

APPLICATION FORM FOR ELICOS COURSES

(INTERNATIONAL STUDENTS ONLY)

This form is for students intending to study English language courses only. To apply for ELICOS plus TAFE and/or Agent Stamp Higher Education academic courses visit www.vu.edu.au/courses/how-to-apply/international-applications • 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 New Zealand. • There is no application fee for students applying only for English language courses. An enrolment fee of A\$200 is payable at the time of acceptance Tuition fees for most English language courses at Victoria University English (VUE) are A\$380 per week. These fees are VU's registered contact details can be viewed at: indicative for 2014, subject to approval and may change. www.vu.edu.au/contact-us/international-contacts 1. PERSONAL DETAILS STUDENT ID: S TITLE: MR MISS MS MRS OTHER GENDER: MALE FEMALE FAMILY NAME (AS STATED IN PASSPORT): GIVEN NAME(S): TELEPHONE: MOBILE / CELL: EMAIL: COUNTRY OF BIRTH: DATE OF BIRTH: DD/MM/YYYY DID YOU APPLY THROUGH A VICTORIA UNIVERSITY REGISTERED AGENT?: YES NO AGENTS NAME (IF YES): 2. ADDRESS FOR CORRESPONDENCE (Address in Australia, if known) NUMBER AND STREET: SUBURB / TOWN: STATE / PROVINCE: COUNTRY: POSTCODE / ZIP CODE: 3. PERMANENT HOME ADDRESS (Address details for your country of citizenship) NUMBER AND STREET: SUBURB / TOWN: STATE / PROVINCE: COUNTRY: POSTCODE / ZIP CODE: 4. ENGLISH PROGRAM Tell us your preferred study period. Find the current study periods at the VUE website www.vu.edu.au/vu-english/english-language-courses COURSE INTAKE NUMBER: COURSE START DATE: DD /M M NUMBER OF WEEKS: COURSE FINISH DATE: DD / MM / Y DO YOU WISH TO UNDERTAKE FURTHER STUDY ON COMPLETION OF YOUR ENGLISH LANGUAGE COURSE? YES NO If yes, you will be eligible to apply for a student visa for the total duration of your course. Tell us the course you intend to apply for (i.e. TAFE, undergraduate or postgraduate studies): COURSE NAME: COURSE CODE: 5. ARE YOU CURRENTLY IN AUSTRALIA? YES NO (If no. go to section 6) If you are in Australia, tell us whether you have one of these visas or visa exemptions: PARTNER VISA AUSAID STUDENT VISA TEMPORARY RESIDENT VISITING SCHOLAR VISA VISITOR VISA TOURIST/WORKING HOLIDAY VISA COUNTRY OF CITIZENSHIP: ISSUING COUNTRY OF PASSPORT: PASSPORT NUMBER: You must attach a copy of your photo ID page from your passport. VISA START DATE? DD /MM/YYYYY VISA EXPIRY DATE? DD / MM / MM / VISA NUMBER: 6. 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 no, go to section 7). OSHC START DATE: HEALTHCARE PROVIDER: MEMBERSHIP NUMBER: OSHC EXPIRY DATE:

Application Form for ELICOS Students A215 v1.10 Victoria University CRICOS Provider No. 00124K

7. ARE YOU CURRENTLY STUDYING?	YES NO (If no, go to see	tion 8)		
COURSE NAME:		COUNTRY / CTATE.		
SCHOOL / INSTITUTION: DATE COMMENCED: DD/MM/YY	w w	COUNTRY / STATE:		
	MMENCED: DD/MM/YYYYY DATE FINISHED: DD/MM/YYYYY wring from an ELICOS course you must attach your certificate of attendance. Bring your passport and visa when you submit your application.			
	rach your cermicate of attendance. Bring	your passport and visa when you submit your (аррисапоп.	
8. PREVIOUS STUDIES				
HIGHEST LEVEL OF EDUCATION COMPLETED (I.E.	HIGH SCHOOL OR TERTIARY):			
SCHOOL / INSTITUTION:	COUNTRY / STATE:			
DATE COMMENCED: DD/MM/YY	<u>Y </u>	DATE FINISHED: DD/MM/YY	7 7 7	
9. ENGLISH LANGUAGE PROFICIENCY				
I HAVE TAKEN AN ENGLISH TEST (I.E. IELTS, TOEFL, ETC): YES NO		TEST DATE:	DD/MM/YYYY	
TEST NAME:		TEST SCORE:		
Please attach certified copies of your results. Note	e: IELTS and TOEFL scores should not be n	nore than two years old.		
WILL BE SITTING FOR AN ENGLISH TEST: YES NO		TEST DATE:	DD/MM/YYY	
TEST NAME:		EXPECTED RESULT	DATE: DD/MM/YYYY	
10. DISABILITIES AND GUARDIAN ARR	ANGEMENTS			
DO YOU HAVE A DISABILITY FOR WHICH ADDITIONAL ASSISTANCE IS REQUIRED? YES NO If yes, please attach information detailing this disability.				
ARE YOU UNDER 18 YEARS OF AGE?	TE T		official defaulting this disability.	
			uto for at ideato under 10 verse of and	
Refer to http://www.immi.gov.au/students/stud	ent_guardians for more information on a	ccommodation and general wellare arrangemen	nis for students under 16 years of age.	
12. DECLARATION				
 (APPLICANT'S FULL NAME IN BLOCK LETTERS) 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, email and phone contact details 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 Commonweal Privacy Act 1988. VU's Information Privacy Policy is available online at: www.vu.edu.au/privacy 				
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 accompany understand that any documentation I submit becomes no				
 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 alt	er any course, subject, admission requirement or fee	without notice.		
SIGNATURE OF APPLICANT: X		DATE:		
NAME OF PARENT / GUARDIAN (IF THE APPLI	CANT IS UNDER 18 YEARS OF AGE):			
SIGNATURE OF PARENT / GUARDIAN: X DATE: DD/M/M/YYYY				
OFFICE USE ONLY				
COURSE CODE:	ADMIS	SSIONS BASIS:		
FUND SOURCE:	FEE AS	SSESSMENT:		
SUBMIT YOUR APPLICATION IN PERSON TO:	POST YOUR APPLICATION TO:	EMAIL YOUR APPLICATION TO:	CONTACT VU ENGLISH	
Victoria University English (VUE)	Victoria University English (VUE)	vue@vu.edu.au	Phone: +61 3 9919 1175	
City Flinders Lane Campus	PO Box 14428		Fax: +61 3 9919 1298	
Level 5, 301 Flinders Lane	Melbourne Victoria 8001		Web: www.vu.edu.au/vu-english	
Melbourne	Australia			
Australia				