

INTERNATIONAL STUDENT APPLICATION FORM

www.apsi.edu.au

Email: info@apsi.edu.au

(Please complete your application in BLOCK LETTERS)

Please tick your current visa status:

International Student (includes student visa, working holiday visa, tourist/visitor visa holders)

Australian student (includes Australian citizen, permanent resident, temporary resident, bridging visa 457, 309, 310, 820 and 826 visa holders)

PERSONAL DETAILS (same as your passport)

Family Name _____ Given Names _____

Date of Birth (dd/mm/yy) ____ / ____ / ____

Gender: M F

(International Student must be over 18 years of age before he/she can be offered a place at APSI)

Country of Birth: _____

Nationality: _____

Please attach a copy of your passport information page

CONTACT DETAILS IN AUSTRALIA (if known)

Address: _____

State _____ Postcode _____

Home Phone No _____ Australian Mobile No _____

Email Address _____

(APSI will use this email address as main contact for all correspondence and communication)

NEXT OF KIN (Emergency Contact)

Name _____ Relationship to Student _____ Contact phone number _____

Email address _____ Contact details in your home country (International student only)

Full Address _____

Country _____ Area Code _____ Home Telephone No _____ Home Mobile No _____

Do you have any long term medical conditions, disability, impairment which may affect your learning

goals and APSI should be aware of? If yes, please specify the details _____

COURSE SELECTION

Course 1 _____

Commencement Date (mm/yy)_____ Alternative Date (mm/yy) _____

Course 2

Commencement Date (mm/yy)_____ Alternative Date (mm/yy)_____

Course 3 _____

Commencement Date (mm/yy)_____ Alternative Date (mm/yy) _____

EDUCATION BACKGROUND

Highest Academic Qualification at time of application _____ Name of Institution _____

Country _____ Year of Completion _____ Language of Instruction _____

Other Academic Qualification at time of application _____ Name of Institution _____

Country _____ Year of Completion _____ Language of Instruction _____

Other Academic Qualification at time of application _____ Name of Institution _____

Country _____ Year of Completion _____ Language of Instruction _____

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Country _____ Year of Completion _____ Language of Instruction _____

If you are applying as a mature age student (over 20 years of age), please attach your resume with full details of your relevant work experience and employer's reference letter.

Do you wish to apply for Recognition of Prior Learning (RPL) or credit transfer? Yes No

If yes, please download RPL information pack and application form from our website and submit the RPL application together with a non-refundable application fee of A\$200. There is an additional course credit processing fee of \$200 per competency unit. All RPL applications must be submitted at least 2 weeks before course commencement date.

Please attach all your academic qualifications including academic transcript to support your application.

Academic Entrance Requirements for Certificate III and IV in Business or in Aged Care – Completion of Year 11 or equivalent

Academic Entrance Requirements for Diploma of Business – completion of Year 12 or Senior High School or equivalent.

Please refer to our website for details of entrance requirements.
www.apsi.edu.au

PATHWAY TO HIGHER EDUCATION (University/TAFE)

Do you want us to obtain a provisional letter of offer from one of our university partners?

If yes, please put down the name of the university/TAFE _____

Preferred Course _____ Intake (Feb/July) Year _____

The following section to be completed by International Student only.

If you are currently studying in Australia, please supply details of your most recent institution.

Name of institution _____ State _____

Course name _____

Commencement Date _____ Completion Date _____

Do you require a release letter? Yes No

(For International student who is currently enrolled with other institution for less than 6 months, please note your enrolment cannot be finalized without a release letter)

ENGLISH LANGUAGE PROFICIENCY

Please provide evidence of your English qualifications

IELTS score _____ (Academic/General) Year of the test _____

Others (please specify) _____

Please attach your English language qualifications here

Do you wish to study ELICOS in one of our preferred English Language Colleges?

Name of College _____ Number of weeks _____

VISA INFORMATION

Passport Number _____ Expiry Date _____

Visa type _____ Sub-class _____ Expiry Date _____ DIAC Post for visa _____

Do you have an Overseas Student Health Cover (OSHC)? Yes No

If yes, please provide the following details

Provider's name _____ Membership No _____ Expiry date (mm/yy) _____

If you require APSI to arrange OSHC for you, please complete the following details

Duration _____

OSHC cover Single/Couple /Family

(Please note APSI will arrange OSHC through Medibank Private and the cost of OSHC will be included in your student invoice)

ACCOMMODATION PLACEMENT SERVICE

Do you require APSI to arrange temporary accommodation for you? Yes No

If yes, please tick your preference Homestay (min 2 weeks) Hostel(YHA) week

Homestay placement fee is \$200 plus GST and will be added to your student invoice

DECLARATION

- I declare the information I have provided on this form is true and correct to the best of my knowledge. I understand that giving false and incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I confirm that I have read and understood the terms and conditions of enrolment, refund policy, appeal and grievance process attached. (please download terms and conditions of enrolment from here). These terms and conditions and refund policy have been explained to me in my own language, and/or that copies of the documents were available to me in my own language via APSI's website. I understand that this agreement does not remove the right to take further action under Australia's consumer protection laws.
- I am aware of the total tuition fees and living costs associated with studying in the courses selected and I am prepared to meet these costs.
- I agree that the staff of APSI can access the personal information including course enrolment details, changes and the circumstances of any suspected breach of visa requirements without consent being obtained. I also agree that representatives of Government agencies such as Department of Immigration and Citizenship (DIAC) and Training Accreditation Council WA (TAC) can have access to my personal information upon request.
- I agree that my personal information may also be made available to any Commonwealth and State agencies and as required under the ESOS Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students. The information will also be made available to the Tuition Assurance Fund Manager and ESOS Fund Manager.
- I understand that I am obliged to notify APSI any change of address while I am enrolled at APSI.
- I allow APSI to publish my name and any of my images for promotional purpose while I am studying at APSI.

I (full name of applicant) _____ or full name of guardian/parent (if under 18 years of age) acknowledge that I have read, understood the above declaration and terms and conditions of enrolment contained in this application form.

Signed _____ Date _____

Name of counselor (If apply through an education agent) _____

Name of Agent:

Agent's email address _____ Date _____

Where did you find out about APS Institute?

Agent _____ Website _____ Newspaper _____ Friend _____ Expo _____ Others _____

Please scan and email the completed form to info@apsi.edu.au with your passport copy, copies of all academic transcript and English language test results if applicable.