



Western Sydney  
Technology College

**1. COURSE SELECTION** *Please mark with ( X )*

- |   |  |
|---|--|
| <input type="checkbox"/> ICT40415 Certificate IV in Information Technology Networking (010184)* | <input type="checkbox"/> CHC50113 Diploma of Early Childhood and Care (0101840)* |
| <input type="checkbox"/> ICT50418 Diploma of Information Technology Networking (0101836)*       | <input type="checkbox"/> BSB50415 Diploma in Business Administration (0101838)*  |
| <input type="checkbox"/> ICT60215 Advanced Diploma of Network Security (0101837)*               | <input type="checkbox"/> BSB60215 Advanced Diploma of Business (0101839)*        |

PREFERRED INTAK DATE		*Please refer to our website for intake details, schedule and all entry requirements
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**2. PERSONAL DETAILS**

SURNAME	FIRST NAME
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unspecified	DATE OF BIRTH
COUNTRY OF BIRTH	YEAR OF ARRIVAL

STUDY REASON (E.g. Career, new skills)		
ADDRESS (Overseas)	STREET ADDRESS	CITY/TOWN/ SUBURB
		COUNTRY
	STATE/PROVINCE	ZIP CODE/ POSTCODE

TEL (Overseas):	MOBILE (Overseas)
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EMAIL

ADDRESS (Australia)	STREET ADDRESS	CITY/TOWN/ SUBURB
		COUNTRY
	STATE/PROVINCE	ZIP CODE/ POSTCODE

TEL ((Australia)	MOBILE (Australia)
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EMAIL

MAIN LANGUAGE SPOKEN AT HOME

**3. AGEN INFORMATION**

AGENT NAME	AGENCY NAME
STREET ADDRESS	CITY/TOWN/ SUBURB
STATE/PROVINCE	COUNTRY <span style="float: right;">ZIP CODE/ POSTCODE</span>
TEL:	MOBILE:
EMAIL	RELATIONSHIP TO YOU

**4. EMERGENCY CONTACT**

1. EMERGENCY CONTACT	
SURNAME	FIRST NAME
STREET ADDRESS	CITY/TOWN/ SUBURB
STATE/PROVINCE	COUNTRY <span style="float: right;">ZIP CODE/ POSTCODE</span>
TEL:	MOBILE:
EMAIL	RELATIONSHIP TO YOU

**2. EMERGENCY CONTACT**

SURNAME		FIRST NAME	
STREET ADDRESS		CITY/TOWN/ SUBURB	
STATE/PROVINCE		COUNTRY	ZIP CODE/ POSTCODE
TEL:		MOBILE	
EMAIL		RELATIONSHIP TO YOU	

**5. EDUCATION DETAILS**

What is the highest qualifications you have successfully completed? Please indicate

- |                                  |   |   |  |   |
|----------------------------------|---|---|--|---|
| <input type="checkbox"/> HSC     | <input type="checkbox"/> Certificate I    | <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificate III | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Bachelors      | <input type="checkbox"/> Masters         | <input type="checkbox"/> PhD            |

HIGH SCHOOL ATTENDED

YEAR OF COMPLETION

Do you wish to apply for Course Credit?

If Yes, please provide the details of course/ unit (s) / module (s) you wish to apply for.\*

- 
- No
- 
- Yes

 Note: Students with overseas qualifications must submit relevant acknowledgement for qualification attained overseas. Please refer to <https://internationaleducation.gov.au/services-and-resources/pages/qualifications-recognition.aspx>

\*refer to RPL Policy available on website

Please provide certified copies of educational documents and results of any English Language Competency test as stated.

**REQUIRED BAND(s)**

- |                                       |  |
|---------------------------------------|--|
| <input type="radio"/> PTE 43          | <input type="radio"/> IELTS (Academic) 5.5                 |
| <input type="radio"/> TOEFL (IBT) 71  | <input type="radio"/> Cambridge English: Advanced (CAE) 47 |
| <input type="radio"/> TOEFL (PBT) 527 |  |

Your Score:

Year Awarded:

**6. UNIQUE STUDENT IDENTIFIER (USI)**

Do you have a Unique Student Identifier Number

 Yes - If Yes, my USI number is:

USI no:

WSTC to create a USI on your behalf

 I would like WSTC to create USI on my behalf

 I give permission to WSTC to create a USI on my behalf.

 I have provided WSTC with a copy of the following form of personal identification (ID) to create or (verify) my USI

Creating your own USI

 I will create my own USI account and provide my USI to WSTC.

 To create USI visit: <http://www.usi.gov.au/pages/default.aspx>
**7. PASSPORT DETAILS**

PASSPORT NUMBER

EXPIRY DATE

ISSUED BY

**8. VISA DETAILS**

Are you currently in Australia?

