

Representative/Agent Stamp



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

H I G H E R E D U C A T I O N

Application for Higher Education 2018

PERSONAL DETAILS

Family name	<input type="text"/>	Given name	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Date of birth	<input type="text"/>
Nationality	<input type="text"/>	Country of birth	<input type="text"/>
Passport No.	<input type="text"/>	Visa expiry date	<input type="text"/>
What visa will you be holding when you commence your studies?			
<input type="checkbox"/> Student <input type="checkbox"/> Working <input type="checkbox"/> Bridging (if so which one)		<input type="text"/>	
<input type="checkbox"/> Other		<input type="text"/>	
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
Mobile No.	<input type="text"/>	Telephone No.	<input type="text"/>
Email	<input type="text"/>		

Address of your usual residence in your home country

Property name	<input type="text"/>		
Flat/unit	<input type="text"/>	Street/lot number	<input type="text"/>
Street name	<input type="text"/>	Suburb/locality/town	<input type="text"/>
State/territory	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

Postal Address

Property name	<input type="text"/>		
Flat/unit	<input type="text"/>	Street/lot number	<input type="text"/>
Street name	<input type="text"/>	Suburb/locality/town	<input type="text"/>
State/territory	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

Address or intended address in Australia (if known)

Property name	<input type="text"/>		
Flat/unit	<input type="text"/>	Street/lot number	<input type="text"/>
Street name	<input type="text"/>	Suburb/locality/town	<input type="text"/>
State/territory	<input type="text"/>	Postcode	<input type="text"/>

EMERGENCY CONTACT DETAILS

Family Name	<input type="text"/>	Given Name	<input type="text"/>
Mobile No.	<input type="text"/>	Telephone No.	<input type="text"/>
Relationship	<input type="text"/>		

FAMILY MEMBER CONTACT DETAILS IN HOME COUNTRY

Family Name	<input type="text"/>	Given Name	<input type="text"/>
Mobile No.	<input type="text"/>	Telephone No.	<input type="text"/>
Relationship	<input type="text"/>		

HEALTH COVER

Overseas Student Health Cover (OSHC) must be arranged for the duration of your visa as a condition of your student visa. CIC can arrange health cover with Allianz Global Assistance (our preferred provider) on your behalf for the duration of your visa.

If you pay the full OSHC amount up-front, you are protected against any increases in the OSHC fees for the duration of your visa.

If you complete your studies earlier than expected, you may be entitled to a refund from Allianz Global Assistance.

Health insurance is your responsibility and current cover must be maintained by students for the duration of their stay in Australia.

Do you want CIC to arrange OSHC for the duration of your visa in Australia? No Yes

If YES, please select one of the following coverage types: Single Dual Family

If NO, reason given for not commencing a new Allianz Global Assistance membership

You already have current OSHC membership for the duration of your visa.

Provider

Membership number:

OSHC expiry date:

You will organise OSHC membership yourself (Evidence will be required on admission)

HIGHER EDUCATION PROGRAMS

CRICOS (VIC) No. 01718J

Higher Education Programs	Intake Dates
<input type="checkbox"/> Bachelor of Business (Accounting)	<input type="checkbox"/> 15th Jan 2018
<input type="checkbox"/> Bachelor of Business (Management)	<input type="checkbox"/> 26th Mar 2018
<input type="checkbox"/> Bachelor of Business (Marketing)	<input type="checkbox"/> 04th Jun 2018
	<input type="checkbox"/> 20th Aug 2018
	<input type="checkbox"/> 29th Oct 2018

Are you seeking Advanced Standing (Credit Transfer)? Yes No

If YES, please submit your Advanced Standing application form, along with your relevant supporting documents (certified academic transcripts and unit outlines), with your enrolment application form.

Are you packaging with a CIC VET Course? Yes No

STUDY REASON

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

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

108 Lonsdale Street, Melbourne, VIC 3000

Tel: +61 3 9663 4933 | Email: info@cambridgecollege.com.au | Web: www.cambridgecollege.com.au

CIC Higher Education PTY LTD trading as Cambridge International College
CRICOS Provider No. 01718J ABN: 29076527529

SCHOOLING AND EDUCATION

What is your highest COMPLETED school level? (Select only ONE)

- Year 12 or equivalent Year 10 or equivalent Year 8 or equivalent
 Year 11 or equivalent Year 9 or equivalent Never attended school

In which year, did you complete that school level?

What is your highest qualification achieved?

In which country was this qualification achieved?

Additional qualifications achieved

Please list all previous studies in Australia whether successfully completed or not

Start date	End date	Provider	Course

LANGUAGES

Do you speak a language other than English at home?

- Yes No

If YES, please specify languages

How well do you speak English?

- Very well Well Not Well Not at all

What is your certified English language level?

- IELTS TOEFL PTE Other

Are you currently or planning to study English whilst in Australia?

- Yes No

If YES, please specify at which college

SPECIAL NEEDS

Do you consider yourself to have a permanent and significant disability?

- Yes No

If YES, please indicate which:

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

Other (please specify)

EMPLOYMENT

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

- Full-time employee Part-time employee
 Employer Not employed – not seeking employment
 Employed – Unpaid worker in a family business Self-employed – not employing others
 Unemployed – Seeking part time work Unemployed – seeking full-time work

MARKETING

How did you hear about CIC?

- CIC Website Newspaper/Magazine Facebook Exhibition/Fair Education agent
 Other

DOCUMENTS ATTACHED TO THIS APPLICATION

- Certified academic transcripts Copy of Passport
 Copy of Australian Visa (if applicable) IELTS Certificate or equivalent proof of English
 Advanced Standing application form (if applicable)

STUDENT DECLARATION

I, 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.

Signature

Date

SUBMIT APPLICATION

MELBOURNE CAMPUS

Email:	admissions@cambridgecollege.com.au
Post:	Admissions, Level 4 108 Lonsdale Street, Melbourne, VIC 3000

OFFICE USE ONLY

Received by:

Date received: