

Swinburne University of Technology Professional Year Program Application Form

Engineers Australia (EA)
Professional Year in Engineering

Australian Computer Society (ACS)
Professional Year in Computer Science

Skilled Migration Internship Program Accounting (SMIPA)
Professional Year in Accounting

Representative/agent stamp

(if applicable)



SECTION A: PERSONAL DETAILS

If previously enrolled at Swinburne University of Technology, please state ID number

PRINT YOUR NAME AS IT APPEARS IN YOUR PASSPORT. Please use BLOCK CAPITALS. All fields must be completed

Contact details

Title: _____ (Mrs, Miss, Ms, Mr etc) Gender: Female Male Date of birth / ,

Family name

Given names

Email address

Telephone number Mobile telephone

Postal address

Number and street

Suburb/City

State

Country Postcode

Residential address (if different to Postal Address)

Residential address should NOT be the same as your agent

Number and street

Suburb/City

State

Country Postcode

Citizenship

Country of birth:

Do you hold a valid visa type? Yes No Not applicable (Australian resident/citizen)

If **YES**, complete below

Visa number: Visa expiry date: / ,

Visa type:

*Valid visa types include:

1. Skilled Graduate (temporary) visa (subclass 485)
2. Skilled Graduate (Recognised) (temporary) visa (subclass 476)
3. Eligible bridging visas

Disability

Do you have a disability, impairment or long term medical condition? Yes No

Tick one or more of the following

Hearing/Deaf Intellectual Mobility Learning Visual Mental Illness Medical Condition

Providing information about a disability or medical condition will not disadvantage your application. However the University needs to assess if it can make reasonable adjustments to accommodate your disability or medical condition in order to advise you appropriately. In some cases the support required may be at a cost to you.

Do you have a medical or health-related issue that may prevent a student visa being issued? Yes No

Please refer to www.immi.gov.au/allforms/health-requirements/meeting-health-req.htm

If yes, please provide details:

SECTION B: COURSE PREFERENCES

Location:

PYP at Swinburne (Hawthorn) PYP at Swinburne (Perth) (IIBT Campus)

Enrolling in:	Intake	Year
Australian Computer Society (ACS) Professional Year in Computer Science		
Skilled Migration Internship Program Accounting (SMIPA) Professional Year in Accounting		
Engineers Australia (EA) Professional Year in Engineering*		

*Engineering applicants are required to complete additional documentation available at:

www.swinburne.edu.au/collage/professional-year-programs/engineering.html

Or contact: pyp@swin.edu.au

IELTS Score Yes No Listening Reading Writing Speaking Overall

Date of test: / /

If **NO**, please detail other English Language Proficiency

SECTION D: EDUCATION DETAILS

Tertiary studies completed or undertaken in Australia

Month/Year Commenced	Month/Year Completed	Title of Course (eg Bachelor of Business)	Name of Institution	Full-time or Part-time	Completed Yes / No

Have you previously been excluded or suspended from Swinburne or any other educational institution for academic or non-academic reasons?

Yes No

If yes, institution and reason

SECTION E: EMPLOYMENT HISTORY

Complete the following employment history and provide employment references or attach your curriculum vitae (resumé). Write NIL if no employment history.

Period	Employer	Department/Section	Nature of Work

SECTION F: CHECKLIST AND DECLARATION

Make sure the following are attached: (all documents are to be certified)**

- Academic transcripts (with English translation where necessary)
- Visa grant notice
- Passport copy
- English language test results (ie IELTS, TOFL)
- Skill Assessment (where applicable)
- Curriculum vitae and cover letter

** Original and certified copies of all documents to be sighted at interview stage.

Applicant's declaration

- 1. I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.
- 2. I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
- 3. I authorise the University to seek verification of my academic and professional qualifications, and work experience. I understand that the University reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
- 4. I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
- 5. I acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without prior notice.
- 6. I understand that the personal information I have provided may be released.
- 7. I have read and understood the policy and conditions on www.swinburne.edu.au/professionalyear to government agencies as required by law. I authorise the University to disclose information relevant to my application and enrolment to third parties for the purpose of progressing my application and enrolment and administering my program. I also authorise the University to release information about me and my enrolment, including my photograph to the Australian Computer Society, and Engineering Education Australia.

Signature of applicant: Date: / /

Send Application To:

Swinburne University of Technology Swinburne PYP Telephone: +61 3 9214 4651
 PO Box 218 Hawthorn VIC 3122 Australia Facsimile: +61 3 9214 5375
 Email: international@swinburne.edu.au

PLEASE ENSURE YOU HAVE WRITTEN YOUR EMAIL ADDRESS ON PAGE 1 OF THIS FORM.