

Agent URN

INTERNATIONAL APPLICATION FOR ADMISSION The UWA Foundation Program (UWAFP)

Representative's Stamp

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

STUDENT DETAILS

Title _____ Family Name _____ Given Names _____

Male Female Age _____ Date of Birth (day/month/year) _____

Country of Birth _____ Nationality _____

Are you a Citizen or Permanent Resident of Australia Yes No Entry to Foundation year program is available to International students only.

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 _____

PASSPORT DETAILS

Passport Number _____ Passport Expiry Date _____

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 UWAFP 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 Admissions Department, please refer to taylorcollege.edu.au/uwafp

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)

Start Date

Intensive April <input type="checkbox"/> October <input type="checkbox"/>	Standard January <input type="checkbox"/> July <input type="checkbox"/>	Extended January <input type="checkbox"/> July <input type="checkbox"/>	Year
--	--	--	-------------

PACKAGE PROGRAM OFFER

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) University Hall (bookings per semester, or equivalent. Minimum age 17) Hostel/Apartment (for students over 18)

AIRPORT TRANSFERS

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 where 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 Privacy Act (1988) of the Commonwealth of Australia. Taylors College collects and uses any personal information provided to itself in accordance with the Act. The type of information and the use and disclosure of that information without any prior approval is set out in the 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 the 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