

International Application for Admission

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.

Local representative information

Agent Name _____ Agent URN _____

Student details

Title _____ Given Names _____ Family Name _____

Male ☐ Female ☐ Age _____ Date of Birth (day/month/year) _____

Country of Birth _____ Nationality _____

Are you a Citizen or Permanent Resident of Australia Yes ☐ No ☐

Home Address _____

City _____ State/Province _____

Country _____ Postcode _____

Home Telephone _____ Mobile _____

Email

Family member contact details (if under 18)

Name _____ Relationship to Student _____

Home Address _____

City _____ State/Province _____

Country _____ Postcode _____

Home Telephone _____ Mobile _____

Business Telephone _____ Fax _____

Email

VISA Details

Do you have a current Australian Visa? Yes ☐ No ☐ If yes, please provide a copy of your current visa

Are you applying for a Student Visa? Yes ☐ No ☐

Visa Type _____ Visa Subclass _____ Visa Expiry Date _____

Passport details

Passport Number _____ Passport Expiry Date _____

Please provide a copy of your current passport

English language

All international students must demonstrate an acceptable level of English proficiency to gain admission to the FISC academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

Academic IELTS (score)

Overall _____ Listening _____ Reading _____ Writing _____ Speaking _____

Other (please supply) _____

For all other tests accepted by the Admissions Department, please refer to flinders.edu.au/fisc

Previous education

Please attach verified copies of all academic transcripts or reports (translated into English)

Name of Qualification _____ Year Awarded _____

Name of School/College/University _____

Country/State _____ Language of Instruction _____

If you are currently completing a qualification, please indicate when you expect to complete this study (month/year) _____

Course Selection

| | | | | |
|-------------------------------|-----------------------------------|-------------------------------|----------------------------------|--|
| Introductory Academic Program | <input type="checkbox"/> | Start Date | | |
| Foundation Program (Standard) | February <input type="checkbox"/> | June <input type="checkbox"/> | October <input type="checkbox"/> | Year |
| Foundation Program (Extended) | February <input type="checkbox"/> | June <input type="checkbox"/> | October <input type="checkbox"/> | Year |
| Diploma of Commerce | February <input type="checkbox"/> | June <input type="checkbox"/> | October <input type="checkbox"/> | Duration 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> Year |
| Diploma of Science | February <input type="checkbox"/> | June <input type="checkbox"/> | October <input type="checkbox"/> | Duration 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> Year |

Package program offer

Do you wish to receive a conditional undergraduate Letter of Offer from Flinders University? Yes ☐ No ☐

Will you apply for a visa to cover the undergraduate program? Yes ☐ No ☐

Undergraduate offer

The Undergraduate course I would like to study at Flinders University is: (in order of preference)

| | |
|--------------|-------|
| Preference 1 | Major |
| Preference 2 | Major |
| Preference 3 | Major |

Caregiver arrangements

If you are under 18 years of age, do you require the College to recommend a Caregiver? Yes ☐ No ☐ If no, please advise the name and address in Australia of your Caregiver

Caregiver's Name

Caregiver's address in Australia

Accommodation

Do you require assistance with accommodation? Yes ☐ No ☐

What type of accommodation do you require? Homestay ☐ Residence* (for students over 18) ☐ * Subject to availability

For Homestay option please arrange directly with homestaynetwork.org/

Airport transfers

For Airport Transfer requests please contact homestaynetwork.org/

OSHC Details (if applicable)

Do you currently hold an OSHC policy? Yes ☐ No ☐ If yes, please provide the following details

Name of OSHC provider

OSHC Membership Number OSHC Expiry Date

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy

Please select type of cover you wish to receive: Single ☐ Dual Family ☐ Multi Family ☐

Disability

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes ☐ No ☐ If yes, please indicate the area/s of impairment:

Acquired Brain Impairment ☐ Hearing/Deaf ☐ Intellectual ☐ Learning ☐ Physical ☐ Medical Condition ☐
Mental Illness ☐ Mobility ☐ Vision ☐ Other ☐

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes ☐ No ☐

Declaration and signature (this application must be signed; otherwise it will not be accepted)

☐ By ticking this box I confirm the following:

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that were I do not meet the entry requirements for the selected course or suite of courses, that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Flinders International Study Centre (FISC). I authorise Flinders International Study Centre (FISC), where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that Flinders International Study Centre (FISC) is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory academic performance. I also understand that under the provisions of the ESOS Act 2000, Flinders International Study Centre (FISC) may release information provided in this application to Australian Commonwealth and State agencies.

Flinders International Study Centre (FISC) is bound by the Privacy Act (1988) of the Commonwealth of Australia. FISC collects and uses any personal information provided to itself in accordance with the Act. The type of information and the use and disclosure of that information without any prior approval is set out in our detailed Privacy Policy which can be found at flinders.edu.au/fisc.

By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

Name (Student or Parent, Legal Guardian*) Date

* if applicant is under the age of 18

Note

- Information provided may be made available to Commonwealth and State agencies and the Director of the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and the National Code.
- Any school-aged dependants accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school.

Send your application to:

Admissions Centre
Level 8, 97-99 Bathurst Street
Sydney NSW 2000, AUSTRALIA
T +61 2 8263 1888
F +61 2 9267 0531
E FISCadmissions@studygroup.com
or to your local representative