



Application for Higher Education Admission Form 2017



CAMBRIDGE
INTERNATIONAL COLLEGE
A U S T R A L I A

Personal Details

Family Name: Given Name: Date of Birth: / /
(As per passport) (day) (month) (year)

Gender: Male Female Nationality: Country of Birth:

Are you married/In a de facto Relationship? Yes No If yes, please state date of marriage/de facto relationship:

Do you speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)
 No, English only Yes, other - Please specify

How well do you speak English? Very Well Well Not Well Not at all

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)
 No Yes, Aboriginal Yes, Torres Strait Islander

Student Contact Details

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.
 If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Address of your usual residence Building/ property name Flat/unit details
 Street/ lot number (e.g. 205 or Lot 118) Street name
 Postal delivery information (e.g. PO Box 254) Suburb, locality or town
 State/territory Postcode
 Country.....

Contact No. (Include country code):

Postal Address (if different from above) Building/ property name Flat/unit details
 Street/ lot number (e.g. 205 or Lot 118) Street name
 Postal delivery information (e.g. PO Box 254) Suburb, locality or town
 State/territory Postcode
 Country.....

Address or intended address (if known) in Australia Building/ property name Flat/unit details
 Street/ lot number (e.g. 205 or Lot 118) Street name
 Postal delivery information (e.g. PO Box 254) Suburb, locality or town
 State/territory Postcode
 Country

Email: Mobile:

Provide details of the person the College could contact if there was an emergency:
 Name: Relationship: Mobile/Telephone:

Other Details:

Are you currently in Australia? No - If no, go to next section. Yes, if yes, what is your passport number?

Visa Expiry Date: / / What type of visa will you be holding when you commence your studies?
(day) (month) (year) Student Working Holiday Tourist Other

If you will be applying/extending your student visa, at which DIBP office or embassy will you apply/extend your student visa:

Health Cover:

Student visa applicants: Would you like Cambridge International College to arrange Overseas Student Health Cover for you?
 No, I will arrange my own OSHC (provide evidence) Yes, please arrange OSHC for me.

If yes, please select one of the following coverage types: Single Family One dependant (spouse or child)
 More than one dependant, please select one of the following options: Spouse and child/children Children only

Do you consider yourself to have a permanent and significant disability? Yes No If yes, please indicate:

Hearing/Deaf Physical Intellectual Learning Medical Condition Mental Illness Vision Others

Schooling, Educational Qualifications and Work Experience

What is your highest COMPLETED school level? (Tick ONE box only.)
 Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent
 Year 9 or equivalent Year 8 or equivalent Never attended school

In which YEAR did you complete that school level?

Highest qualification achieved: Where was this qualification achieved? Australia Overseas

Specify country: Additional qualifications:

Total number's of years work experience..... What is your English language level? IELTS: Or other, specify

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Advanced Standing

Are you seeking Credit Transfer? Yes No

If you ticked yes to the above, please submit your Application for Higher Education Admission Form along with your relevant supporting documents (certified academic transcripts and unit outlines).

Higher Education - I wish to apply for the following

<input type="checkbox"/> Melbourne (CRICOS No. 01718J)	
<input type="checkbox"/> Higher Education Program	Intake Dates
<input type="checkbox"/> Bachelor of Business (Accounting)	2017
<input type="checkbox"/> Bachelor of Business (Management)	<input type="checkbox"/> 16 Jan <input type="checkbox"/> 27 Mar
<input type="checkbox"/> Bachelor of Business (Marketing)	<input type="checkbox"/> 05 Jun <input type="checkbox"/> 21 Aug
	<input type="checkbox"/> 30 Oct

I wish to commence my enrolment on:

...../...../.....
(day) (month) (year)

Employment

Of the following categories, which BEST describes your current employment status?

- | | | |
|--|--|---|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self-employed - not employing others |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Employed - unpaid worker in a family business | <input type="checkbox"/> Unemployed - seeking full-time work |
| <input type="checkbox"/> Unemployed - seeking part-time work | <input type="checkbox"/> Not employed - not seeking employment | |

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job/promotion | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> I wanted extra skills for my job | |
| <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other reasons | |

Documents attached to this application:

(Certified or verified)

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic transcripts | <input type="checkbox"/> IELTS Certificate or equivalent proof of English | |
| <input type="checkbox"/> Passport copy | <input type="checkbox"/> Copy of current Australian visa, if applicable | <input type="checkbox"/> Relevant work experience, if applicable |

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Applications:

Email: admissions@cambridgecollege.com.au
Fax: +61396634922
Post: Admissions, Level 5, 422 Little Collins Street,
Melbourne, Victoria 3000

CIC will contact you with the details of the enrolment process upon receipt of this application.
You may need to provide CIC with further details or documents.

How did you hear about CIC?

Cambridge International College website Newspaper/Magazine Exhibition/Fair Facebook/Twitter

- Is the friend/family member a current or former CIC student? Yes No

Recommended by an education agent Other, please specify:

Student Declaration:	Office Use Only:
<p>I,</p> <p>acknowledge that I have read and understood the information provided above. I also acknowledge that I have read CIC's student prospectus, website, marketing material and received full information from CIC's Educational Agent (for enrolment through an educational agent) before making the decision to enrol in the course. The information and documents provided by me are true, genuine and correct in all respects.</p> <p>Signature:</p> <p>Date: / / (day) (month) (year)</p>	<p>Date Application Received: / / (day) (month) (year)</p> <p>Received By:</p> <p>Decision on Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected</p> <p>Name:</p> <p>Signature:</p> <p>Applicant information entered in TEAMS by:</p>

422 Little Collins Street, Melbourne, Victoria, Australia 3000
Tel: +61 3 9663 4933 | Fax: +61 3 9663 4922
CRICOS No. 01718J

✉ info@cambridgecollege.com.au
🌐 www.cambridgecollege.com.au

📘 CambridgeCollegeAUS
📷 TheCICAustralia
🐦 cic_aus
📺 TheCICAustralia