APPLICATIONS TO STUDY FORM  
(International)

How to Complete this Form:
- Please write clearly in black ink using capital letters in English.
- Include one set of supporting documents with this application including certified English translation copies where required.
- All supporting documents for this application must be certified as true copies of originals. Kindly refer to the following link http://www.border.gov.au/Lega/Form/Immi-FAQs/who-can-certify-a-copy-of-a-document for more details.
- Ensure that you sign the declaration in the end of this form.
- Please note that delays may occur in the processing of this application if the application is incomplete.

(A) Course Details

Term (Intake):  Month       Year       Campus

<table>
<thead>
<tr>
<th>Select</th>
<th>CRICOS Code</th>
<th>NTIS Code</th>
<th>Course Title</th>
<th>Duration</th>
<th>Tuition Fee</th>
<th>Material Fee</th>
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Note: Application Fee $250 and Overseas Health Cover (OSHC) are not included in the Tuition fee.

* The tuition fee include work placement fee of $4,000.00 in Diploma of Nursing and $500.00 in Certificate III in Pathology Collection.
APPLICATIONS TO STUDY FORM  
(International)

(B) Personal Details
Title:  □ Mr  □ Miss  □ Mrs  □ Ms
Given Name(s):  ____________________________________________
Last Name:  ____________________________________________
Gender:  □ Male       □ Female       □ Unisex       Date of Birth:  ____/____/____
Country of Birth:  _________________________________________
Nationality:  ____________________________________________  First Language:  _________________________________________
Passport Number:  _________________________________________  Expiry Date:  ____/____/____

(C) Contact Details
Address (Home Country):  _________________________________________
City:  ____________________________________________
Country:  ____________________________________________
Post Code:  ____________________________________________
Address (if in Australia):  _________________________________________
Suburb:  ____________________________________________
State:  ____________________________________________  Post Code:  _________________________________________
Phone Number:  _________________________________________  Mobile:  _________________________________________
Email Address:  _________________________________________

(D) Emergency Contact Details
Name:  ____________________________________________
Number:  _________________________________________  Relationship:  _________________________________________

(E) Overseas Health Cover (OSHC) Details
Do you already have OSHC? If Yes then please provide details:
Provider’s Name:  _________________________________________  Type:  □ Single  □ Couple  □ Family
Membership Number:  _________________________________________  Expiry Date:  ____/____/____
Do you want SCEI to arrange OSHC for you? If yes then please provide details:
(Note: SCEI will arrange NIB OSHC only)
Duration:  □ 12 Months  □ Other (please specify): _____________
Type:  □ Single  □ Couple  □ Family

(F) Disability Support
Do you have a disability, impairment or permanent medical condition that can affect your studies?
□ Yes  □ No (skip to next step)
□ Hearing  □ Vision  □ Learning  □ Mobility
□ Other Medical Conditions ________________
(G) Educational Details
Please provide details of your qualifications:
Highest Level (Select one only)
- □  Year 12 or equal
- □  Certificate II
- □  Certificate III
- □  Certificate IV
- □  Diploma
- □  Advanced Diploma
- □  Bachelor
- □  Masters
- □  Other _______________
Completion Year | Country
---|---

Do you want to apply for credit transfer or RPL?  □ Yes (attach copies)  □ No

(H) English Proficiency
Please provide details any English test / course taken:
- □  IELTS  □  TOEFL  □  Pearson Test of English
- □  ELICOS  □  Other Please Specify _______________

Score

(I) Visa Details
Do you currently hold any type of Australian Visa?  □ Yes  □ No
Visa Type: _______________ Subclass: ___________ Expiry Date: D D M M Y Y Y Y

(J) DIBP office where Application is lodged (or will be lodged)
Country: _______________ City: _______________ Visa Application Date (Or intended if known): D D M M Y Y Y Y

