres Strait Islander Origin		
Main Language Spoken at Home		
Country issuing your current passport*		
Passport number		
Passport expiry date		
*You must provide a certified copy of your current passport with this application.		
Residential Address in Home Country (for International Students)		
Street Name		
Suburb		
City		
Post Code		
Country		

Email		
Mobile		
Fax (if available)		
Where is the student completing this	In Australia? Y/N	
form?	Offshore? Specify Country:	
Address in Australia (if applicable)		
Unit/Street Number		
Street Name		
Suburb Name		
State		
Postcode		
Mobile Number		
Email address		
Mailing Address (if Different from Reside	ntial Address)	
Agents Details (Address, Email, Phone		
Number, Country) (if applicable)		
rumber, country, (ii applicable)		
Do you hold a current Australian visa?	Y/N	
If yes, what category of visa do you hold?	Visa Code:	
	Visa Type:	
	Visa Expiry: DD/MM/YYYY	
Have you applied or are you intending on		
applying for Australian permanent		
residency? (Y/N)		
If yes, date of intended application for	DD/MM/YYYY	
Australian permanent residency		
Emergency Contact Details		
Full Name		
Relationship to the Applicant		
Phone Number		
Email		
Full address		
English Language Proficiency		
Do you speak a language other than		
English at home? (if yes, please specify)		

What is your current level of English?	
Have you ever studied English?	Y/N
If yes, please specify the length of time (in months)	
In which country did you study English?	
What is the name of the institution in which you studied English?	
Have you ever taken an official English language test?*	Y/N
*If you answered 'Yes', please attach a certified copy of the test result.	Certified Copy Attached Y/N
N.B. You must attach a certified copy of a application.	Ill academic transcripts and certificates with this
Schooling	
What is your highest level of Schooling?	
Name of your last School of College	
Year of Completion	
Name of Qualification	
What was your (%) or Grade or ATAR/UAI/OP Score in School?*	
After-School Qualifications	
What is your highest Educational Qualification?	
What year did it commence?	
Did you complete it?	
What year was it completed?	
Name of Qualification	
Name of School, College or University	
Address of School, College or University	
List any additional qualifications you have in the space/s below	
Name of Qualification Issuing Institution Year of Completion Country of Completion	

Name of Qualification Issuing Institution	
Year of Completion	
Country of Completion	
Name of Qualification	
Issuing Institution	
Year of Completion	
Country of Completion	
Employment Details	
N.B. Please provide a certified copy of a st detailing your work experience.	tatement of service from one or more employers,
What is your Current Employment	
Status? (full time / part-time/ casual/	
Unemployed etc.)	
List your current and prior Jobs (for the la	l st 3 years, if applicable)
Job Title	
Organisation Name	
Job Start Date	
Job End Date	
Job Title	
Organisation Name	
Job Start Date	
Job End Date	
Job Title	
Organisation Name	
Job Start Date	
Job End Date	
Course Credit/ Recognition of Prior Learn	ning (RPL) Application
Will you be Applying for Course Credit or	
RPL (based on previous academic study	Y/N
or informal learning, or experience)*	
*If you answered 'Yes' , you must submit	
a separate form and evidence with this	
application. Contact the college for this	
form and further information	
Do you plan to continue studying in	
Australia after completing your	Y/N
studies at the college?	
If yes, please detail what you envisage	
you may be studying.	

Special Requirements or Conditions		
Do you have any pre-existing conditions, learning difficulties, disabilities or other conditions which may affect or inhibit your learning?	Y/N	
If yes, please specify (hearing, physical, intellectual, learning, mental, acquired brain impairment, vision, medical condition, other		
Overseas Student Health Cover (OSHC)		
It is a condition of a student visa that you maintain Overseas Student Health Cover (OSHC) for the duration of your studies in Australia. Would you like to the college to organise OSHC on your behalf or will you be obtaining OSHD yourself?		
Special Needs		
Do you consider yourself to have a disability, impairment or long-term condition? If yes, please specify by circling the options to the right.	Y / N Hearing Physical Intellectual Learning Mental Illness Acquired Brain Impairment Vision Medical Condition Other	
Would you like to receive advice on support services, equipment and facilities which may assist you?	Y/N	
Person (or agent, if authorised) Completing this Form		
Name of person (or agent) completing this		
If not the applicant, has this person or agent been authorised by the applicant to complete this form on their behalf?		
Date of this authority		

Student Study Intention Statement (for International Students):

The answers provided in this statement will be used by the college to undertake a preliminary assessment as to whether you are a Genuine Temporary Entrant (GTE) and a Genuine Student (GS).

