



This application form is for international students applying to study onshore in Australia.
Applications received without transcripts and/or student's complete personal details cannot be processed. All sections must be completed.

Have you applied for Australian permanent residency status? Y N If yes, date of application: ___/___/___

If you obtain Australian temporary or permanent residency at any stage during the application process, you will need to advise Student Services immediately.

PERSONAL DETAILS (in **BLOCK LETTERS**) (As stated in your passport)

| | | |
|--|-------------------------------|--------------------|
| Mr / Mrs / Miss / Ms | Given Names _____ | Family Name _____ |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | Telephone _____ |
| Date of birth (dd/mm/yyyy) ___/___/___ | Passport Number: _____ | Expiry Date: _____ |

PERMANENT ADDRESS (Address in home country. A Post Office Box Number is **NOT** acceptable)

| | |
|-------------------|----------------------|
| Number and Street | |
| Suburb/Town/City | State |
| Country | Post Code / Zip Code |

MAILING ADDRESS (If different from permanent address)

| | |
|-------------------|----------------------|
| Number and Street | |
| Suburb/Town/City | State |
| Country | Post Code / Zip Code |

COURSE INFORMATION (Please see course list and academic calendar for details)

| | |
|--|---------------------------------------|
| Canning's Course Title: _____ | Intake: _____ |
| Would you like to package this course with a preferred degree program at University: <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Preferred University course (please include major area of study, if relevant; e.g. Accounting) | |
| University: _____ | Course (include major): _____ |
| Intake Year: _____ | Study Period (e.g. Semester 1): _____ |

EDUCATIONAL QUALIFICATIONS

Please provide details of all formal studies that you have completed and those that you are currently undertaking. You are required to include certified copies of your academic award(s) and transcript(s) together with this application.

| | |
|---|---------------------------------------|
| Are you currently studying in Australia? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Highest academic qualification | |
| Institute attended | |
| Country/State | Year enrolled |
| Year completed | Date results expected (if applicable) |
| Are you seeking credit or advanced standing from previous studies <input type="checkbox"/> Y <input type="checkbox"/> N | |

ENGLISH LANGUAGE PROFICIENCY: Please provide proof of your English language proficiency including certified results from: IELTS, TOEFL, PTE, CAE, Cambridge English 1119 or your English grade from final high school results.

SPONSOR DETAILS (Please attach sponsorship letter if available)

| | | |
|--|----------------------------|----------------------------|
| Will your tuition fees be paid by an organisation? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| If yes, name of organisation _____ | | |

EMERGENCY CONTACT DETAILS (To be completed by applicants who are under 18 years of age)

| | |
|------------------|--------------|
| Name | Relationship |
| Address | |
| Telephone Number | Email |

PERSONAL STATISTICAL DETAILS

| | | | |
|--|----------------------------|----------------------------|---|
| Have you previously visited Australia? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If yes, what year did you arrive? _____ |
| What is your country of citizenship? | _____ | | |
| In which country were you born? | _____ | | |
| What is the main language spoken at your permanent home residence? | _____ | | |

MEDICAL / MENTAL / PHYSICAL DISABILITY NEEDS

The information below is used to assist the College in monitoring, supporting and improving services to students with medical/disability requirements.

| | | | | | |
|---|---------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| Do you have a disability, impairment or long-term medical condition which may affect your studies or compliance with visa conditions? | <input type="checkbox"/> Y | <input type="checkbox"/> N | | | |
| Please indicate the type(s) of disability | | | | | |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Learning | <input type="checkbox"/> Medical | <input type="checkbox"/> Mobility | <input type="checkbox"/> Other |
| Other (please describe): _____ | | | | | |
| Do you want information on support services, equipment and facilities available that may assist you? | <input type="checkbox"/> Y | <input type="checkbox"/> N | | | |

DECLARATION

I, _____ have read and understood the information provided by Canning College and
(PRINT full name)
will abide by the "Conditions of Application/Enrolment" and "Refund Policy"; and declare that the information provided with the application is true, complete and correct.

Signature: _____ Date: _____
Student / Parent or Guardian if student is under 18 DD / MM / YYYY

Submit your application to the College's local authorised representative or send directly to Canning College at the address given below.

Contact Details

Director, International Operations
Canning College
Marquis Street, Bentley WESTERN AUSTRALIA 6102
Telephone: (61 8) 9278 3500 Facsimile: (61 8) 9278 3599
Email: Canning.Col.Admissions@education.wa.edu.au
Web: <http://www.canningcollege.wa.edu.au>
CRICOS Provider Code: 00463B

Agent's stamp / details:

Counsellor's name:
Email address: _____