

INTERNATIONAL STUDENT APPLICATION FORM FOR ELICOS COURSES



**VICTORIA
UNIVERSITY**

**A NEW
SCHOOL OF
THOUGHT**

Agent stamp

E & M Education Counselling Centre
No. 3-1, Jalan Menara Gading 1
Off Lebuhraya Timur Barat
Medan Connaught Cheras
56 000 Kuala Lumpur, Malaysia
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F: +603 9100 5619
E: em_edu@streamyx.com

VU's registered representative contact details can be viewed at: WWW.VU.EDU.AU/INTERNATIONAL

- This form is for students wishing to study English only.
- All documents must be certified by a recognised authority (i.e. school, university, Victoria University representative).
- This form should not be used by permanent residents or citizens of Australia or citizens of New Zealand.
- There is no application or enrolment fee for English only courses.
- Tuition fees for all English language courses at English Language Institute (ELI) are **A\$340** per week per course. These fees are indicative for 2009, subject to approval and may change.

VU STUDENT ID (if applicable)

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms): _____ Family name (as stated in passport): _____

Given names (as stated in passport): _____

Gender (M/F): _____ Country of birth: _____ Date of birth (day/month/year): _____

Citizenship (as stated in passport): _____ Passport No.: _____

Please attach a photocopy of your photo ID page from your passport.

ADDRESS FOR CORRESPONDENCE

Number and street: No. 3-1, Jalan Menara Gading 1, Off Lebuhraya Timur Barat

Suburb or town: Medan Connaught Cheras State/Province: Kuala Lumpur

Postcode/Zip code: 56 000 Country: Malaysia Phone: _____ Fax: _____

Email: _____

Are you applying through a Victoria University's registered representative? Yes No

If yes, please indicate representative name: _____

PERMANENT HOME ADDRESS (if different from above)

Number and Street: _____

Suburb or Town: _____ State/Province: _____

Postcode/Zip code: _____ Country: _____ Phone: _____ Fax: _____

Email: _____

PROPOSED COURSE OF STUDY

Indicate the course you are applying for:

General English (Lower Intermediate to Intermediate level)

English for Academic Purposes

ENGLISH PROGRAM

Course intake number: _____ Number of weeks: _____

Course start date: _____ Course finish date: _____

Do you wish to undertake further study on completion of your English course? Yes No

If yes, you will be eligible to apply for a student visa for the total duration of your course. Please indicate the further study course you intend to apply for (i.e. TAFE, undergraduate or postgraduate studies):

Course name: _____ Course code: _____

VISA STATUS

Are you currently in Australia? Yes No

If yes, please indicate: _____

Visa type (i.e. student, tourist, etc.): _____

Visa No.: _____ Expiry date (day/month/year): _____

Please attach a photocopy of the visa label from your passport.

CURRENT OVERSEAS STUDENT HEALTH COVER

If you are in Australia, are you currently covered by an Australian Overseas Student Health Cover (OSHC) plan? Yes No

If yes, please indicate: Healthcare provider: _____

Membership number: _____ Expiry date (day/month/year): _____

CURRENT STUDIES

Are you currently studying? Yes No

If yes, please provide the details below:

Course name: _____ School/Institution: _____
Date commenced: _____ Date finished: _____

If transferring from an ELICOS course you must attach your certificate of attendance. Bring your passport and visa when you submit your application.

PREVIOUS STUDIES

Please provide the details below:

Highest level of education completed (i.e. high school or tertiary): _____

School/Institution: _____ Country/State: _____

Date commenced (day/month/year): _____ Date completed (day/month/year): _____

ENGLISH LANGUAGE PROFICIENCY

1. I have taken an English test (i.e. IELTS, TOEFL, etc) Yes No If yes, please indicate:

Test name: _____ Test date: _____ Test score: _____

Please attach results. Note: IELTS and TOEFL scores should not be more than two years old.

2. I will be sitting for an English test Yes No If yes, please indicate:

Test name: _____ Test date: _____ Date results are expected: _____

DISABILITIES

Do you have a disability for which additional assistance is required? Yes No

If yes, please attach a separate sheet outlining this disability.

GUARDIAN ARRANGEMENTS

Are you under 18 years of age? Yes No

Please refer to www.immi.gov.au/study/apply/visa_requirements_general.html for specific information on accommodation and general welfare arrangements for students under 18 years of age.

DECLARATION

I,

(Applicant's full name in BLOCK LETTERS and if the student is under 18 years of age parent/guardian's full name)

- acknowledge that the information collected on this form will be used to assess my application to study a course at Victoria University.
- declare that the information and supporting documentation provided is true and complete.
- acknowledge that Victoria University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information.
- understand and accept that I must abide by all terms and conditions of my visa.
- am able to make appropriate arrangements to fund my studies.
- have read, understood and agree to be bound by the University's refund policy and conditions. This policy is available upon request or at www.vu.edu.au/courses/fees-and-scholarships/refunds/international-refunds
- am fully responsible for my educational and living expenses while studying at Victoria University.
- agree to advise the University within seven days of any subsequent changes to my residential address in Australia.
- authorise Victoria University to obtain further relevant documentation if necessary.
- acknowledge that the information I provide to the University may be made available to Australian and State Government agencies, pursuant to obligations under the ESOS Act 2000 and the National Code 2007. I recognise that disclosure to Government agencies can include, but is not limited to, information regarding breaches of a student visa condition, changes to my enrolment and/or for visa processing purposes.
- acknowledge that as a public sector agency, VU abides by the Victorian Information Privacy Act 2000 and the information privacy principles it contains. The University also complies with privacy obligations under the Commonwealth Privacy Act 1988. VU's Information Privacy Policy is available online at: www.vu.edu.au/library/pdf/ipppg.pdf
- authorise the University to provide my address and details of enrolment to their approved registered agents, if I applied through one of Victoria University's registered agents.
- understand that any school-aged dependants accompanying me to Australia will be required to pay full fees if they are enrolled in a school in Australia.
- understand that any documentation I submit becomes property of Victoria University and will not be returned to me.
- acknowledge that due to various government regulations related to the privacy of applicants, Victoria University cannot disclose information to any third party such as parents, friends or relatives without the written consent of the applicant.
- have read, understood and accept the above conditions.
- acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without notice.

Signature of applicant: **X** _____ Date: _____

Signature of parent/guardian (for student under 18 years of age): **X** _____ Date: _____

APPLICATION CHECKLIST

IMPORTANT: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Have you:

- Completed all sections of this application?
- Signed and dated the declaration?
- Enclosed certified copies of academic transcripts and award certificates and, where appropriate, certified English translation of academic records?
- Where appropriate, enclosed certified copies of English language test scores?

SEND YOUR APPLICATION TO:

POSTAL ADDRESS:

Victoria University
English Language Institute
City Flinders Campus
PO Box 14428
Melbourne Victoria 8001
AUSTRALIA

STREET ADDRESS:

Victoria University
English Language Institute
City Flinders Campus
Level 5, 301 Flinders Lane
Melbourne Victoria 3000
AUSTRALIA

Phone 61 3 9919 1175

Fax 61 3 9919 1298

Email eli@vu.edu.au

WWW.VU.EDU.AU/ELI

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