The Department of Home Affairs will undertake its own determination of the GTE and GS status of the applicant. For further information, please visit the department web site at https://www.homeaffairs.gov.au

The college will contact all applicants to conduct an initial phone interview.

Please complete the questions below as comprehensively as possible. Please answer all questions truthfully and completely.

No.	Question	Student Response
1	Why do you want to travel to Australia for study compared to your home country?	
2	Why would you like to study at this college rather than other colleges?	
3	How do you believe the course you are applying for will help develop or enhance your career prospects?	
4	Explain your current family status at home. Do you intend on bringing dependents or a partner or spouse with you to Australia? Please detail.	
5	What are your plans for financing your study and living expenses in Australia?	

6	Have you ever been refused an entry visa into Australia or other country in the past? Please detail if this is the case.
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Application Checklist:

Have you:

- □ Completed all applicable sections of the application?
- □ Enclosed certified copy of your passport?
- □ Enclosed certified copy of qualifications including academic transcripts?
- □ Enclosed certified copy of English language proficiency test results?
- □ Enclosed Credit/RPL application form (if applicable)?
- □ Enclosed statement of service from employer/s (if applicable)?
- □ Enclosed a certified copy of your Credit/RPL details? (if applicable)
- ☐ Enclosed a certified copy of your visa? (if applicable)

If you have completed the check list, please proceed below to read and understand so that you can consider giving informed consent and then to declare by signing at the end of this application.

Informed Consent

I understand that:

The college may collect information and provide to State, Commonwealth or other authorities as required by law. This may include the retrieval of a Commonwealth Higher Education Student Support Number (CHESSN), Higher Education Information Management System, the Australian Taxation Office, the Department of Home Affairs and/or other agencies as required or allowed by law.

Declaration

I declare that:

- 1. The information I have provided is true, accurate and correct
- 2. I agree that the college can contact me to request further information or evidence supporting my application
- 3. I agree that the college may contact institutions where I have studied to verify my qualifications.

- 4. I agree that the college may contact previous or current employers to verify my work status and experience.
- 5. If any information I provided is untrue or misleading, I consent to the college collecting, storing and disclosing this information with the relevant authority/ies.
- 6. I understand that documents I submit with this application will not be returned to me
- 7. I have viewed the Student Prospectus and associated course information in hard copy or online.
- 8. I will inform the college within seven (7) days if my address changes
- 9. If I instruct an agent to complete this application on my behalf, I understand that it remains my responsibility to read the terms and conditions of enrolment and other information regarding the course.
- 10. I accept that the college may change or cancel my enrolment or any other decision it makes if the information I have given is incorrect, incomplete or misleading.
- 11. I authorise the college to verify the authenticity of my qualifications and documents
- 12. I understand that the college will share information about myself and/or my application with the Australian Government and/or other regulatory bodies in Australia
- 13. I have the financial capacity to meet all the course fees and agree to pay those fees when they are due.
- 14. I agree that information collected in this form and during my enrolment is in order to meet the college's obligations under the ESOS Act and the National Code 2007 and to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws.
- 15. I understand that the authority to collect this information is contained in the Educational Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007.
- 16. I understand that information collected from this application and my ongoing enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and/or other assurance fund manager/s.
- 17. I understand that information in this form and/or during my enrolment may be disclosed by the college without my consent where required or authorised by law.
- 18. I have read the Student Prospectus and other course information, understand its

content and understand that by submitting this form, I accept to be bound by the applicable college rules and other conditions of my enrolment.

Applicant Name:			
Signature:			
Date:			
For further information, please contact the College. Our address and contact details are below: Sydney Metropolitan Institute of Technology Pty Ltd 2 - 4 Marmaduke Street, Burwood NSW 2134, AUSTRALIA			
Tel: +61 2 9744 1356 Email: <u>admin@sydneymet.com.au</u> Website: <u>http://sydneymet.com.au/site/</u>			
Office Use Only			
Agent Details			
Processing Status			
Agency Name			
Comments if any			
Office Use Only			
Student ID Numbe	 er		
Processing Status			
	staff Member Receiving		
Comments if any			

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