

STUDENT APPLICATION FORM

(OFF-SHORE STUDENTS)

1. APPLICANT DETAILS				
Given Names:		Family Name:		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____	Nationality:		
Passport No:	Visa subclass:	Visa Expiry date:		
<input type="checkbox"/> Onshore or <input type="checkbox"/> Offshore	Start date ____/____/____			
2. CONTACT FOR CORRESPONDENCE (Australian address)				
Street:	Suburb:	State:	Postcode:	
Mobile:	Email (Must provide)			
3. HOME COUNTRY DETAILS (Must not be an Australian address):				
Street:	Suburb:	State:	Country:	
Telephone	Email (Must provide)			
4. AGENCY DETAILS (if applicable):				
Are you applying through an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Name:		
5. YOUR PREFERRED COURSE DETAILS:				
Course Name	CRICOS Code	Duration	Tuition Fees (per week)*	Select
EAP <input type="checkbox"/> Intermediate; <input type="checkbox"/> Upper Intermediate <input type="checkbox"/> Advanced)	102216B	12 weeks per level (maximum 36 weeks)	\$300*	<input type="checkbox"/>
General English <input type="checkbox"/> Elementary <input type="checkbox"/> Pre-intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Upper Intermediate <input type="checkbox"/> Advanced	102215C	12 Weeks per level (maximum 60 weeks)	\$300*	<input type="checkbox"/>

*Fees do not include non-refundable enrolment fees (\$200) and material fees (\$100). For the full list of fees and charges, contact the Institute at info@smei.nsw.edu.au

<p>Entry Requirements</p> <p>(Evidence of meeting these entry requirements must be provided on application)</p>	<p><input type="checkbox"/> Must be over 18 years (Passport),</p> <p><input type="checkbox"/> Some competency in using computer</p> <p><input type="checkbox"/> Some ability to write and speak English</p> <p><i>Plus, the following for the EAP:</i></p> <p><input type="checkbox"/> Relevant Academic Certificates of the High School Certificate</p> <p><input type="checkbox"/> Evidence of intermediate level of English proficiency</p>
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6. INFORMATION REGARDING ENGLISH PROFICIENCY, SPECIAL NEEDS AND OTHERS

In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other, please specify:
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes, please specify:
How well do you speak English? (Please tick one)	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Average	
Have you ever studied English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes which country?	
Do you plan to continue studying in Australia after completing your studies at the college? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please detail what you envisage you may be studying.	
Have you ever taken an official English language test? <input type="checkbox"/> Yes <input type="checkbox"/> No Result Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Test Name: <input type="checkbox"/> IELTS <input type="checkbox"/> PTE <input type="checkbox"/> TOEFL Date Taken: ___/___/___ Test Result:	
Do you identify yourself as having a disability, impairment or long-term condition? (Please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list (Please indicate more than one area if applicable)		
<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 – please specify		
Would you like to receive advice on support services, equipment and facilities which may assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

7. EDUCATION BACKGROUND

Year Completed	Name of School	State	Country	Name of Qualification	Course Duration	Certified copies attached (Y/N)

8. SERVICES REQUEST

The following services can be arranged by Sydney Metropolitan English Institute. Please note that the Australian Government requires all international students on a student visa to have Overseas Student Health Cover (OSHC) for the duration of their visa:

Overseas Student Health Cover	Do you require the College to arrange OSHC? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, specify the duration required:</i> <input type="checkbox"/> _____ months
Airport Pickup	Do you require the College to arrange airport pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, specify the date/time of arrival:</i>
Accommodation Services	Do you require the College to assist with accommodation services? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, please complete the accommodation profile:</i>
Other support services you wish to receive from College	

9. STUDENT STUDY INTENTION STATEMENT

The answers provided in this statement will be used by the college to undertake a preliminary assessment as to whether you are a Genuine Temporary Entrant (GTE) and a Genuine Student (GS). The Department of Immigration and Border Protection will undertake its own determination of the GTE and GS status of the applicant. For further information, please visit the department web site. The college will contact all applicants to conduct an initial phone interview.

Why do you want to travel to Australia for study compared to your home country?

Why would you like to study at this college rather than other colleges?

How do you believe the course you are applying for will help develop or enhance your career prospects?

Do you intend on bringing dependents or a partner or spouse with you to Australia? Please provide details.

What are your plans for financing your study and living expenses in Australia?

Have you ever been refused an entry visa into Australia or other country in the past? Please detail if this is the case.

10. PAYMENT METHOD:

Payment method	Payment can be made by bank transfer to the account below: Account Name: Sydney Metropolitan English Institute Account Number (A/C): 508363 Branch Number (BSB): 032060 Bank Name: Westpac Bank
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11. STUDENT DECLARATION

By signing this form, I certify that the information provided is true and correct. I further certify that:

1. I have selected the course(s) and other services outlined and agree to pay the associated fees.
2. I understand that any false statements or evidence provided may result in termination of enrolment.
3. I understand that should my application result in an offer of a place, I will receive a Letter of Offer and Student Acceptance Written Agreement that specifies the course(s) chosen, fees and conditions for acceptance and constitutes the agreement between the student and Sydney Metropolitan English Institute, and
4. I understand that in the event that my application does not result in an offer of a place, I will receive a written advice to explain the reasons.

Full name: _____

Signature: _____ Date: ____ / ____ / ____

12. AGENT DECLARATION AND SIGNATURE *(if applicable)*:

Is this application made through an agent? Yes No

If yes, this declaration must be signed by a representative who has an agreement with SMEI. On behalf of the agency, I declare that:

- 1) All relevant checks have been conducted to ensure the student is genuine and genuine temporary entrant and intends to abide by the conditions of the student visa.
- 2) The applicant (and any dependents) have been provided with sufficient information relation to the course and SMEI including tuition fees, health cover, living expenses etc.
- 3) All academic and other documents are verified for their authenticity.
- 4) The applicant understands and agrees to the SMEI application terms and conditions available on our websites, and
- 5) All information provided with this application is true and correct.

Name of Agent/ Counsellor			
Signature		Date	____ / ____ / ____
Company Stamp			

13. CHECKLIST

- Completed all sections of the applications?
- Completed all sections of the Written Agreement?
- Enclosed certified copy of your passport?
- Enclosed certified copy of qualifications including academic transcripts?
- Enclosed details of English language proficiency?
- Enclosed a certified copy of your visa? (if applicable)

14. SEND APPLICATION TO:

Student Admissions
 Sydney Metropolitan English College
 2 - 4 Marmaduke Street, Burwood
 NSW 2134, AUSTRALIA
 Email: info@smei.nsw.edu.au
 Telephone: +61 2 9744 1356
 Website: www.smei.nsw.edu.au

Please note that this application is not an enrolment form, and does not guarantee admission. An incomplete application will delay processing.

OFFICE USE ONLY

Data Received		Application Number	
Further Communication	<input type="checkbox"/> Letter of Offer issued <input type="checkbox"/> Student Acceptance Written Agreement issued <input type="checkbox"/> Formal Notification of Rejection issued		
Manager's name and Signature		Date	___/___/_____