

International Student Application Form

Agent Stamp/Details



Please complete all section in **BLOCK** letters.

A Your Personal Details									
First Name:					Family Name:				
Date of Birth (dd/mm/yyyy):			Your USI (if known)						
Country of Birth:			Place of Birth:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

B Your Contact Details									
Address in your home country		Number & Street Name:							
		City:							
		State/Province				Postcode:			
		Country:							
Address in Australia (if known)		Number & Street Name:							
		Suburb:							
		State:				Post Code:			
Contact Details		Phone: ()				Mobile:			
		Email:							

C Emergency Contact									
Name:					Relationship to you:				
Address Details:		Number & Street Name:							
		Suburb:							
		State/Province:				Postcode:			
		Country:							
Contact Details		Phone: ()				Mobile:			
		Email:							

D Your Passport Details									
Your Citizenship:			Passport Number:				Expiry:		
Are you currently in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, state your visa type: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Spouse <input type="checkbox"/> Others						Visa Subclass:			

E Overseas Student Health Cover									
It is an Australian Government requirement that all international students on a student visa must be covered by Overseas Student Health Cover (OSHC). Payment of OSHC needs to occur when you accept your offer. If you are accompanied by family and children, you require the compulsory family policy for OSHC. Ultimate Institute of Australia will arrange visa-length cover with our preferred OSHC provider.									
Do you currently have OSHC? <input type="checkbox"/> Yes. Provide details below. <input type="checkbox"/> No									
OSHC Provider Name:			Membership Number:				Expiry Date:		

F Your English Language Proficiency									
<input type="checkbox"/> English is my first language									
<input type="checkbox"/> I have completed a recognised English test in last 2 years. Name of the Test: (e.g. IELTS) Score:									
<input type="checkbox"/> I am planning to enrol into English Language course. Provide course details:									

G Select Your Course

Please select courses you would like to apply to study at Ultimate Institute Australia.

Please Select	Course Code	Course Name	Intake Date
<input type="checkbox"/>	BSB50215	Diploma of Business (CRICOS 000000Y)	
<input type="checkbox"/>	BSB60215	Advanced Diploma of Business (CRICOS 000000Y)	

H Credit Transfer/ RPL (Recognition of Prior Learning)

Are you applying for Credit Transfer for the units successfully completed at another provider? Yes No

If **yes**, please complete Credit Transfer application form and submit it to the Student Administration with supporting documents such as official transcripts or statement of attainments.

Are you applying for RPL (Recognition of Prior Learning)? Yes No

If **yes**, please complete RPL application form and submit it to the Student Administration with supporting documents such as official transcripts or statement of attainments and you will be contacted by your assessor to commence the RPL process.

I Your Educational Background

Please provide details of your past education including the highest qualification completed. Please provide evidence.

Year Completed	Name of Qualification	Name of the Institute	Country	Duration

J Your Employment History

Please provide details and documents of employment history.

Date Employed	Company	Position	Duties

K Your Medical History

Please provide any information that we should know about any medical conditions, disability or impairment you have that may affect your studies.

L Supporting documents

Certified copies of the following supporting documents must be included when you submit your application. Applications that are submitted without necessary supporting documents will be delayed in processing. *Please select all relevant.*

<input type="checkbox"/>	Certified copies of passport
<input type="checkbox"/>	Certified academic transcripts
<input type="checkbox"/>	Certified copies of qualification certificates
<input type="checkbox"/>	Evidence of English language proficiency

Evidence of OSHC (if applicable)

Certified English translations of documents (if not in English)

M Student Declaration

I understand and accept:

- that I have read the Ultimate Institute Australia student handbook (available on our website www.Ultimate.edu.au) which details information about the course requirements, fees payments, refund policy, ESOS framework, and Ultimate Institute policy and procedures.
- Ultimate Institute fees and refund policy and conditions of enrolment set out in the student handbook (available from our website www.Ultimate.edu.au) and I agree to abide by them.
- that I will need to sign a Student Agreement to enrol at Ultimate Institute Australia.
- that Ultimate Institute collects, uses and manages my information in accordance with the Ultimate Institute Privacy Policy.
- that I have read and understood the Privacy Notice regarding the USI and I consent Ultimate Institute Australia to apply for a USI on my behalf, if I already have not applied.
- that this agreement, and the availability of complaints and appeals processes, does not remove the right of the students to take action under Australia's consumer protection laws.

I authorise, Ultimate Institute Australia to disclose information relevant to my application and enrolment to Ultimate Institute Australia's preferred OSHC provider and other third parties for the purposes of arranging my OSHC, progressing my application and enrolment, and administering my course.

I give Ultimate Institute Australia permission to check my visa status using the Department of Immigration and Border Protection (DIBP) Visa Electronic Verification Online (VEVO) system.

I declare that all information provided in this application is complete and correct. I understand that failure to provide correct information or documentation in relation to this application may result in cancellation of my enrolment.

Student Signature: *	Parent or Legal Guardian's Signature: *	
Date (dd/mm/yyyy):	Parent or Legal Guardian's Name: *	Date (dd/mm/yyyy):

* **Please Note:** This application must be signed by a parent or legal guardian if the student is under 18 years of age at the time of application. Student must be at least 18 years of age at the time of commencement of a course at Ultimate Institute Australia.

Please send your completed application with supporting documents to:

By mail: Level 6, 271 William Street, Melbourne VIC 3000 Australia

By email: study@Ultimate.edu.au

OFFICE USE ONLY

	Date	Actioned by
<input type="checkbox"/> Supporting documents verified		
<input type="checkbox"/> Offer letter issued		