

INTERNATIONAL APPLICATION FOR ADMISSION

Taylor Diploma of Commerce

Taylor Diploma of Science

Agent URN

Representative's Stamp

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.

STUDENT DETAILS

Title	Family Name	Given Names
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age
Date of Birth (day/month/year)		Nationality
Country of Birth		Are you a Citizen or Permanent Resident of Australia Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address		
City	State/Province	
Country	Postcode	
Home Telephone	Mobile	
Email		

FAMILY MEMBER CONTACT DETAILS (IF UNDER 18)

Name	Relationship to Student
Home Address	
City	State/Province
Country	Postcode
Home Telephone	Mobile
Business Telephone	Fax
Email	

VISA DETAILS

Do you have a current Australian Visa? Yes No If yes, please provide a copy of your current visa

Are you applying for a student visa? Yes No

Visa type	Visa subclass	Visa expiry date
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PASSPORT DETAILS

Passport Number	Passport Expiry Date
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Please provide a copy of your current passport

ENGLISH LANGUAGE

All international students must demonstrate an acceptable level of English proficiency to gain admission to the Taylor Diploma academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

Academic IELTS (score)

Overall	Listening	Reading	Writing	Speaking
Other (please supply)				

For all other tests accepted by the Admissions Centre, please refer to taylorcollege.edu.au

PREVIOUS EDUCATION

Please attach verified copies of all academic transcripts or reports (translated into English)

Name of Qualification	Year Awarded
Name of School/College/University	
Country/State	Language of Instruction
If you are currently completing a qualification, please indicate when you expect to complete this study (month/year)	

COURSE SELECTION

Recommended weeks of Taylors English Language Preparation (TELP)	TELP Start Date
Taylors Diploma of Commerce Start Date: March <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/> Duration: 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> Year <input type="text"/>	
Taylors Diploma of Science Start Date: March <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/> Duration: 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> Year <input type="text"/>	

UNDERGRADUATE COURSE SELECTION

Do you wish to receive a conditional undergraduate Letter of Offer from The University of Western Australia? Yes No

Will you apply for a visa to cover the undergraduate program? Yes No

Undergraduate offer

The Undergraduate course I would like to study at The University of Western Australia is: (in order of preference)

Preference 1	Major
Preference 2	Major
Preference 3	Major

CAREGIVER ARRANGEMENTS

If you are under 18 years of age, do you require the College to recommend a Caregiver? Yes No

If no, please advise the name and address in Australia of your Caregiver

Caregiver's Name
Caregiver's address in Australia

ACCOMMODATION

Do you require assistance with accommodation? Yes No

Length of Stay (weeks)	Accommodation start date
What type of accommodation do you require? Homestay (single) <input type="checkbox"/> Hostel/Apartment (for students over 18) <input type="checkbox"/>	

AIRPORT TRANSFER

Do you require airport transfer? Yes No If yes, flight details including date, time and flight number should be sent to the Admissions Centre as soon as possible to arrange the airport collection

OSHC DETAILS (IF APPLICABLE)

Do you currently hold an OSHC policy? Yes No If yes, please provide the following details

Name of OSHC provider	
OSHC Membership Number	OSHC Expiry Date

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy

Please select type of cover you wish to receive: Single Dual Family Multi Family

DISABILITY

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes No

If yes, please indicate the area/s of impairment:

Acquired Brain Impairment Hearing/Deaf Intellectual Learning Physical Medical Condition
Mental Illness Mobility Vision Other

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes No

DECLARATION AND SIGNATURE (THIS APPLICATION MUST BE SIGNED; OTHERWISE IT WILL NOT BE ACCEPTED)

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that were I do not meet the entry requirements for the selected course or suite of courses, that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Taylors College. I authorise Taylors College, where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that Taylors College is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory academic performance. I also understand that under the provisions of the ESOS Act 2000, Taylors College may release information provided in this application to Australian Commonwealth and State agencies.

Taylors College is bound by the National Privacy Act Principles and Guidelines of the Commonwealth of Australia. We collect and use any personal information you provide to us in accordance with those Principles and Guidelines. The type of information and the use and disclosure of that information without your prior approval is set out in our detailed Privacy Policy which can be found at taylorscollege.edu.au. By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in our Privacy Policy.

Signed (Student)	Date
Signed (Parent, Legal Guardian*)	Date

* If applicant is under the age of 18

Note:

- Information provided may be made available to Commonwealth and State agencies and the Director of the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and the National Code.
- Any school-aged dependents accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school.

SEND YOUR APPLICATION TO:

Admissions Centre
Level 8, 97-99 Bathurst Street
Sydney NSW 2000, AUSTRALIA
T +61 2 8263 1888
F +61 2 9267 0531
E taylorsadmissions@studygroup.com
or to your local representative