

International Student Application Form

APPLICANT INFORMATION	
Title Mr. Mrs. Ms.	Existing student number:
First Name:	Last Name:
Date of birth (dd/mm/yyyy): ____/____/____	Gender: Male Female
Age Requirement: At the time of application, international students must be 18 years and older to be admitted into the Institute programs. If you are under 18 years of age, do not complete this form.	
<p>From 1 January 2015, we [SEA] can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at http://www.usi.gov.au/create-your-USI/ on computer or mobile device.</p> <p>You may already have a USI if you have done any nationally recognised training. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faws/i-have-forgotten-my-usi/.</p>	
CONTACT DETAILS	
Current Address:	Suburb:
Postcode:	State:
Home phone:	Mobile phone:
Email address:	
EMERGENCY CONTACT DETAILS	
Name:	Relationship:
Address:	Email:
Home Phone:	Mobile Number:
LANGUAGE AND ENGLISH PROFICIENCY	
Country of birth:	Citizenship:
Is English your first language? Yes No If not, what is your first Language?:	
If not, please indicate the English test you completed. <input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> PTE(A) <input type="checkbox"/> CAE(A) (Attach evidence)	
Registration number:	Date: ____/____/____
Average score:	Listening: Reading: Writing: Speaking:
DISABILITY	
Do you consider yourself to have a disability, impairment or long-term condition? Yes No If no- go to next question	
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area. Please refer to the Disability Supplement on page 6 for an explanation of the following disabilities)	
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other	

EDUCATION	
Please fill out below your highest level of education achieved.	
Qualification name:	Qualification name:
Name of institution:	Name of institution:
Country:	Country:
Year completed:	Year completed:
Language of instruction: English Other	Language of instruction: English Other
Are you currently enrolled with another CRICOS provider? Yes No <i>If not, skip to the next section</i>	
If so, do you have a Letter of Release? Yes No	

Do you require a Letter of Offer to be released by your current provider? Yes No			
Why are you leaving your current course provider?			
Do you owe fees to your previous provider? Yes No			
Did you abide by the conditions of your student visa with your previous provider? (<i>Attendance and course progress</i>)			Yes No
When did you complete your course with your previous provider in Australia? (<i>Attach evidence</i>)			
EMPLOYMENT			
Of the following categories, which BEST describes your current employment status? (Tick ONE box only)			
Full-time employee	Part-time employee	Self employed – not employing others	
Self employed – employing others	Employed – unpaid worker in a family business	Unemployed – seeking full-time work	
Unemployed – seeking part-time work	Not employed – not seeking employment		
Please attach a copy of your resume. Ensure you provide your employment history starting with the latest on the top.			
PASSPORT AND VISA DETAILS			
Passport No:		Country of Passport:	
<input type="checkbox"/> Student Visa, subclass	<input type="checkbox"/> Visitor Visa	<input type="checkbox"/> Working Holiday Visa	
<input type="checkbox"/> Other, please specify:			
If applying for student visa, where will you apply:	In Australia	Outside Australia	
Have you been refused entry into Australia? conditions?	Yes No	Have you ever breached any VISA	Yes No
Have you ever had a visa application rejected including countries such as UK, USA, Canada and New Zealand?	Yes No	Have you been convicted of any crime or offence in any country?	Yes No
Have you been issued a protection visa in any country to date?	Yes No	Are you aware of work restrictions while studying in Australia?	Yes No
Are you planning to stay back in Australia after parent(s)/spouse/guardian with completion of your study?	Yes No	Are you bringing you while studying in Australia?	Yes No
RECOGNITION OF PRIOR LEARNING (RPL) OR CREDIT TRANSFER			
Are you seeking to access RPL or Credit Transfer? (Tick ONE box only):			<input type="checkbox"/> RPL <input type="checkbox"/> Credit Transfer
STUDY REASON			
Of the following categories, select the one which BEST describes the main reason you are undertaking this course (Tick ONE box only)			
To get a job	To develop my existing business	To start my own business	
To try for a different career	To get a better job or promotion	It was a requirement of my job	
I wanted extra skills for my job	To get into another course of study	For personal interest or self-development	
To get skills for community/voluntary work	Other reasons:		
COURSE AND CAMPUS SELECTION (Select more than one if you would like to discuss a training package)			
UEE31220 Certificate III in Instrumentation and Control			
UEE42220 Certificate IV in Instrumentation and Control			
UEE62122 Advanced Diploma or Engineering Technology - Electrical			
MEM80122 Graduate Diploma or Engineering			
Campus: Perth			
Course Commencement Year and Month:			

