



STUDENT APPLICATION FORM

Domestic Student International Student

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

A. PERSONAL INFORMATION

Family name: Given name:
Title: Mr Mrs Miss Gender: Male Female
Date of Birth: Country of Birth: Marital Status: Never Married Married Other:
Passport number: Expiry Date: Country of Citizenship

Address in Australia

Street Address: Country: Australia
Suburb: State: Postcode:
Home phone: Mobile: Email address:

Address in home country:

Address: Country:
Home phone: Mobile: Email address:

Emergency contact person:

Name of person Relationship:
Address:
Home phone: Mobile: Fax:

Yes, what type of visa are you holding? Student Visa (Subclass 500) Other:
Are you currently in Australia? No, which DOHA office will you apply?

Do you have any disabilities or medical conditions which may impact your ability to study? Yes, please specify below No

Do you want us to arrange Overseas Student Health Cover (OSHC) for you? Yes, Single Couple Family No

B. COURSES OF STUDY

CRICOS CODE	NAME OF THE COURSE	DURATION	INTAKE DATE

Why do you want to study this course(s)?

C. EDUCATION HISTORY

COMPLETION YEAR	NAME OF THE COURSE	PROVIDER	COUNTRY

D. ENGLISH PROFICIENCY

How well do you speak English? Native Very well Well Not well Not at all

Have you completed an acceptable English language tests in the last 2 years?



IELTS PTE TOEFL-ibt CAE OET Test Date:
Score in each components: L: R: S: W: Overall:

Have you completed at least five years' study in one or more of the following countries: Australia, UK, USA, Canada, New Zealand, South Africa, or the Republic of Ireland? Yes No

Are you a citizen and hold a passport from UK, USA, Canada, NZ or Republic of Ireland? Yes No

In last two years, have you completed, in Australia and in the English language, either the Senior Secondary Certificate of Education or a substantial component of a course leading to a qualification from the Australian Qualifications Framework at the Certificate IV or higher level, while you held a student visa? Yes No

E. UNIQUE STUDENT IDENTIFIER (USI)

Do you have an USI? Yes, I have one No

Would you like WSC to apply for an USI on your behalf? Yes No

If you would like WSC to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, _____, authorise WSC to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed

- <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.as>
- I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey

F. AGENT DETAILS

Have you been referred by an agent? Yes No

Agency name: _____ Email address: _____

Agency Representative Name: _____ Phone: _____

G. PRIVACY STATEMENT AND DECLARATION

I confirm that I have read Western Sydney College's current Student Prospectus or information on website (www.wsc.nsw.edu.au) which details information about the ESOS framework, course requirements, fees payments and refund policy, including an explanation of what occurs, if for some unforeseen reason, the course is not delivered. I confirm that I am fully aware of the fees and refund policy and conditions of enrollment set out on this prospectus (also available from our website www.wsc.nsw.edu.au) which I agree to abide by as a student at Western Sydney College. I understand that I am not required to pay more than the initial tuition fee amount as stated on this offer letter (or 50% of the tuition fee) before the start of the course. However, I am also aware that I have a choice to pay more than 50% of the tuition fees or the full course fees upfront if I choose to do so. Any amount of fees paid before the start of the course will be reflected in my Confirmation of Enrolment (CoE).

I understand that this agreement, and the availability of complaints and appeals processes, does not remove my rights of a student to take action under Australia's consumer protection laws. I declare that all information provided in the application is complete and correct. I understand that failure to provide correct information or documentation in relation to this application may result in cancellation of my enrolment. I understand that my RTO, Western Sydney College is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/ or research purposes:

- Government departments and agencies and authorised VET related bodies.
- VET regulators

Student's Signature _____

Print Name: _____

Date: _____

APPLICATION CHECKLISTS

- | | |
|--|--|
| <input type="checkbox"/> Valid copy passport | <input type="checkbox"/> Evidence of English Proficiency |
| <input type="checkbox"/> Valid visa (onshore students) | <input type="checkbox"/> Genuine Temporary Entrant Assessment Form |
| <input type="checkbox"/> Relevant academic transcripts | <input type="checkbox"/> Other documents |

OFFICE USE ONLY

Application received by:		Date:	
Assessed by:		Date:	
Outcome:	<input type="checkbox"/> Approved <input type="checkbox"/> Refused	Date:	