

APPLICATION FORM

Australian Students

DEAKIN
COLLEGE
in association with



Please print in **BLOCK LETTERS**

Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	
Given names:	
Preferred name:	
Date of birth: DAY / MONTH / YEAR	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:	Passport number:
Nationality (on passport):	
Passport expiry date:	
Are you a citizen or permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide evidence of citizenship or residency (e.g. a certified copy of your birth certificate, passport, citizenship certificate or visa). Unless verification is supplied, international fees and conditions apply. If 'no', please complete the Application form for international students or apply online at deakincollege.edu.au/apply .	
Do you grant Deakin College permission to provide your parent or guardian listed below with any information pertaining to your application to study, ongoing academic progress, results and attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contact details

Applicant's contact details

Address:	
Suburb:	Postcode:
Home telephone:	
Mobile telephone:	
Email address:	

Previous studies

Secondary Education – highest level achieved

Attach certified copies of all academic transcripts or mark sheets.

Name of qualification (e.g. Year 12):	
Name of school:	
Country/State:	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year completed:
Language of instruction:	

Post-secondary/tertiary education: highest level achieved

Attach certified copies of all academic transcripts or mark sheets.

Name of qualification (e.g. degree, diploma):	
Name of school/institution:	
Country/State:	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year completed:
Language of instruction:	
Will you be applying for exemptions (recognition of prior learning)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide copies of relevant academic transcripts and a completed Exemption Application form (available at deakincollege.edu.au)	
Have you previously studied at Deakin College? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide your Deakin College student ID number:	
Have you applied through VTAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you grant Deakin College permission to obtain information from VTAC for the purpose of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment history

If you believe you have employment experience that is relevant to the course you are applying for, please attach a resume and references.

Deakin College course selection

Please specify when you prefer to begin your studies: Year: _____ <input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> October
Pre-university course <input type="checkbox"/> Certificate IV in Tertiary Preparation Program Stream: _____ <input type="checkbox"/> Business B <input type="checkbox"/> Business G <input type="checkbox"/> Engineering G <input type="checkbox"/> Health Sciences B <input type="checkbox"/> Health Sciences G <input type="checkbox"/> Information Technology B <input type="checkbox"/> Mass Communication B <input type="checkbox"/> Science G
University-level (Diploma) course <input type="checkbox"/> Diploma of Commerce B <input type="checkbox"/> Diploma of Commerce S <input type="checkbox"/> Diploma of Computing B <input type="checkbox"/> Diploma of Engineering G <input type="checkbox"/> Diploma of Health Sciences B <input type="checkbox"/> Diploma of Health Sciences G <input type="checkbox"/> Diploma of Management B <input type="checkbox"/> Diploma of Media and Communication B <input type="checkbox"/> Diploma of Science G

Deakin University course selection

Deakin University course:
Campus:
Deakin University ID (if applicable):

Request for disability support

Do you have a disability that may affect your studies? Yes No
If 'yes' please specify: Hearing Vision Mobility Medical
 Learning Other (please specify): _____
Please attach relevant information so that Deakin College and Deakin University can arrange assistance if possible.

Sponsored students only

Name of sponsoring organisation: _____
Type of sponsorship (e.g. tuition fees, living expenses): _____

Other information

How did you first learn about Deakin College? You may tick more than one.

Exhibition/seminar
 Newspaper/magazine
 Recommended by a friend/relative — if so, is your friend/relative a Deakin College student? Yes No
 Recommended by an education agent
 Internet, please specify: _____
 Social media, please specify: _____
 Other (please specify): _____

Application checklist

I have completed all sections of the Application form.
 I have read and understood the Conditions of Enrolment (Deakin College's full Refund policy is available at deakincollege.edu.au).

Check that you have attached:

certified copies of your academic qualifications*
 a certified copy of your passport, visa or birth certificate
 a certified copy of your citizenship documents
 your Tax File Number
 evidence of your English language proficiency (if required)
 any relevant employment documentation (if required)

* A certified copy is signed by an authorised officer to acknowledge that it matches the original document exactly. Authorised officers include:

- Deakin College staff
- an authorised Deakin College representative
- staff of the institution that issued the document
- a Justice of the Peace or Public Notary
- staff of an Australian Embassy, Consulate or High Commission

Declaration

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to my application being refused or my enrolment cancelled.

I have read and understood the relevant course information in the Deakin College and Deakin University brochure and/or on the Deakin College and Deakin University website and I have sufficient information about Deakin College and Deakin University to enrol. I understand that the pathway may lead to future studies at Deakin University, subject to Deakin University's entry requirements.

I give permission to Deakin College and Deakin University to verify official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions to which I am eligible for admission.

I authorise Deakin College to provide my personal information, including my contact details and enrolment details, to third parties in accordance with Deakin College's Privacy Policy. These third parties include Deakin College representatives (agents) acting on my behalf; Deakin University (to facilitate progression from Deakin College to the next stage of my studies); and Navitas Limited and its affiliates (to communicate regarding pathways and services offered by Navitas Limited and its related companies). For further information, see Deakin College's Privacy Policy at deakincollege.edu.au and Deakin University's Privacy Statement at deakin.edu.au/disclaimer.

I understand that if I have applied through an approved Deakin College/Deakin University agent, all correspondence relating to my application will be forwarded to that agent.

I understand that Deakin College and Deakin University fees may increase. I accept liability for payment of all fees as explained in the Deakin College and Deakin University publications, and I agree to abide by the Deakin College and Deakin University Refund policy (deakincollege.edu.au).

I understand that by signing this Application form, I will be sent letters of offer for a program at Deakin College and, if indicated, Deakin University.

I understand that any conditions concerning an offer of admission will be contained in my letter of offer from Deakin College, which I will be required to read and sign.

Applicant's signature:

Date: DAY / MONTH / YEAR

If you are under 18 years of age, your parent or guardian must also sign this application form.

Parent's/guardian's signature:

Date: DAY / MONTH / YEAR

Parent's/guardian's contact details

Family name: _____
Given names: _____
Relationship to applicant: _____
Address: _____
Suburb: _____ Postcode: _____
Home telephone: _____
Mobile telephone: _____
Email address: _____

Application submission

This application form has been submitted in:

City: _____ Country: _____

Address for applications

Admissions Manager
Deakin College
221 Burwood Highway
Burwood Victoria 3125 Australia

T +61 3 9244 5197 F +61 3 9244 5198
E dcoll-admissions@deakin.edu.au W deakincollege.edu.au

Or through a Deakin College representative:

Representative's stamp

CRICOS provider codes: Deakin College 01590J; Deakin University 00113B
Melbourne Institute of Business and Technology Pty Ltd trading as Deakin College.