

APPLICATION 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/Lega/Form/Immi-FAQs/whocan-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.

www.scei.edu.au
CRICOS Provider Number 02934D
RTO Provider Number 121952
ABN Number 56 121 182 027

(A) COURSE DETAILS

Term (Intake) : Month		Year :		Campus :	MEL	ADL
Select	CRICOS Code	NTIS Code	Course Title	Duration	Tuition Fee	Material Fee
	086946E	BSB40215	CERTIFICATE IV IN BUSINESS	30 WEEKS	\$6,000.00	\$250.00
	087214M	BSB50215	DIPLOMA OF BUSINESS	32 WEEKS	\$6,000.00	\$350.00
	088817J	BSB51415	DIPLOMA OF PROJECT MANAGEMENT	40 WEEKS	\$8,000.00	\$350.00
	088818G	BSB61215	ADVANCED DIPLOMA OF PROGRAM MANAGEMENT	52 WEEKS	\$12,000.00	\$350.00
	090551A	CHC33015	CERTIFICATE III IN INDIVIDUAL SUPPORT	44 WEEKS	\$6,000.00	\$250.00
	090552M	CHC43015	CERTIFICATE IV IN AGEING SUPPORT	60 WEEKS	\$9,000.00	\$250.00
	090557F	CHC43115	CERTIFICATE IV IN DISABILITY	56 WEEKS	\$9,000.00	\$250.00
	090553K	CHC52015	DIPLOMA OF COMMUNITY SERVICES	72 WEEKS	\$12,000.00	\$350.00
	090595M	CHC62015	ADVANCED DIPLOMA OF COMMUNITY SECTOR MANAGEMENT	66 WEEKS	\$10,000.00	\$350.00
	082212J	CHC30113	CERTIFICATE III IN EARLY CHILDHOOD EDUCATION AND CARE	46 WEEKS	\$10,000.00	\$250.00
	082213G	CHC50113	DIPLOMA OF EARLY CHILDHOOD EDUCATION AND CARE	104 WEEKS	\$20,000.00	\$250.00
	090550B	HLT37215	CERTIFICATE III IN PATHOLOGY COLLECTION	32 WEEKS	\$7,000.00	\$500.00
	090556G	HLT52015	DIPLOMA OF REMEDIAL MASSAGE	77 WEEKS	\$12,000.00	\$500.00
	092297E	HLT54115	DIPLOMA OF NURSING	80 WEEKS	\$28,000.00*	\$1200.00
	094036K	HLT64115	ADVANCED DIPLOMA OF NURSING	40 WEEKS	\$12,000.00	N/A
	086616A	ICT50115	DIPLOMA OF INFORMATION TECHNOLOGY	49 WEEKS	\$11,000.00	N/A
	086730K	ICT60115	ADVANCED DIPLOMA OF INFORMATION TECHNOLOGY	49 WEEKS	\$11,000.00	N/A
	092301C	CUA51015	DIPLOMA OF SCREEN AND MEDIA	47 WEEKS	\$9,000.00	N/A
	087717K		GENERAL ENGLISH - BEGINNER	6 WEEKS	\$2,145.00	\$120.00
	086131M		GENERAL ENGLISH - ELEMENTARY	12 WEEKS	\$4,290.00	\$120.00
	086132K		GENERAL ENGLISH - PRE-INTERMEDIATE	12 WEEKS	\$4,290.00	\$120.00
	086133J		GENERAL ENGLISH - INTERMEDIATE	12 WEEKS	\$4,290.00	\$120.00
	086134G		GENERAL ENGLISH - UPPER INTERMEDIATE	12 WEEKS	\$4,290.00	\$120.00
	087716M		IELTS PREPARATION (UPPER INTERMEDIATE)	6 WEEKS	\$2,145.00	\$100.00
	087715A		IELTS PREPARATION (ADVANCED)	6 WEEKS	\$2,400.00	\$100.00

Note : Application Fee \$250 and Overseas Health Cover (OSHC) are not included in the Tuition fee.

(B) PERSONAL DETAILS (AS SHOWN IN PASSPORT)

Title : Mr Miss Mrs Ms Gender : Male Female Unisex

Given Name(s): Last Name :

Date of Birth (dd/mm/yyyy) : Country of Birth :

Nationality : First Language :

Passport Number : Expiry Date (dd/mm/yyyy) :

(C) CONTACT DETAILS

Address (Home Country) :

City : Country : Postcode :

Address (if in Australia) :

Suburb : State : Postcode :

Phone Number : Mobile :

Email Address :

(D) EMERGENCY CONTACT DETAILS

Name :

Number : Relationship : Postcode :

(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 (dd/mm/yyyy) :

Do you want SCEI to arrange OSHC for you? If yes then please provide details : (Note: SCEI will arrange NIB OSHC only)

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, please specify :

(G) EDUCATION 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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

(H) ENGLISH PROFICIENCY

Please provide details of any English test / Course taken :

IELTS	TOEFL	Pearson Test of English	Score
ELICOS	Other Please Specify	<input type="text"/>	<input type="text"/>

(I) VISA DETAILS

Do you currently hold any type of Australian Visa?

Yes (provide details below) No

Visa Type :	Subclass :	Expiry Date (dd/mm/yyyy) :
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What type of student visa application will you submit to Department of Home Affairs?

Single Couple Family

DHA office where Application is lodged (or will be lodged)

Country :	City :
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Visa Application Date (Or intended if known) :
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Have you ever had any visa refused or cancelled in Australia or any other countries before?

No Yes (provide a statement to explain)

(J) OTHER INFORMATION

Have you ever had any visa refused or cancelled in Australia or any other countries before?

No Yes (provide a statement to explain)

(K) AGENT/MARKETING

How did you hear about Southern Cross Education Institute?

Agent	Instagram / LinkedIn / Google+	Google Search
Exhibitions	SCEI Students. Provide ID Please:	<input type="text"/>
Facebook	SCEI Staff. Provide Name Please:	<input type="text"/>
Events	Newspaper / Magazine	Radio

(L) AGENT DETAILS (If applying through an agent)

Company Name :

Agent's Name :

Email Address :	Contact Number :
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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.

Agent's / Representative Signature

Agent's Stamp

(M) PAYMENT PLAN OPTIONS (Condition apply)

Please choose one preferred payment plan option :

Every Month

Every 2 Months

Every 3 Months

Every 6 Months

(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.

Student Signature:

Date (dd/mm/yyyy) :