

Sydney Metropolitan Group Pty Ltd

7/A Sydney Metropolitan English Institute
432 – 434 Kent Street | Sydney | NSW 2000 | AUSTRALIA
Telephone: +61 2 9744 1356

Email: info@smei.nsw.edu.au Web: www.smei.nsw.edu.au ABN: 88 614 264 023

STUDENT APPLICATION FORM

1. APPLICANT DETAILS									
Given Names:					Fa	Family Name:			
Gender: Male Female			Date of Birth://			_ Na	Nationality:		
Passport No:			Visa subclass:	:			Visa Exp	irer date:	
Onshore OR Offshore			Start date / /						
2. CONTACT FOR CORRESPONDENCE (Australian address)									
Street:		Sı	uburb:		State:		Postcode:		
Mobile:			Email (Must provide):						
3. HOME COU	JNTRY DETAIL	LS (Must not be an	n Australian add	ress):					
Street:	Street: Suburk		o: State:		Coun	try:			
Telephone	ephone		Email (Must provide)						
4. EMERGEN	CY CONTACT I	DETAILS:							
Contact Name									
Relationship									
Address									
Addiess									
Telephone			Email						
5. AGENCY D	5. AGENCY DETAILS (if applicable):								
		agency? Yes	No		Agency Name	e:			
6. YOUR PRE	FERED COURS	E DEAILS:							
Course Name		CRICOS Code	9	Duration		Tuition Fees (per week)*	Select		
		12 weeks per level (maximum 36 weeks)		\$300*					
Intermed	ary Level mediate Leve diate Level itermediate Le		102215C		12 Weeks p (maximum			\$300*	

	include non-refundable enrolment it info@smei.nsw.edu.au	fees (\$200) and	material fe	es (\$1	00). For the full list	of fees and cha	arges, contact		
	<u> </u>		ver 18 years						
Entry Requirements		Some competency in using computer							
(Evidence of r	neeting these entry	Some ability to write and speak English							
requirements must be provided on application)		Plus, the following for the EAP:							
		Relevant Academic Certificates of the High School Certificate Evidence of intermediate level of English proficiency							
7 INFORM	ATION REGARDING ENGLISH PROFI					- ',			
7. INFORIVIA	ATION REGARDING ENGLISH FROM		IL IVEEDS AI	יוט טוי					
In which cour	ntry were you born?	Australia			Other, please specify:				
Do you speak at home?	a language other than English	No, English only			Yes, please specify:				
How well do you speak English? (Please tick one)		Very well Well Average							
Have you ever studied English? Yes No		If yes which country?							
	o continue studying in Australia	If yes, please detail what you envisage you may be studying.							
Yes No	ing your studies at the college?								
Have you ever taken an official English language test? Yes No		If yes, Test Name: IELTS PTE TOEFL							
Result Attached: Yes No		Date Taken:/ Test Result:							
Do you identi	Do you identify yourself as having a disability, impairment or long-term condition? (Please tick)								
	No If you indicated the presence of		airment or l	long-te	erm condition, plea	se select the a	rea(s) in the		
	Please indicate more than one area		al Illness	Acqui	red brain impairme	nt			
Hearing/deaf Physical Intellectual Learning Mental Illness Acquired brain impairment Vision Medical condition Other – please specify									
Would you lik	te to receive advice on support ser	vices, equipme Yes	nt and facili No		hich may assist you	u?			
8. EDUCAT	8. EDUCATION BACKGROUND								
Year Completed	Name of School	State	Country	Nam	ne of Qualification	Course Duration	Certified copies attached (Y/N)		
9. SERVICES	S REQUEST								
_	services can be arranged by Sydne ternational students on a student v		_						
Overseas Student Health Cover		Do you require the College to arrange OSHC?							
		If yes, specify the duration required:months							
Airport Pickup		Do you require the College to arrange airport pickup? Yes No							
		If yes, specify the date/time of arrival:							
Accommodation Services		Do you require the College to assist with accommodation services? Yes No							
		If yes, please complete the accommodation profile:							

Other support services you wish to receive from College	
10. STUDENT STUDY INTENTION STATEM	ENT
Genuine Temporary Entrant (GTE) and a Ge	be used by the college to undertake a preliminary assessment as to whether you are a nuine Student (GS). The Department of Immigration and Border Protection will E and GS status of the applicant. For further information, please visit the department ants 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.	
11. PAYMENT METHOD:	
Payment method 12. STUDENT DECLARATION	Payment can be made by bank transfer to the account below: Account Name: Sydney Metropolitan English Institute Account Number (A/C): 720288 Branch Number (BSB): 032062 Bank Name: Westpac Bank Branch Address: 168 Burwood Road, Burwood 2134 NSW SWIFT Code: WPACAU2S
 I have selected the course(s) and othe I understand that any false statements I understand that should my application Written Agreement that specifies the obetween the student and Sydney Metic 	nation provided is true and correct. I further certify that: r services outlined and agree to pay the associated fees. or evidence provided may result in termination of enrolment. on result in an offer of a place, I will receive a Letter of Offer and Student Acceptance course(s) chosen, fees and conditions for acceptance and constitutes the agreement ropolitan English Institute, and application does not result in an offer of a place, I will receive a written advice to
Full name:	
Signature:	////
13. AGENT DECLARATION AND SIGNATU	RE (if applicable):
Is this application made through an agent?	Yes No
	representative who has an agreement with SMEI. On behalf of the agency, I declare that: iducted to ensure the student is genuine and genuine temporary entrant and intends to dent 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.

 All academic and other documen The applicant understands and a All information provided with thin 	grees to the SMEI application terr		e on our websites, and		
Name of Agent/ Counsellor:					
Signature:		Date	//		
Company Stamp:					
13. CHECKLIST					
Completed all sections of the Completed all sections of the Enclosed certified copy of you Enclosed certified copy of qua Enclosed details of English lan Enclosed a certified copy of you Enclosed a Certified copy of you	Written Agreement? r passport? lifications including academic traiguage proficiency?				
	Sydney Metropolitan Englis	•			
	432 - 434 Kent Stree NSW 2000, AUS				
Email: admissions@smei.nsw.edu.au					
Telephone: +61 2 9744 1356 Website: www.smei.nsw.edu.au					
Please note that this application is not an eprocessing.			omplete application will delay		
	OFFICE USE ONLY				
Data Received:		Application Number:			
Further Communication:	Letter of Offer issued Student Acceptance Written Agreement issued Formal Notification of Rejection issued				
Manager's name and Signature		Date	//		