

APPLICATION FORM

Please print in BLOCK LETTERS

DEAKIN
COLLEGE

in association with



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 |
| Have you previously studied at Deakin College? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide your Student ID number: _____ | |
| 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 | |

Passport and visa details

| | |
|---|--------------------------------------|
| Country of birth: | Passport number: |
| Nationality (on passport): | |
| Passport expiry date: DAY / MONTH / YEAR | |
| Have you been refused an entry visa to any country? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you been issued a protection visa in any country? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please attach evidence. _____ | |
| If you are currently studying in Australia, please complete the following fields. | |
| Name of institution: | |
| Visa type: | Visa expiry date: DAY / MONTH / YEAR |
| Have you ever been expelled or had your course terminated by another institute or university in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If 'yes', which institute or university? _____ | |
| Will you be bringing your family to Australia while studying at Deakin College? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please state how many family members: _____ | |

Contact details

Applicant's contact details

| | |
|--------------------------------|--|
| Email: | |
| Address: | |
| State/Province | |
| Country: | |
| Mobile (include country code): | |

Agent's contact details

| | |
|--------------------|---------|
| Agent name: | |
| Agent office code: | |
| Address: | |
| Country: | |
| Post/zip code: | |
| Telephone: | Mobile: |
| Email: | |

Previous studies

Secondary education – highest level achieved

| | |
|---|------------------------------|
| Name of qualification (e.g. Year 12, STPM or 'A' Levels): | |
| Name of school: | |
| Country/state: | |
| Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No | Year completed: MONTH / YEAR |
| Language of instruction: | |

Post-secondary/tertiary education: highest level achieved

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|---|------------------------------|
| Name of qualification (e.g. degree, diploma): | |
| Name of school/institution: | |
| Country/state: | |
| Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No | Year completed: MONTH / YEAR |
| 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) | |

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

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| 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"/> Health Sciences/Nursing G <input type="checkbox"/> Business G <input type="checkbox"/> Information Technology B <input type="checkbox"/> Engineering G <input type="checkbox"/> Mass Communication B <input type="checkbox"/> Health Sciences/Nursing B <input type="checkbox"/> Science G <input type="checkbox"/> Foundation Year J | |
| University-level (Diploma) course <input type="checkbox"/> Diploma of Commerce B <input type="checkbox"/> Diploma of Management B <input type="checkbox"/> Diploma of Commerce J <input type="checkbox"/> Diploma of Management J <input type="checkbox"/> Diploma of Commerce S <input type="checkbox"/> Diploma of Media and Communication B <input type="checkbox"/> Diploma of Computing B <input type="checkbox"/> Diploma of Media and Communication J <input type="checkbox"/> Diploma of Computing J <input type="checkbox"/> Diploma of Science G <input type="checkbox"/> Diploma of Engineering G <input type="checkbox"/> Diploma of Health Sciences B <input type="checkbox"/> Diploma of Health Sciences G | |
| Postgraduate-level course Postgraduate Qualifying Program (Business and Law) If selecting this option, you must apply direct to Deakin University. Please download and complete a PQP Application form at deakincollege.edu.au | |

Deakin University course selection

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

Request for disability support

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| Do you have a disability that may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' please specify: <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Other (please specify): _____ Please attach relevant information so that Deakin College and Deakin University can arrange assistance if possible. |
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English proficiency

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| (Please tick and attach documentary evidence where applicable) | |
| <input type="checkbox"/> English is my first language. | |
| <input type="checkbox"/> English was the language of instruction during my secondary school studies and gained a satisfactory pass in final-year English. | |
| <input type="checkbox"/> I have taken an IELTS or TOEFL test (attach results). | |
| <input type="checkbox"/> I have obtained a satisfactory mark or score in another examination or test acceptable to Deakin College (e.g. completion of at least the first year of a post-secondary/tertiary course at a college or university where the language of instruction was English). | |
| IELTS (Academic) or TOEFL score: | |
| Other English test: | Score: |

Overseas Student Health Cover (OSHC)

(for students studying on Australian campuses only)

Deakin College will provide all international students with an OSHC Bupa policy.

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| OSHC required: <input type="checkbox"/> Single <input type="checkbox"/> Family |
| <input type="checkbox"/> Please tick if you do not want your email address given to Bupa. |
| If you already have OSHC, please provide details of your provider. |
| OSHC provider name: |
| OSHC membership number: |
| Expiry date: DAY / MONTH / YEAR |

Sponsored students only

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

Other information

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| How did you first learn about Deakin College? You may tick more than one. |
| <input type="checkbox"/> Exhibition/seminar |
| <input type="checkbox"/> Newspaper/magazine |
| <input type="checkbox"/> Recommended by a friend/relative — if so, is your friend/relative an Deakin College student? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Recommended by an education agent |
| <input type="checkbox"/> Internet, please specify: _____ |
| <input type="checkbox"/> Social media, please specify: _____ |
| <input type="checkbox"/> Other (please specify): _____ |

Application checklist

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| <input type="checkbox"/> I have completed all sections of the Application form. |
| <input type="checkbox"/> I have read and understood the Conditions of Enrolment (Deakin College's full Refund policy is available at deakincollege.edu.au). |
| <input type="checkbox"/> I formally declare that I am a Genuine Temporary Entrant (GTE) and that I have understood and met all requirements (for study in Australia) immi.gov.au/students/gte-requirement.htm |
| <input type="checkbox"/> I undertake to make timely payments of any fees or associated costs for which I am liable. I am aware of the likely cost of my stay in Australia and have necessary financial capacity to meet such costs for the duration of my course. |
| Check that you have attached: |
| <input type="checkbox"/> certified copies of your academic qualifications |
| <input type="checkbox"/> evidence of your English language proficiency (if required) |
| <input type="checkbox"/> a copy of your passport, visa or birth certificate (if required) |
| <input type="checkbox"/> any relevant employment documentation (if required) |
| <input type="checkbox"/> certified translations of any documents not in English |

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 understand that it is my responsibility to maintain valid Overseas Student Health Cover (OSHC). I also understand that if I am no longer enrolled at Deakin College, my OSHC membership can be transferred.

I also agree that Deakin College is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover.

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 living expenses in Australia may be higher than in my own country. I confirm that I am able to meet these expenses.

I have understood and I accept the Conditions of Enrolment (deakincollege.edu.au). I understand that Deakin College may, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Commonwealth of Australia or the State of Victoria.

I give permission to Deakin College and Deakin University to verify official records from an educational institution attended by me.

I understand that information is collected by Deakin College during my enrolment in order to meet its obligations under the Education Services for Overseas Students Act 2000 (ESOS Act) and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007 (National Code 2007); to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the ESOS Act, the Education Services for Overseas Students Regulations 2001 and the National Code 2007. Information collected about me during my enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Protection Scheme. In other instances information collected on during my enrolment can be disclosed without my consent where authorised or required by law.

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:*
(must be the same signature as in your passport)

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

*Unsigned applications cannot be processed. Agents cannot sign on an applicant's behalf.

Parent's/guardian contact details

| | |
|----------------------------|---------|
| Family name: | |
| Given names: | |
| Relationship to applicant: | |
| Address: | |
| | |
| Telephone: | Mobile: |
| Email: | |

Application submission

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| 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 deakincollege@deakin.edu.au W deakincollege.edu.au

Or through a Deakin College representative:

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| Representative's stamp |
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CRICOS provider codes: Deakin College 01590; Deakin University 00113B
Melbourne Institute of Business and Technology Pty Ltd trading as Deakin College.