

# STUDENT APPLICATION FORM

## INSTRUCTION FOR COMPLETING THIS FORM

- The form must be completed in English. Information should be typed, or, if written, block capitals should be used.
- Please complete all sections of the form clearly. Missing sections or non-legible content may cause delays in your application.
- Completed forms and required documents can be submitted online, or the completed forms and documents sent to the college via email as an attachment, or by post, or in person at the college. Course details, fees, policies, dates, delivery modes, etc. can be found in the college website – [www.sydneymet.edu.au](http://www.sydneymet.edu.au), or in the Student Prospectus.

COURSE DETAILS	
Course name	
Proposed start date	___/___/___
APPLICANT DETAILS	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other
Full name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of birth (DD/MM/YYYY)	___/___/___
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Other
Country of citizenship	
Are you currently living in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did you arrive in Australia? (International Students only)	___/___/___
USI number (if any)	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Are you an Australian permanent resident or citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Main language spoken at home	
Country issuing your current passport (Please provide a certified copy of your passport)	
Passport number	
Passport expiry date	___ / ___ / ____
<b>RESIDENTIAL ADDRESS IN HOME COUNTRY (FOR INTERNATIONAL STUDENTS ONLY)</b>	
Unit/ street number and name	
Suburb and postcode	
City / State	
Country	
Email	
Mobile	
Fax (if available)	
Where is the student completing this form?	In Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No  Offshore? Specify Country: _____
<b>ADDRESS IN AUSTRALIA (IF APPLICABLE)</b>	
Unit/ street number and name	
Suburb and postcode	
State and country	
Mobile number	
Email address	
<b>MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)</b>	
Agents Details (Address, Email, Phone Number, Country) (if applicable)	
Do you hold a current Australian visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what category of visa do you hold?	Visa code:  Visa type:  Visa expiry date: ____/____/____
<b>EMERGENCY CONTACT DETAILS</b>	
Full Name	
Relationship to the Applicant	
Phone Number	
Email	
Full address	
<b>ENGLISH LANGUAGE PROFICIENCY</b>	
Do you speak a language other than English at home? (if yes, please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current level of English?	
Have you ever studied English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If 'Yes', please attach a certified copy of the test result.	Certified Copy Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EDUCATIONAL DETAILS</b> (You must attach a certified copy of all academic transcripts and certificates with this application)	
<b>Schooling</b>	
Name of qualification	
Name of your last School or College	
Year of completion	

Name and address of your School	
Percentage or Grade or ATAR/UAI/OP Score in School	
<b>Tertiary qualification</b> (that is, after schooling)	
Name of qualification	
Year of completion	
Percentage or Grade or ATAR/UAI/OP Score	
Name and Address of your School/ College/ University	
<b>Any additional qualification/ training you may have</b>	
Name of Qualification Issuing Institution Year of Completion Country of Completion	
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Name of Qualification Issuing Institution Year of Completion Country of Completion	
<b>EMPLOYMENT DETAILS</b> (Please provide a certified copy of a statement of service from one or more employers, detailing your work experience)	
Current employment status	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed
Name and address of your current employer (if employed)	
List your current and prior Jobs (for the last 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	
<b>COURSE CREDIT/ RECOGNITION OF PRIOR LEARNING (RPL) APPLICATION (IF APPLICABLE)</b>	
Will you be Applying for Course Credit or RPL (based on previous academic study 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to continue studying in Australia after completing your studies at the college?  If yes, please detail what you envisage you may be studying.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SPECIAL NEEDS OR REQUIREMENTS</b>	
Do you have any pre-existing conditions, learning difficulties, disabilities or other conditions which may affect or inhibit your learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please specify (hearing, physical, intellectual, learning, mental, acquired brain impairment, vision, medical condition, other)
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please yes, please provide details:
Would you like to receive advice on support services, equipment and facilities which may assist you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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. Do you have a current OSHC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you want the college to organise OSHC on your behalf or will you be obtaining OSHD yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 ONLY)

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>

Please complete the questions below as comprehensively as possible. Please answer all questions truthfully and completely. The college will contact all applicants to conduct an initial phone interview.

No.	QUESTION	STUDENT RESPONSE
1	Why do you want to study in Australia compared to your home country, or other countries?	
2	Why do 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 prospect?	
4	Do you intend bring dependents, or a partner or spouse with you to Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details
5	What are your plans for financing your study and living expenses in Australia?	
6	Have you ever been refused a visa to Australia or other country in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details

#### 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.

## 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.

## STUDENT DECLARATION

I declare that:

- The information I have provided is true, accurate and correct.
- I agree that the college can contact me to request further information or evidence supporting my application.
- I agree that the college may contact institutions where I have studied to verify my qualifications.
- I agree that the college may contact previous or current employers to verify my work status and experience.
- 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.
- I understand that documents I submit with this application will not be returned to me
- I have viewed the Student Prospectus and associated course information in hard copy or online.
- I will inform the college within seven (7) days if my address changes.
- 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.
- 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.
- I authorise the college to verify the authenticity of my qualifications and documents.
- I understand that the college may share information about myself and/or my application with the Australian Government and/or regulatory bodies in Australia.
- I have the financial capacity to meet all the course fees and agree to pay those fees when they are due.
- 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.
- 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.
- 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.

- 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.
- 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**  
Trading as **SYDNEY MET** College  
2 - 4 Marmaduke Street, Burwood, NSW 2134, AUSTRALIA  
T: +61 2 9744 1356, E: [info@sydneymet.edu.au](mailto:info@sydneymet.edu.au)  
W: [www.sydneymet.edu.au](http://www.sydneymet.edu.au)

OFFICE USE ONLY	
<b>Agency details</b>	
Agency name	
Agency address and contact address	
Comments if any	
<b>Student application details</b>	
Application ID	
Student ID Number	
Date of application received	
Date of further communication if any	
Processing status	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Under consideration
Name of college staff responsible	
Comments if any	