

Application Form (F1)

Application for Enrolment as an International Student at William Angliss Institute. No Application Fee Payable

Instructions:

- 1. Carefully read the William Angliss Institute (the Institute) Course and Information Guide for International Students 2011
- 2. Complete all sections in CAPITAL letters
- 3. Detach this form and send to: The Manager, International Education Office, William Angliss Institute, 555 La Trobe Street, Melbourne 3000, Australia Facsimile: (+61) 3 9670 9348 Email: international@angliss.edu.au
- 4. Enclose one set of supporting documents with this application:
 - 4.1 Certified Academic Transcripts;
 - 4.2 Certified Graduation Certificates;
 - 4.3 Evidence of English language proficiency;
 - 4.4 Certified copy of the biodata page of your passport and Australian visa (where applicable);
 - 4.5 Recent passport sized photograph.
 - 4.6 Certified copies of course outlines and subject descriptors if you are applying for recognition of prior learning for any units in the course you are applying for.
- 5. All documents must be certified by a recognised authority eg. school, university, or an Institute representative.
- 6. Where necessary, provide official certified English translations.
- 7. This application is the property of the Institute. Supporting documentation will NOT be returned.

Notes

- 8. Your application cannot be processed unless full documentation is attached.
- If you obtain Australian permanent residency at any stage of the application process, you must advise the Institute immediately.
- It is your responsibility to advise the Institute of any change of address prior to enrolment at the Institute.
- 11. The information in this application form is correct as of June 2010, however course information for the Institute is subject to change. Admission to any particular course is not guaranteed, and should be assessed in accordance with procedures specified by William Angliss Institute.
- 12. You should always check with a course adviser or Institute accredited education agent or representative when planning your course. Visit the Institute website for the most up-to-date information about courses, entry requirements, fees and destination degrees.

Application Details

Are you a currently enrolled Institute student? Yes N	0				
If yes, please provide Institute ID number:					
Have you previously applied to the Institute? Yes N	0				
Part 1: Personal Details					
Title: Mr Mrs Ms Dr	Other				
Family name (as in passport):					
Given name(s):	English name (If you use one):				
Date of Birth:	Sex: Male Female				
Current Age:	First language:				
Citizenship (as in passport):	Country of birth (as in passport):				
Home address in home country	Home address in Australia				
Address:	Address:				
Province:	Suburb:				
Country: Postcode:	Country: Postcode:				
Home address valid from:	Home address valid from: / / /				
to: / / /	to: / /				
Telephone:	Telephone:				
Mobile Telephone:	Mobile Telephone:				
Fax:	Fax:				
Email (mandatory):	Email (mandatory):				



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Part 2: Guardia	nship (please co	omplete this sect	ion if you will be	under 18 year	s of age	at the t	ime of e	enrolment	:)
Name of your parent/gu	ardian								
Parent/guardian's busin	ess telephone (inc	lude country cod	le):						
Parent/guardian's busin	ess fax (include co	ountry code):							
Parent/guardian's email	address (if availab	ole):							
Signature of parent/gua	rdian:			Date:	/	/			
Date when you turn 18	years of age:	/ /							
Part 3: Visa-rela	ated Informa	tion							
Passport Number:				Expiry date:	1	/	/		
Are you currently in Aus	tralia?	Yes	No	lf no, plea	se go t	o Part	: 4.		
lf yes, state your vi	sa type (eg stu	dent, tourist,	etc) visa subc	lass numbe	r and e	expiry	date:		
Visa Type:		Subclass No:		Exp. Date:	/		/		
Have you applied to bec	ome a permanent	resident of Aust	ralia?	Yes	No				
If yes, date of applicatio	n: /	/							
Part 4: Institute	Course Pref	ference							
CRICOS Code:	Course Title:					Start D	Date:		
							/		
Further Studies									
Do you intend to study f	or a degree at Will	iam Angliss Insti	tute after your stu	udies at the Ins	stitute? (j	olease t	ick)	Yes	No
If 'Yes' which Course?									
CRICOS Code:	Course Title:					Start D	Date:		
							/		

Part 5: Highest Level of Education Completed

Please provide details and documentation of your highest secondary and any post secondary school results, either completed or pending, including an explanation of the grading system.

Secondary studies

Name of qualification:	Institution:	Country/State:	Date of commencement: DD / MM / YYYY	Date completed DD / MM / YYYY

Post-secondary studies

Both complete and incomplete studies must be listed below. Submit official statements for all studies including failures (if any).

