

Application for Admission



ELICOS • Foundation Studies • Secondary Studies Yrs 10, 11, 12 • Degree Transfer • Certificate / Diploma

Please print clearly in English. Tick all boxes where appropriate.

Family Name:

Given Names:

Title: Mr: Ms: Other:

Sex: Male: Female:

Date and Country of Birth:

 / /

DD MM YYYY COUNTRY

Nationality:

If you are an international student, please nominate the Australian Embassy or High Commission at which your visa application will be processed.

Contact Details

Name of Parent / Guardian and Address for Correspondence (mailing address):

Family Name:

Given Names:

Address:

Home Telephone:

Business Telephone:

Facsimile:

Email:

School Record

School Attended:

Country:

Highest Level of Study Completed:

Language of Instruction:

Are certified copies of your academic records attached? (translated to English if necessary)

Yes No

Flinders University – CRICOS Code: 00114A

University of Adelaide – CRICOS Code: 00123M

University of South Australia – CRICOS Code: 00121B

Educational Enterprises Australia Pty Ltd Provider Code 00561M

Program Selection

Please indicate (✓) which program(s) you are applying for and write in the program dates.

ELICOS

Start Date: / / End Date: / / No. Weeks:

Secondary Studies

Year 10 Year 11 Year 12

Start Date: / / End Date: / /

South Australian Universities' Foundation Studies

Start Date: / / End Date: / / No. Weeks:

Please indicate your preferences:

1 Undergraduate Program

University

2 Undergraduate Program

University

Degree Transfer (DTP)

Start Date: / / End Date: / /

Certificate / Diploma

Certificate IV

Mixed Program

Diploma of Business

Mixed Program

Diploma of Computing & IT

Mixed Program

Start Date: / / End Date: / /

Please indicate your University Preference:

Undergraduate Program

University

Application for Admission

English Proficiency

Please provide details of your English language qualifications.

IELTS TEST NO.

IELTS Score:

TOEFL Score:

Eynesbury Placement

Test Score:

Date obtained:

Eynesbury Accommodation

Do you want accommodation arranged for you?

Yes No

If yes, what type of accommodation?

Homestay International Student Residence

Airport Reception Service

Do you require Airport reception?

Yes No

Passport & Visa

Please supply the following details:

Passport Number:

Passport Expiry Date:

What visa will you apply for?

Student Working Holiday Visitor

Students on a Visitor visa or Working Holiday visa should take out appropriate health insurance themselves.

Medical Conditions

Do you have any medical conditions that the school should be aware of?

Yes No

If yes, please explain: _____

(Further information may be requested)

Address for Applications

Eynesbury International, The Admissions Manager,
15-19 Franklin Street, Adelaide, South Australia 5000.

Telephone: (61 8) 8216 9129 / 8410 5266

Facsimile: (61 8) 8410 5254

Email: admissions@eynesbury.sa.edu.au

Web: www.eynesbury.sa.edu.au

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 the refusal of my application or cancellation of enrolment. I understand that should we accept any offer of admission there may be field trips and excursions and I hereby grant permission for my daughter/son to attend. I give permission for Eynesbury to obtain official records from any educational institution attended by me. I also authorise Eynesbury to supply any relevant official records to educational institutions to which I am seeking admission and to government bodies. 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 this Agent and that I can contact Eynesbury to request a copy of Eynesbury's Privacy Policy. I also understand that my fees may increase (usually not more than 5% annually). I accept liability for payment of all fees as explained in the Eynesbury brochure, and I agree to abide by the Refund Policy as specified in the Eynesbury brochure. I have also read the section in the Eynesbury brochure relating to the cost of living and I understand that living expenses in Australia may be higher than in my own country and I confirm that I am able to meet these costs. I give my consent (unless otherwise expressed in writing by myself) that my image may be included in Eynesbury promotional materials.

Applicant's Name : _____

Applicant's Signature: _____

Date: / /

Parent's signature: _____

Date: / /

(if applicant is under 18 years of age)

Personal Information

The personal information provided by students may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund pursuant to obligations under the ESOS Act 2000 and the national code.

Agent or representative's stamp