 NO       YES - Please specify VISA Category and Expiry Date

VISA CATEGORY

VISA EXPIRY DATE

Where (City/Country) you intend to lodge VISA Application

CITY

COUNTRY

Date you intend to lodge VISA application (dd/mm/yyyy)

**9. OVERSEAS STUDENT HEALTH COVER (OSHC)**

Did you arrange health cover for the duration of your stay in Australia?

 NO       YES

If Yes, what are the details of the insurance?

Name of Insurer

Membership Number

If no, do you authorize WSTC to arrange OSHC on your behalf?  NO  YES

 Type of cover do you required?  SINGLE STUDENT  COUPLE  FAMILY (number of members)\_\_\_\_\_

**10. ACCOMODATION (OPTIONAL)**

 Do you require us to arrange accomodation?  NO  YES If YES, please provide your flight details (no later than 2 weeks prior to your arrival) charges apply.

**PERSONAL PREFERENCES** Do you have special food requirements?  NO  YES Please indicate:

**AIRPORT PICKUP (OPTIONAL)**  NO  YES If YES, please provide your flight details (no later than 2 weeks prior to your arrival) applied charge \$150 AUD.

**11. DISABILITY**

 Do you consider yourself to have any disability, impairment or long term condition?  NO  YES Please indicate:

**TERMS AND CONDITIONS**
**12. VISA CONDITION**

As per relevant legislative/regulatory framework

- International Student must maintain a mandatory attendance requirement which is a minimum of 80% of the 20 hours study load per week.
- International students must maintain satisfactory course progress
- Comply to the course schedule and confirmation of enrolment
- International students must have obtained Overseas Student Health Cover (OSHC) prior travelling to Australia
- International Student's eligibility to work (please refer to DHA website)

**13. PRIVACY STATEMENT**

Personal information provided by the student will be kept private and will not be shared with any organisation unless legally required to do so. Legally we are obligated to provide students personal information to:

- Department of Home Affairs (DHA) if changes applied to student's enrolment or if student's attendance and course progress is observed unsatisfactory
- ESOS Assurance Fund Manager
- Any other legally authorised department or institution.

**14. FEE**

Information regarding international student's eligibility to work please refer to DHA website

1. The enrolment fee of \$250 AUD is non-refundable
2. Initial fee is due upon submission of Letter of Acceptance by the student
3. Tuition Fee must be paid in advance prior to start of each term.
4. If you want WSTC to arrange OSHC, accommodation and airport pickup; charges to be paid upon submitting the Letter of Acceptance.
5. RPL related fees will be charged as per RPL Policy (refer to WSTC website)
6. Other Fees apply accordingly based on goods and services being provided.
7. For refund related matter please refer to (Refund Policy) WSTC website.

**15. DECLARATION**

- I have read and understood the information provided in this application form and in the Student handbook (available online at [www.wstc.edu.au](http://www.wstc.edu.au)).
- I agree to adhere to the policies and procedures of WSTC.
- I commit to paying my student fees in accordance with WSTC policy.
- I give permission to WSTC to release data to bodies covered under government legislation with regard to statistical information
- I acknowledge that it is my duty to update WSTC administration of any change in details.

The terms and conditions stated do not remove the right of the student to undertake action under Australia's consumer protection laws.

National &amp; state legislation regulation including any variation time to time. I will provide WSTC with up to date and accurate contact details and will notify WSTC within 7 days of the change occurring. I declare that the information provided in this Application "ENROLMENT FORM FOR INTERNATIONAL STUDENT" is true, correct and complete and that I understand and agree to comply with the terms and conditions as set out in this form.

SIGNATURE OF APPLICANT		DATE	
APPLICATION MAILING ADDRESS		APPLICATION DOCUMENT CHECKLIST	
PO BOX 154, PARRAMATTA NSW 2124, AUSTRALIA EMAIL: info@wstc.edu.au		<input type="checkbox"/> Complete all sections of the application form <input type="checkbox"/> Read and understand all terms and conditions <input type="checkbox"/> Enrolment form signed <input type="checkbox"/> Certified copies of qualifications & transcript attached <input type="checkbox"/> Evidence of English language proficiency is mentioned <input type="checkbox"/> Valid Passport Copy	
AGENT'S STAMP / INFORMATION		OFFICE USE ONLY	
COMPANY		DATE RECEIVED	
REFERRING PERSON		PAYMENT RECEIVED	
DATE OF REFERRAL		AMOUNT RECEIVED INCLUDES	
SIGNATURE		<input type="checkbox"/> Enrolment Fee <input type="checkbox"/> Tuition Fee <input type="checkbox"/> OSHC Fee <input type="checkbox"/> Accomodation <input type="checkbox"/> Airport Pickup	
STAMP/DATE		Signature:	