

Mobile: Country, Area Code, Mobile Number

Agency email: Counsellor email:

Application form

Personal details		Previous studies		
Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other		Secondary Education – highest level achieved		
		Name of qualification (e.g. Year 10, 11, 12 or equivalent):		
Family name: Given names:		Name of school:		
Preferred name:		Country/state:		
Date of birth: DAY / MONTH / YEAR	R Gender: □ Male □ Female	Completed: Yes	No Year comp	oleted:
Country of Birth:	Gender: Wale Female	Language of instruction:	'	
Passport Number:	Expiry date: DAY / MONTH / YEAR			
'		English proficiency		
Are you a citizen or permanent resident of Australia? Lyes No If 'yes', please provide evidence of citizenship or residency (e.g. a certified copy* of your birth certificate, passport, citizenship certificate or visa). Unless verification is supplied, fees and conditions for international students apply.		Please tick and attach documentary evidence where applicable English is my first language English was the language of instruction during my secondary school studies and I gained a satisfactory pass in final-year English		
Have you previously studied at Eynesbury? ☐ Yes ☐ No If 'yes', please provide your Eynesbury student ID number		(results attached). ☐ I have taken an IELTS or TOEFL test (results attached).		
Applicant's contact detail		☐ I have obtained a sati		another examination
Address in Australia (if known)		IELTS (Academic) or TOEFL score:		
City:		Other English test:	Score:	
Country:	Postcode:	Are you currently enrolled	d in an ELICOS school?	□Yes □No
Address in overseas	1 ootoode.	If 'yes', please provide na	me of school:	
City:		Program selection	nn -	
Country:	Postcode:	_		u are applying for and write
Telephone: Country, Area Code, Telephone		in the program dates.		
Mobile: Country, Area Code, Mobile Numb		High School program	_	
Email:		☐Year 10 ☐Year 11	☐ Year 12	
		Intake ☐ January ☐ July (no	t available for Year 12)	
Parent/Guardian contact Home country address	details /	English program English for General Pu	rnoses (FGP)	
Family name:		English for Academic	' '	
Given names:		Start date	End date	No. weeks
Relationship:		DAY / MONTH / YEAR	DAY / MONTH / YEAR	R
Address:				
City:		Accommodation	and airport rece	eption
Country:	Postcode:	Do you require Eynesbur	y to arrange accommoda	ation for you? 🗆 Yes 🗆 No
Telephone: Country, Area Code, Telephone	9	If 'yes' please specify your preferred type of accommodation: Homestay Student Residence		
Business telephone: Country, Area Cod	e, Telephone	☐ Homestay ☐ Stud ☐ Homeaway Student R		ider the age of 18
Mobile: Country, Area Code, Mobile Numb	er			ption for you? This service
Email:		is only available if accom ☐Yes ☐ No		
Agent contact details		If 'yes', please email fligh	t details to accommodat	ion@eynesbury.sa.edu.au
Agency name: ACIC		Request for disal	bility support	
Agent office code:		De veu beve e dischility d	bat may affect your stud	ion? DVon DNo
Counsellor name:		Do you have a disability that may affect your studies? Yes No		
Address: Level 5, H	Box K34, Haymarket, NSW 2000	If 'yes' please specify: Learning Other	☐ Hearing ☐ Vision (please specify):	☐ Mobility ☐ Medica
Tel:	02 9286 3799, Fax: 02 9286 3788 mail: admissions@acic.com.au	Please attach relevant in		oury can advise what
Country:	Postcode:	assistance is available. F		
Telephone: Country, Area Code, Telephone	Fax: Country, Area Code, Telephone			

