

International application for admission

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

Local representative information

Agent name	Agent URN
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Student details

Family name		Other names	
Title	Date of birth (dd/mm/yyyy)	Age	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)
Country of birth		Nationality	
Are you a Citizen or Permanent Resident of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)			
Home address			
City		State/Province	
Country		Postcode	
Home telephone number (including country code)		Mobile telephone number (including country code)	
Email			

Parent/alternative contact details

Name		Relationship to student	
Home address (if different from student address)			
City		State/Province	
Country		Postcode	
Home telephone number (including country code)		Mobile telephone number (including country code)	
Business telephone number (including country code)		Fax number (including country code)	
Email			

Visa details

Do you have a current Australian Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide a copy of your current visa.		
Are you applying for a Student Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If No, please provide further information.		
Visa type	Visa subclass	Visa expiry date

Passport details

Passport number	Passport expiry date (dd/mm/yyyy)
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Please provide a copy of your current passport

English language

All international students must demonstrate an acceptable level of English proficiency to gain admission to the FISC academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

Academic IELTS (Score)	Overall	Listening	Reading	Writing	Speaking
Other (please supply)					

For all other tests accepted by the Admissions Department, please refer to isc.flinders.edu.au

Previous education

Please attach verified copies of all academic transcripts or reports (translated into English).

Name of qualification	Year awarded
Name of school/college/university	
Country/State	Language of instruction
If you are currently completing a qualification, please indicate when you expect to complete this study (mm/yyyy)	

Course selection

Academic English Preparation	<input type="checkbox"/>	Start date (dd/mm/yyyy)		
Foundation Program (Standard)	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Year
Foundation Program (Extended)	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Year
Diploma of Commerce	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Duration 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> Year
Diploma of Science	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Duration 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> Year
Pre-Masters Business Program	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Duration 1 Trimester <input type="checkbox"/> 2 Trimesters <input type="checkbox"/> Year

Package program offer

Do you wish to receive a conditional undergraduate/postgraduate Letter of Offer from Flinders University	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Will you apply for a visa to cover the undergraduate/postgraduate program	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)

Undergraduate offer – The Undergraduate course I would like to study at Flinders University is: (in order of preference)

Preference 1	Major
Preference 2	Major
Preference 3	Major

Postgraduate offer

Master of Business (Specialisations)	Finance <input type="checkbox"/>	Human Resource Management <input type="checkbox"/>	International Business <input type="checkbox"/>	Marketing <input type="checkbox"/> (please tick)
Master of Accounting <input type="checkbox"/>	Master of Accounting and Finance <input type="checkbox"/>	Master of Accounting and Marketing <input type="checkbox"/>		

Caregiver arrangements

If you are under 18 years of age, do you require the College to recommend a Caregiver?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Caregivers name	
Caregivers address in Australia	

Accommodation

Do you require assistance with accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	If Yes, please provide details below.
What type of accommodation do you require?	Homestay (single) <input type="checkbox"/>	Residence* (for students over 18, subject to availability) <input type="checkbox"/> (please tick)

For Homestay option please arrange directly with homestaynetwork.org

Disability

Do you have a disability, impairment or long-term medical condition which may affect your studies?									Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	If Yes, please indicate the area/s of impairment:		
Acquired brain impairment <input type="checkbox"/>	Hearing/Deaf <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Learning <input type="checkbox"/>	Physical <input type="checkbox"/>	Medical condition <input type="checkbox"/>	Mental illness <input type="checkbox"/>	Mobility <input type="checkbox"/>	Vision <input type="checkbox"/>				
If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you?												Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)

Airport transfer For Airport Transfer requests please contact homestaynetwork.org

OSHC details (if applicable)

Do you currently hold an OSHC policy?		Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	If Yes, please provide details below.	
Name of OSHC provider				
OSHC membership number			OSHC expiry date (dd/mm/yyyy)	

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy.

Declaration and signature (This application must be signed; otherwise it will not be accepted)

☐ By ticking this box I confirm the following:

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that where I do not meet the entry requirements for the selected course or suite of courses, that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Flinders International Study Centre (FISC). I authorise Flinders International Study Centre (FISC), where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that Flinders International Study Centre (FISC) is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory academic performance. I also understand that under the provisions of the ESOS Act 2000, Flinders International Study Centre (FISC) may release information provided in this application to Australian Commonwealth and State agencies.

Flinders International Study Centre (FISC) is bound by the Privacy Act 1988 of the Commonwealth of Australia. FISC collects and uses any personal information provided to itself in accordance with the Act. The type of information and the use and disclosure of that information without any prior approval is set out in our detailed Privacy Policy which can be found at isc.flinders.edu.au. By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

Name (Student or Parent/Legal Guardian*)	Date (dd/mm/yyyy)
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*If applicant is under the age of 18.

- Note
1. Information provided may be made available to Commonwealth and State agencies and the Director of the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and the National Code.

2. Any school-aged dependants accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school.

Send your application to: Admissions Centre
E: anziscadmissions@studygroup.com or to your local representative T: +61 2 8263 1888