

INTERNATIONAL STUDENT APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS USING BLOCK LETTERS

Applicant Details

Family Name Given Names

Male Female Age Date of Birth (dd/mm/yy)

Country of Birth Nationality on Passport

Passport Number Expiry Date

Do you have any type of disability? Yes No **If yes** what is your disability?

Contact Address in Australia (if applicable)

Postcode

Phone Mobile Fax

E-mail

Overseas Address

Overseas Contact Numbers (include area code)

Overseas Fax Number (include area code)

Language Ability - Attach copies of results

First language Language spoken at home

If English is not your first language, have you passed a recognised English language test in the past 12 months?

Yes No English Test Result Date taken (dd/mm/yy)

Education History

(Details of past education including highest level achieved. Please attach copies of all results relevant to this application)

| Year | School/Institute | Country | Name of qualification | Course length | Results attached | |
|----------------------|----------------------|----------------------|-----------------------|----------------------|--------------------------|--------------------------|
| | | | | | Yes | No |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Employment History

(Please indicate any previous employment details relevant to this application. Use a separate sheet, if necessary and attach references if available).

| Year | Period of Employment | Title | Duties |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Course Selection Details

General English (starts every Monday). Duration - weeks (minimum 2 weeks): Start Date (dd/mm/yy)

Other English course (specify) Start Date (dd/mm/yy)

Award Courses

Would you like to package courses? Yes No

| Preference | Name of Course | Campus* (if known) | Commencing: Month/Year (eg January 2006) |
|------------|----------------------|----------------------|--|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Visa Details

Are you applying in Australia or overseas? In Australia Overseas

Do you hold an Australian Visa? Yes No If 'yes' Type of Visa

Visa Expiry Date (dd/mm/yy)

If 'no' What type of Visa will you be applying for?

At which Embassy/High Commission/Immigration Office will you lodge your student Visa application?

Overseas Student Health Cover (please tick one)? Single Family Not required

What is your OSHC Membership Number Expiry Date

Where did you find out about TAFE South Australia?

EXHIBITION AGENT INTERNET FRIEND RELATIVE PAST STUDENT

SCHOOL (Specify) OTHER (Specify)

Agent Information

Agent Name

Agent's Details



**Indo-Australian
Education Centre**

Suite - 908, Level - 9,
365 Lt Collins Street, Melbourne,
Victoria 3000, Australia.
Phone: +61 3 9670 1140
Fax: +61 3 9670 1142
Email: iaec@optusnet.com.au

Agent Declaration (if applicable)

I confirm that I have counselled and briefed the applicant about TAFE S conditions related to this application in accordance with our Agent Agree and the terms and

Signed Date

If successful, where would you like your Letter of Offer to be sent to?

AGENT SELF - OVERSEAS ADDRESS SELF - AUSTRALIAN ADDRESS

Declaration

1. I declare that the information contained in this application and the supporting documentation is complete and true.
2. I have read and understood the Application Procedures and Terms and Conditions for TAFE South Australia.
3. I understand that information provided by me to TAFE South Australia may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund.
4. I acknowledge that the provision of incorrect information or documentation relating to my application may result in the cancellation of my enrolment.
5. I understand that TAFE South Australia is required to inform DIMA about changes to my enrolment and any breach of visa conditions relating to attendance and satisfactory academic performance.
6. I understand that this agreement does not remove my right to take further action under Australia's consumer protection laws.
7. Payments for study (tuition fees) must be paid one semester in advance for Award courses, Bridging English for TAFE (ELICOS) and one term in advance for all other ELICOS courses.

Tuition Fees can be paid by bank draft, bank cheque, cash, credit card or telegraphic transfer. If paying by telegraphic transfer you must provide us with the telegraphic transfer details.

I have attached all previous results relevant to this application (IELTS results/Academic reports).

Signed Date

Family name/ Surname

Given Name/s

Please forward completed application form to:



Suite - 908, Level - 9,
365 Lt Collins Street, Melbourne,
Victoria 3000, Australia.
Phone: +61 3 9670 1140
Fax: +61 3 9670 1142
Email: iaec@optusnet.com.au

International Resource Officer
Marketing and International
TAFE South Australia
Level 4, 11 Waymouth Street
Adelaide South Australia 5000
Fax: +61 8 8463 6364
Email: international.tafe@saugov.sa.gov.au

Provider Name: Department of Further Education, Employment, Science and Technology T/A TAFE South Australia
CRICOS Provider No: 00092B TAFE South Australia