Overseas Student Health Cover (OSHC) OSHC required: Single Please tick if you do not your want your email address given to the OSHC provider. ☐ Please tick if you have existing OSHC and attach evidence of membership with your OSHC provider. If you DO NOT wish to use the Worldcare policy, please provide the details of your preferred provider: OHSC provider: OHSC number: Visa What visa will you apply for? ☐ Student ☐ Other: _ If you are currently studying in Australia, please complete the following fields. Name of institution: Visa type: Visa expiry date: MONTH / DAY / YEAR OSHC provider name: OSHC membership number: OSHC expiry date: MONTH / DAY / YEAR Have you ever been expelled or your study been terminated by a college or university in Australia? Yes No If 'yes', please provide name of the college or university: Sponsored students only Name of sponsoring organisation: Type of sponsorship (e.g. tuition fees, living expenses): Application checklist Check that you have: completed all sections of the Application form read and understood the Conditions of Enrolment and Fee Refund Policy on page 26 (Eynesbury's full Refund policy is available at

eynesbury.sa.edu.au)

Check that you have attached:

- certified copies of your academic qualifications*
- evidence of your English language proficiency (if required)
- a copy of your passport, visa or birth certificate (if required)
- certified translations of any documents not in English
- * A certified copy is signed by an authorised officer to acknowledge that it matches the original document exactly. Authorised officers include:
 - · a member of staff of Eynesbury
 - · an authorised Eynesbury representative (refer eynesbury.sa.edu.au to view)
 - · staff of the institution that issued the document
 - · a Justice of the Peace or Public Notary
 - · staff of an Australian Embassy, High Commission or Consulate

Declaration

The information supplied on this application form will be used by Eynesbury in the enrolment process. I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand the giving of false or incomplete information may lead to my application being refused or my enrolment cancelled. I have read and understood the relevant program information in this brochure and/or on the Eynesbury website and I have sufficient information about Eynesbury to enrol. If I have used an Agent to assist me with the completion of this application form, then I accept that this Agent is acting on my behalf and therefore authorise Eynesbury to transmit any information in respect of my application for study and any subsequent study details, including results and attendance, to this Agent. I understand that I have the right to request Eynesbury (in writing) to cease supplying any information about myself to my Agent and that I can contact Eynesbury to request a copy of Evnesbury's Privacy Policy, I also understand that my fees may increase, I understand that it is my responsibility to maintain valid Overseas Student Health Cover (OSHC). Lalso understand that if I am no longer enrolled at Eynesbury, my OSHC membership can be transferred. I understand that Eynesbury fees may increase. I accept liability for payment of all fees as explained in the Eynesbury brochure, and I agree to abide by the Fee Refund policy as specified on page 26. I have read the cost-of-living information on page 18 and I understand that living expenses in Australia may be higher than in my own country. I confirm that I am able to meet these expenses. I have understood and I accept the Conditions of Enrolment on page 26. I understand that Eynesbury may, by written notice, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Commonwealth of Australia or the State of South Australia.

I give permission for Eynesbury to obtain official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to. I authorise Eynesbury to provide my personal information, including my contact details and enrolment details, to third parties in accordance with Eynesbury's Privacy policy. These third parties include Eynesbury representatives (agents) acting on my behalf; and Navitas Limited and its affiliates (to communicate regarding pathways and services offered by Navitas Limited and its related companies). In the event of any suspected breach of my student visa conditions, I authorise Eynesbury to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. I give permission for Eynesbury to obtain records and information from my current OSHC provider (if applicable). I also agree that Eynesbury is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover. I understand that should I/we accept any offer of admission there may be field trips and excursions that I will need to attend. I understand that any conditions concerning an offer of admission will be contained in my letter of offer from Eynesbury, which I will be required to read and sign.

	licant's signature: be the same signature as in your passport)
Date:	DAY / MONTH / YEAR

If you are under 18 years of age, your parent or guardian must also sign this application form. Unsigned applications cannot be processed. Agents cannot sign on an applicant's behalf.

Pare	Parent's/guardian's signature:				
Date:	DAY / MONTH / YEAR				

Address for applications

Eynesbury, The Admissions Manager 16-20 Coglin Street, Adelaide SA 5000 Australia

Τ +61 8 8216 9000

Е admissions@eynesbury.sa.edu.au

W eynesbury.navitas.com

Representative's stamp		