

# **Application form** Please print in BLOCK LETTERS

Student details		Previous studies				
Title: Mr Mrs Miss Ms Other		Secondary education: highest level achieved				
Family name:		Name of qualification (e.g. Year 12, HKDSE or 'A' Levels):				
Given names:		Name of school:	Name of school:			
Preferred name:		Country/State:	Country/State:			
Date of birth: DAY / MONTH /	YEAR Gender: Male Female	Completed: Yes	Completed: Yes No Year completed:		leted:	
Country of birth:		Language of instruction				
Nationality (on passport): Passport number:		Post-secondary/tertia	ary educati	ion: highest l	evel achieved	
Passport expiry date: DAY / MONTH / YEAR		Name of qualification (e.g. degree, diploma):				
Are you a permanent resident?  \[ \text{Yes} \] No Visa type:		Name of school/institution:				
Have you previously studied at Eynesbury? ☐ Yes ☐ No		Country/State:				
If 'yes', please provide your Eynesbury student ID number:		Completed: Yes No Year completed:		leted:		
Are you currently onshore in Aust		Language of instruction	Language of instruction:			
Do you grant Eynesbury permission to provide your parent or guardian listed below with any information pertaining to your application to study, ongoing academic progress, results and attendance?   Yes  No		☐Yes ☐No	Will you be applying for exemptions (recognition of prior learning)?  ☐ Yes ☐ No			
Applicant's contact de		If so, provide copies of r Credit for Prior Learning				
Address in Australia (if known):		Are you currently enrolled	ed in anothe	er institution?	□Yes □No	
radices in radical and (in known).		Employment his	tory			
Address overseas:		If you believe you have employment experience that is relevant to the program you are applying for, please attach a CV and references.				
Tel (home):	Tel (work):	Program selection	on			
Mobile: Country, Area Code, Telephone	<u>'</u>	Please indicate (tick sym		program(s) are	being applied for ar	
Email address:		in the program dates.	,	(=) =		
		ELICOS (English la	nguage tuit	tion)		
Parent/Guardian contact	details/Home country address	Start date	End date		No. weeks	
Family name:		DAY / MONTH / YEAR	DAY / MO	ONTH / YEAR		
Given names:						
Relationship to applicant:		☐ Foundation Studies Program				
Address:		Start date	End date		No. weeks	
		DAY / MONTH / YEAR	DAY / MC	ONTH / YEAR		
Country:	Postcode:	☐ Certificate IV/Dipl	oma			
Telephone (home): Country, Area Co	de, Telephone	☐ Certificate IV	- III			
Telephone (work): Country, Area Coo	e, Telephone	☐ Diploma of Business	PSS Mive		Program	
Mobile: Country, Area Code, Telephone		☐ Diploma of Business ☐ Mixed Program ☐ Diploma of Computing & IT				
Email:	☐ Diploma of Engineering ☐ Mixed Program		Program			
A I I I . I . I . I . I	Start date			End date		
Agent contact details		DAY / MONTH / YEAR			DAY / MONTH / YEAR	
Agency name:					,	
Agent office code:		The University o	f Adelai	de Univer	sity preferen	
Counsellor name:		_				
Address:		1. Undergraduate Progra	aill.			
Country:	Postcode:	2 Undorgraduata Praga	O Hadamard at Dramara			
Tel: Country, Area Code, Telephone	Fax: Country, Area Code, Telephone	2. Undergraduate Program:				

Mobile: Country, Area Code, Telephone

Agency email: Counsellor email:

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Previous studies				
Secondary education: highest level achieved				
Name of qualification (e.g. Year 12, HKDSE or 'A' Levels):				
Name of school:				
Country/State:				
Completed: Yes No	Year completed:			
Language of instruction:				
Post-secondary/tertiary education	: highest level achieved			
Name of qualification (e.g. degree, diploma):				
Name of school/institution:				
Country/State:				

### **Employment history**

#### **Program selection**

Please indicate (tick symbol) which program(s) are being applied for and write in the program dates.

