



Application Form - International Students

1. Personal Details

Surname: (as stated in your passport)		Title: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	
Given name/s: (as stated in your passport)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: ____/____/____	Country of birth:	Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Other:	
Passport Number:	Nationality:		
Passport Expiry Date: ____/____/____	Email address:		
Address in your home country:		Address in Australia (if known):	
Phone number in your home country:		Phone number in Australia (if known):	

2. Emergency Contact Details

Name:	Relationship:
Phone number:	Email address:

3. Course Options – please tick ()

GENERAL ENGLISH (2 to 48 weeks)		ENGLISH FOR ACADEMIC PURPOSES (EAP) – Morning only	
Session	<input type="checkbox"/> Morning <input type="checkbox"/> Evening	<input type="checkbox"/> EAP 1 (12 weeks)	<input type="checkbox"/> Set intake dates are subject to change <input type="checkbox"/> Courses are subject to availability
Duration weeks	<input type="checkbox"/> EAP 2 (12 weeks)	

Which intake do you wish to commence your course (day, month and year)? _____ / _____ / _____

4. English Proficiency

What is your current level of English? Beginner Elementary Intermediate Advanced

Have you completed an accredited English language ability test (IELTS/PTE) in the last 2 years? Yes No

If Yes, please provide details: Test Name Test Score Test Date: / /

Have you studied an accredited English language course in Australia? Yes No - If Yes, please provide details:
 Provider: Course: Duration:



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5. Overseas Student Health Cover (OSHC)

Do you require SEC to arrange OSHC for you? Yes No If yes, which cover do you require? Single Family Couple
If you have a current OSHC, please quote the policy number: _____

6. Visa details

Do you already have an Australian Visa that allows you to study here?	<input type="checkbox"/> Yes <input type="checkbox"/> If yes, what type of visa? <input type="checkbox"/> Student <input type="checkbox"/> Tourist <input type="checkbox"/> Working <input type="checkbox"/> Other: _____ <input type="checkbox"/> No <input type="checkbox"/> Which DIBP office will you lodge your application with? City: _____ Country: _____
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7. Education History

Highest level of education completed	Year Completed

8. Agent Details (If Applicable)

Agent Name:	Telephone:
Email:	Agent Representative:

Privacy Statement & Student Declaration (Student to complete)

I acknowledge that this is an application only and there is no guarantee of a place. If an offer is made to me, my acceptance is subject to the terms and conditions set out in the letter of offer.

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Southern English College.

I understand that Southern English College is required to submit data sourced from this enrolment form to the Commonwealth and state government agencies as a regulatory reporting requirement. The information contained on my enrolment form may be used by Southern English College or third parties for administrative, regulatory and/or research purposes.

Student Signature:	Date: / /
Printed Name:	

Application Checklist: Provide a copy of the following documents with your application form (you will need to bring the originals to your orientation day for verification): Please tick those that you are providing.

<input type="checkbox"/> Valid passport copy	<input type="checkbox"/> Proof of English Language Proficiency
<input type="checkbox"/> Valid visa (if you have one)	<input type="checkbox"/> Genuine Temporary Entrant (GTE) Assessment Form