Name of qualification:	Institution:	Country/State:	Date of commencement: DD / MM / YYYY	Date completed DD / MM / YYYY

Angliss Specialist centre for foods, tourism & hospitality

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Part 6: Summ	hary of Work Ex	xperien	e (if Relevant) (Certified Docu	imentary Evidence Req	uired)	
Employer	Position	Dutie		Country/State	Start Date DD / MM / YYYY	Finish Date DD / MM / YYYY
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		-				
		-				
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Part 7: Englis	h Language Pr	oficienc	V			
	ppropriate box an					
	our first language		,			
		struction	n your secondary/tertiary studi	es		
			ion is located in a non-English speakin			
			rguage test (complete the details be			
	score (attach evidence):	Date taken: D D / M M / Y Y			
TOEFL	lish test score (attach e	vidonoo):	Date taken:DD/MM/YDate taken:DD/MM/Y			
	Overall:	Listening:	Reading:	Writing/TWE/ER:	Speaking	
	I have not yet completed an approved English language test. I intend to complete the following test on the date specified below (complete the details below) IELTS test Date to be taken: D D / M M / Y Y Y Y					
IELTS test			Date to be taken: D D / M M /			
Other Eng	lish test		Date to be taken: D D / M M /			
Please note, IELTS is the only English proficiency test accepted by the Australian Government for visa applications from certain countries. Test must be taken within 2 years of course commencement.						
Completed English course in Australia (attach evidence)						
Name of Englis	h language course:		Name of English lar	iguage centre:		
Start date: D	Start date: D J M M Y Y Y Completion date: D D J M M Y Y					
Currently enrolled in English course in Australia (attach evidence)						
	h language course:		Name of English lar			
Start date: D D / M / Y Y Y Finish date: D D / M / Y Y Y						
Do you intend to complete an English language course before your studies at the Institute? Yes No If 'Yes' provide details of English language course and English language centre.						
	h language course:	age course	Name of English lar			
0	D / M M / Y Y	VV	, and the second s			
RPL		0 (.1		N.		
	gnition of prior learning			No		
(If you ticked 'yes' you will need to provide certified copies of academic transcripts, course outlines and subject descriptors for each subject or unit you are seeking recognition for).						
Disability						
Do you have a disabil	ity, impairment or long-	term medica	I condition which may affect your stud	ies? Yes	No	
If 'Yes', please provide	If 'Yes', please provide details: (This information is for support services only and will not affect the outcome of your application)					

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Part 8: Declaration by Applicant

I declare that I have read the Institute Course and Information Guide for International Students 2010 and the instructions on this application form and that the information provided by me is true and correct. I understand and acknowledge that I have received information about:

- 1. the minimum level of English language proficiency required for acceptance into my preferred course/s;
- 2. the minimum educational qualifications and/or work experience required for acceptance into my preferred course/s;
- 3. the structure, course content, student progress requirements, duration, subject choices, modes of study and assessment methods for my preferred course/s;
- 4. the qualifications obtained at the end of my preferred course/s;
- 5. what course credit may be available for my preferred course/s;
- 6. applying for recognition of prior learning (RPL), including when RPL applications must be received by the institute and how this will affect my course duration and course fees;
- 7. the campus locations, facilities, equipment and learning and library resources available at the Institute for my preferred course/s;
- 8. details of arrangements with other registered providers, persons or businesses to provide the course or part of my preferred course/s
- 9. the course related fees payable for my preferred course/s and the applicable Refund Policy of the Institute;
- 10. withdrawing from courses, deferring and cancelling my enrolment from my preferred course/s ;
- 11. the ESOS framework; and
- 12. living in Australia, including:
 - 12.1 indicative costs of living;
 - 12.2 accommodation options;
 - 12.3 the need for school aged dependants to be enrolled in a school and pay fees for their education.

I acknowledge that the Institute reserves the right to:

- 1. vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, fraudulent or incomplete information; and
- 2. discontinue or alter any course, subject, fee, admission requirement, staffing or other arrangements without prior notice.
- I understand, acknowledge and agree to:
- 1. information provided by me being made available to Australian and State Government agencies pursuant to obligations under ESOS Act 2000 and the National Code 2007;
- 2. make timely payments of any fees or associated costs for which I am liable. I have the necessary financial capacity to meet all such costs for the duration of my course.
- 3. I hereby give permission to William Angliss Institute to see and access all the details of my current visa through the Visa Entitlement Verification Online (VEVO) system.

I recognise that it is my responsibility to provide all necessary documentation to support my application and I authorise the Institute to obtain further relevant documentation where necessary including information from the Institute's accredited education agent or representative.

(Please complete this section if you are using an Institute accredited education agent or representative)

Business name, address and contact name	of accredited agent:
Business telephone (include country code):	()
Business fax (include country code): ()
Accredited agent or representative email:	

I have read and understand the above conditions and am prepared to accept them in full.

Applicant's signature

 Date:
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Note: This Agreement must be signed by a parent or legal guardian if the student is under 18 years of age.

Witness's signature

Date: D D / M M / Y Y Y Y

DISCLAIMER: William Angliss Institute respects your privacy. The information you have provided will not be given to any third parties, and will only be used internally. Upon graduation, you will automatically become a part of the William Angliss Institute Alumni. Please note: you will be given the opportunity to unsubscribe at the time of completing your course.