Start date	End date	No. weeks		
DAY / MONTH / YEAR	DAY / MONTH / YEAR			
☐ Foundation Studies Program				
Start date	End date	No. weeks		
DAY / MONTH / YEAR	DAY / MONTH / YEAR			

☐ Certificate IV/Diploma				
☐ Certificate IV				
☐ Diploma of Business	☐ Mixed Program			
☐ Diploma of Computing & IT				
☐ Diploma of Engineering	☐ Mixed Program			
Start date	End date			
DAY / MONTH / YEAR	DAY / MONTH / YEAR			

## The University of Adelaide University preference

1. Undergraduate Program:	
2. Undergraduate Program:	
3. Undergraduate Program:	

Request for disability support	Sponsored students only		
Do you have a disability that may affect your studies? ☐ Yes ☐ No	Name of sponsoring organisation:		
If 'yes': ☐ Hearing ☐ Vision ☐ Mobility ☐ Medical ☐ Learning ☐ Other (please specify):  Please attach relevant information so that Eynesbury can arrange assistance	Type of sponsorship (e.g. tuition fees, living expenses):		
if possible.	Declaration		
English proficiency Please tick and attach documentary evidence where applicable	The information supplied on this application form will be used by Eynesbury in the enrolment process. I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct.		
□ English is my first language □ English was the language of instruction during my secondary school studies and I gained a satisfactory pass in final-year English (results attached) □ I have taken an IELTS or TOEFL test (results attached) □ I have obtained a satisfactory mark or score in another examination or test acceptable to Eynesbury (e.g. completion of at least the first year of a post-secondary/tertiary course at a college or university where the language of instruction was English)  IELTS (Academic) or TOEFL score:	I understand the giving of false or incomplete information may lead to the refusa of my application or cancellation of enrolment. I understand that should I accept any offer of admission there may be field trips and excursions that I will need to attend. I give permission for Eynesbury to obtain official records from any educational institution attended by me. I also authorise Eynesbury to supply any relevant official records to educational institutions to which I am seeking admission and to government bodies. If I have used an Agent to assist me with the completion of this application form, then I accept that this Agent is acting on my behalf and therefore authorise Eynesbury to transmit any information in respect of my application for study and any subsequent study details, including results and attendance, to this Agent.		
Other English test: Score:  Are you currently enrolled in an ELICOS school? Yes No	I understand that I have the right to request Eynesbury (in writing) to cease supplying any information about myself to this Agent and that I can contact Eynesbury to request a copy of Eynesbury's Privacy Policy. I also understand that my fees may increase.		
If 'yes', please provide name of school:  Accommodation  Do you want accommodation arranged for you?  Yes No If "Yes", what type of accommodation?  Homestay	I have also read the section in the Eynesbury brochure relating to the cost of living and I understand that living expenses in Australia may be higher than in my own country and I confirm that I am able to meet these costs. I give my consent (unless otherwise expressed in writing by myself) that my image may be used in Eynesbury and/or Navitas promotional materials.  I understand that any conditions concerning an offer of admission will be contained in the Eynesbury Offer which I will be required to read and sign.		
☐ International Student Residence ☐ Homeway Student Residence for students under the age of 18  Airport reception	Applicant's signature: (Must be the same signature as in your passport)		
Do you require Airport reception? Yes No  This is a free service for students who arrange their accommodation through Eynesbury.	Date: DAY / MONTH / YEAR  If you are under 18 years of age, your parent or guardian must also sign this application form.		
Overseas Student Health Cover (OSHC)	Parent's/guardian's signature:		
OSHC required: Single Dual Family Multi Family Please tick if you do not want your email address given to Worldcare. Please tick if you have existing OSHC and attach evidence of membership with your OSHC provider.	Date: DAY / MONTH / YEAR		
Visa	Application submission This application form has been submitted in:		
What visa will you apply for?	City:		
Student Working Holiday Visitor	Country:		
Current visa status:  Students on a Visitor visa or Working Holiday visa should take out appropriate health insurance themselves.	Postal address for applications  Eynesbury, The Admissions Manager		
If you are currently studying in Australia, please complete the following fields.	16–20 Coglin St, Adelaide SA 5000 Australia		
Name of institution:	T +61 8 8216 9000 E admissions@eynesbury.sa.edu.au		
Visa type: Visa expiry date: DAY / MONTH / YEAR	W eynesbury.navitas.com		
OSHC provider name:	Representative's stamp		
OSHC membership number:			
OSHC expiry date: DAY / MONTH / YEAR	A.E.Q. Siddique		
Have you ever been expelled or your study been terminated by a college or university in Australia?   Yes  No  If 'yes', please provide name of the college or university:	Managing Partner Student Connection International		