(K) Agent / Marketing
How did you hear about Southern Cross Education Institute?
- □  Agent
- □  Instagram / Linked In / Google+
- □  Exhibitions
- □  SCEI Students Provide. ID Please _______________
- □  Events
- □  SCEI Staff Provide. Name Please _______________
- □  Facebook
- □  Newspaper / Magazine
- □  Google Search
- □  Radio

(L) Agent Details (if applying through an agent)
Company Name: ____________________________________________
Agent’s Name: ____________________________________________
Email Address: ____________________________________________

I confirm that I have verified the above mentioned potential student’s application, supporting and financial documents and I am satisfied that this “Application to Study form” contains the correct information. I have assessed the applicant as a Genuine Temporary Entrant and Genuine Student as defined by the Australian Department of Immigration and Border Protection. I am satisfied that the information and documentation provided with this application is authentic and where the document has been stamped or translated by the agency, the original document has been sighted and certified.

Contact Number: ____________________________________________

Agent’s/ Representative Signature

Agent’s Stamp
(M) Enrolment Procedure

1. **Enrolment Procedure**
   - Fill out the Application to Study Form provided by SCEI and send it through email to enroll@scei.edu.au or Post to:
     a. Melbourne Campus
        155-161 Boundary Road,
        North Melbourne, VIC,
        Australia 3051, OR
     b. Adelaide Campus
        2-4, 14 Grote Street,
        Adelaide, SA
        Australia 5000

2. **Enrolment and Acceptance**
   - SCEI enrolment officer will assess the application to study form and if accepted successfully letter of offer will be issued through email within 5 working days.

3. **Payment of Fee**
   - The application will accept the letter of offer and deposit fee in the nominated bank account of SCEI. SCEI will then issue Confirmation of Enrolment (CoE) and send through email.

(N) Attachment Checklist

Provide all the relevant documents, incomplete applications will cause delays in processing:

- Certified evidence of English language proficiency like IELTS, TOEFL, PTE and ELICOS, etc.
- Certified documented evidence of Year 12 education or equivalent (with certified translation, if not in English)
- Certified documented evidence of other previous qualifications if applicable (with certified translation, if not in English)
- Certified copy of Passport
- Financial declaration form (if applicable)
- Copy of Visa (if applicable)
- Release letter from current Institute (if there for less than 6 months)
- Evidence of Overseas Health Cover (if applicable)
- Copies of Confirmation of Enrolments (if applicable)
- Certified copies of documents to be assessed for Credit Transfer and/or Recognition of Prior Learning (RPL) if required
- Other_______________________________

(O) Declaration and Agreement

In signing this Application Enrolment Form, I agree that I have read and understood the following:

- I declare that I have a genuine intention to study the course for which I have applied, and that I have access to sufficient funds to cover tuition fees, living expenses, travel expenses, Overseas Student Health Cover for the duration of my studies and to support my dependants (if coming along with me).
- I understand that the application fee accompanying this application to study form is non-refundable.
- I acknowledge that any false or misleading statement may result in denial of my admission application or subsequent cancellation of my enrolment at SCEI, which may affect the validity of my visa.
- The information on this form is true and correct. This information may be used for monitoring, program planning and statistical purposes.
- I declare that I will be solely responsible for meeting the conditions listed on my current student visa and liaise with DIBP and my agent (if applicable).
- I declare that I have also read the ESOS framework provided by SCEI in Student’s Handbook.

Applicant’s Signature:                                                                                              Date:  

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Charters Towers 4840
Phone: +61 7 4709 8300

Adelaide Campus
Level 2 4, 14 Grote Street
Adelaide SA 5000
Telephone: +61 8 8212 8745

Melbourne Campus
155-161 Boundary Road, North Melbourne VIC 3051
43 Boundary Road, North Melbourne VIC 3051
Telephone: +61 3 9602 4110

www.scei.edu.au
CRICOS Provider Code 02034D
ABN: 20 121 187 997

Enrolment Procedure
Applications to Study Form
(International)