APPLICANT AND FAMILY BACKGROUND

Please list your immediate family members (e.g. parents, siblings) and their current country of residence below.

Name	Relationship	Country of Residence	Occupation

Is your family supportive of your study in Australia? Yes ☐ No ☐Do you have any relatives in Australia? Yes ☐ No ☐

What is their relationship to you?

What is their occupation?

In which city/state do they live? City:

State:

Have you previously travelled or studied overseas? Yes ☐ No ☐

If yes, which countries?

What is your relationship status? Single ☐ Engaged ☐ Married ☐ De Facto ☐ Separated/Divorced ☐ Widowed ☐If relevant, will your partner/ spouse/ children accompany you to Australia? Yes ☐ No ☐Do you have any dependents? Yes ☐ No ☐ If yes, what are their ages?Are you currently pregnant? Yes ☐ No ☐Will any dependents: Travel to Australia ☐ Remain at home ☐Have your dependents (if any) had a student visa rejected from Australia or other countries in the past. Yes ☐ No ☐*If yes, please provide a copy of the Visa Refusal Letter.***FINANCIAL DECLARATION**

What are the expected tuition fees for the duration of your chosen course? (AUD) \$

Do you wish to pay more than 50% of the course/s tuition fee? Yes ☐ No ☐

Who will be funding your study and living expenses while in Australia?

*And please provide an estimate of the sponsor's annual income in Australian Dollars. (AUD) \$***Please provide evidence of your sponsors fund/ employment statement to this document.**

How will you organise and access these funds?

Will you be using a bank loan to fund your studies? Yes ☐ No ☐If yes, have you researched the availability of funding from an approved financial institution in your home country? Yes ☐ No ☐Are you aware of the requirement for Overseas Student Health Cover (OSHC) for the duration of your Student Visa? Yes ☐ No ☐

What type of accommodation will you be seeking in Queensland/Soth Australia/New South Wales?

*(E.g. shared housing, institute accommodation, homestay etc.)*Are you aware about Australian Student Visa conditions? Yes ☐ No ☐Do you understand the SEA Fees and Refunds policy? Yes ☐ No ☐Have you read the student handbook in SEA and understand the conditions? Yes ☐ No ☐***International Student Handbook and Refund Policy can be under on our website at: www.sea.edu.au/downloads****OSHC**Do you currently hold Overseas Student Health Cover (OSHC)? Yes ☐ No ☐Do you want SEA to organise the Overseas Student Health Cover (OSHC) for you? Yes ☐ No ☐If yes, please specify your cover status: Single ☐ Couple ☐ Family ☐

Name of OSHC provider:

Membership no:

Expiration date (dd/mm/yyyy):

Do you require airport pickup? Yes ☐ No ☐ **If yes, airport pick up fee of \$200 applies**Do you require accommodation assistance? Yes ☐ No ☐ **If yes, accommodation placement fee of \$200 applies**

