

OVERSEAS STUDENT APPLICATION FORM

Please make sure to submit a copy of your passport with the completed application form.

PERSONAL DETAILS (please enter the details exactly as they appear in your passport)	
Family Name(s):	
Given Name(s):	
Date of Birth:	<input type="text" value="D D / M M / Y Y"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
Email:	
Phone (with country code):	
Nationality:	Country of Birth:
Passport Number:	Expiry Date: <input type="text" value="D D / M M / Y Y"/>
Visa Subclass Number:	<input type="checkbox"/> Onshore <input type="checkbox"/> Offshore
Expiry Date:	<input type="text" value="D D / M M / Y Y"/>
Home Address:	
Country:	Postcode:

Please select the course/s you wish to apply:

CRICOS	COURSES	DURATION	PREFERRED START DATE
107382C	Australian Lifestyle English (No English Entry Requirement)	Weeks	<input type="text" value="D D / M M / Y Y"/>
104821J	General English (No English Entry Requirement)	Weeks	<input type="text" value="D D / M M / Y Y"/>
104823G	English for Academic Purposes (Intermediate level of English or IELTS 4.5 or equivalent)	Weeks	<input type="text" value="D D / M M / Y Y"/>
104822H	IELTS Preparation (Intermediate level of English or IELTS 4.5 or equivalent)	Weeks	<input type="text" value="D D / M M / Y Y"/>

PATHWAY TO FURTHER STUDY

Are you planning to undertake further study? (e.g., package visa application) Yes No

Institution Name:

Course Details:

Commencement Date:

English Entry Requirement:

NEED HELP WITH YOUR AUSTRALIAN STUDENT VISA?

Yes, I would like to receive more information. No, thanks.

Have you ever had an Australian Visa application rejected or an Australian Visa cancelled?

Yes (please provide details below) No

OVERSEAS STUDENT HEALTH COVER

Would you like City Language Centre to arrange your OSHC? Yes No
OSHC Duration: Months Cover Type: Single Couple Family

ACCOMMODATION & AIRPORT PICK UP

Do you want City Language Centre to arrange your Homestay? Yes No
Length of Stay (minimum 4 weeks): Start Date: / /

Do you want City Language Centre to arrange your airport pick-up? Yes No
If yes, please provide your flight details:

HOW DID YOU HEAR ABOUT CITY LANGUAGE CENTRE?

Friends/Relatives Internet/Social Media Exhibition/Seminars Walk-in Education Agent

If you were referred by an Education Agent, your agent needs to complete the following section:

Agent Name/ Business Name	As an approved agent of City Language Centre, I am certifying that I have viewed all of the original documents of the student. Agent Signature:
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WOULD YOU LIKE TO BOOK A TRIAL CLASS?

Yes, I would like to receive more information. No, thanks.

STUDENT DECLARATION

I declare that the information and documents provided by me in this application are true, genuine and correct in all respects.

<input type="text" value="Signed (student)"/>	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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Parent/Guardian's Signature (if the student is under 18 at the time of signing)

<input type="text" value="Parent/Guardian Signed and Name"/>	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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