STUDENT DECLARATION AND SIGNATURE

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice on page 1.
- I understand that giving false or incomplete information may lead to refusal of my application or cancellation of enrolment.
- I give SEA permission to obtain official records from an educational institution that I have attended.
- I understand that SEA collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I understand that if I have applied through an approved SEA agent, all correspondence relating to my application will be forwarded to that agent.
- I understand that any vocational placement undertaken as a part of any of the courses offered at SEA will be unpaid for.
- I have read, understood and agree to abide by Institute Refund Policy found in the Student Handbook on the website of the Institute; www.sea.edu.au.
- As an Overseas VET Student (International Student), I understand I am required to attend a minimum of 20 scheduled course contact hours per week.
- As an International Student, I understand I must participate in scheduled classes in accordance with course timetables to make satisfactory progress, and if I don't satisfactorily progress in my course, I will be in breach of a condition of my visa.
- I understand that if I don't attend scheduled classes, SEA may need to review my course duration, and SEA may shorten my course duration.
- I understand that ASQA may, at any time, required SEA to implement policies and procedures to monitor minimum attendance requirements and if I do not meet those requirements, I will be in breach of a condition in my visa.
- I understand that the Department of Home Affairs (DHA) may cancel my visa if I fail to maintain my enrolment.
- I have read, understood and agree to abide by the Student Code of Conduct as found in the Student Academic and General Code of Conduct Policy and Procedure and Student Handbook on the website of the Institute; www.sea.edu.au.
- I understand that by signing this application form, I will be sent a letter(s) of offer for SEA if all admission requirements are met.
- I agree that on acceptance of enrolment by SEA, I must sign and return an Acceptance to my Letter of Offer which will be the contract of Enrolment.
- I agree that I may choose to pay more than 50% of the total tuition fees up front for the course before I commence the course that is more than 25 weeks. SEA can request 100% of the total tuition fees for short courses of 25 weeks or less.

Student Declaration and Consent

Tick here to confirm you have declared and consented to the above mentioned.

Signature of Applicant:

Date: ____/____/____

AGENT'S INFORMATION

Agent's Name:

Principal Place of Business Address:

If the agent is a body corporate—the address of the body corporate's registered office:

Postal Address *(if different from the address mentioned above)*

Phone Number:

Email Address:

Website Address:

ABN *(if any)*:ACN *(if any)*:Trading Name or Names *(if any)*:

If the Agent is a Body Corporate—the Names of the Body Corporate's Directors:

If the Agent is a Registered Migration Agent—the Agent's Migration Agents Registration Number:

PLEASE ENSURE THAT YOU PROVIDE THE NAMES, CONTACT TELEPHONE NUMBERS AND E-MAIL ADDRESSES OF TWO REFEREES FROM INTERNATIONAL OFFICES OF OTHER AUSTRALIAN INSTITUTIONS THAT YOU CURRENTLY REPRESENT THAT WE MAY CONTACT.

Name of Australian institution:

Name of contact person:

Tel.:

Fax:

E-mail:

Name of Australian institution:

Name of contact person:

Tel.:

Fax:

E-mail:

EDUCATION AGENT DECLARATION AND SIGNATURE

As a result of an interview and counselling session undertaken at:

I hereby declare that;

- The applicant, to the best of my knowledge, has a full and clear understanding of the Genuine Temporary Entrant (GTE) requirements to undertake study in Australia
- All information and documentation to support this application has been sighted and verified to be true and genuine

I hereby recommend SEA proceeds with the assessment of this application **AUTHORISED SIGNATORY ON BEHALF OF EDUCATION AGENT**

Name of the assessing officer:

Education Agent Business Details

Name:

Address: _____

Signature of Assessing Officer:

Date: ____/____/____

APPLICATION CHECKLIST	
Completed Application Form	Yes / No
Copy of Passport	Yes / No
Copy of Visa	Yes / No
Academic Certificates	Yes / No
TOEFL / IELTS Certificate	Yes / No
English Course Certificate (where applicable)	Yes / No
Resume	Yes / No
Personal Statement	Yes / No
Proof of Finances	Yes / No
Proof of Immigration History	Yes / No
Letter of Release (If Applicable)	Yes / No
OSHC Details (If Applicable)	Yes / No