

# Application Form

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Given Name: \_\_\_\_\_ Gender:  Male  Female

Address in your home country: \_\_\_\_\_  
 \_\_\_\_\_

Address in Australia: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Visa Status:  Student Visa  Tourist/Visitor  Permanent Resident (Grant Date / / )  
 Australian Citizen  Other \_\_\_\_\_

Passport Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_

Overseas Student:  Full time Local student:  Full time  Part time

Diploma of \_\_\_\_\_ Starting Date:  Jan  Mar  Jun  Sep Year: \_\_\_\_\_

Advanced Diploma of \_\_\_\_\_ Starting Date:  Jan  Mar  Jun  Sep Year: \_\_\_\_\_

## ENGLISH LANGUAGE PROFICIENCY:

Is English your first language?  Yes  No If No, what is your first language? \_\_\_\_\_

Was English the language of instruction in previous secondary or tertiary studies?  Yes  No

Have you completed a test of English Language Proficiency?  Yes, what test did you sit? \_\_\_\_\_,

When \_\_\_\_ / \_\_\_\_ / \_\_\_\_,

Score \_\_\_\_\_  No

Are you currently studying English?  Yes  No

## OVERSEAS STUDENT HEALTH COVER:

Single

Family

## SECONDARY QUALIFICATIONS:

| Name of Qualification | School/Institution | State/Country | Year Completed |
|-----------------------|--------------------|---------------|----------------|
|                       |                    |               |                |
|                       |                    |               |                |
|                       |                    |               |                |

Are you CURRENTLY attempting a final year high school qualification?  No  Yes

If yes, what date will the results be available? (DD/MM/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of qualification \_\_\_\_\_

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## TERTIARY QUALIFICATIONS:

List ALL institutions of higher education attended including your current institution even if you did not complete the award and even if it is not relevant to the course for which you are applying. Attach an additional page if necessary. Submit certified copies of transcripts/certificates/awards from all post-secondary institutions that you have attended.

| Institution Attended | Award Studied | From<br>(dd/mm/yyyy) | To<br>(dd/mm/yyyy) | Award Completed<br>(dd/mm/yyyy) |
|----------------------|---------------|----------------------|--------------------|---------------------------------|
|                      |               |                      |                    |                                 |
|                      |               |                      |                    |                                 |

Have you ever been excluded or expelled from tertiary studies?  No  Yes, if yes, from which institution? \_\_\_\_\_

Are you seeking advanced standing for previous tertiary studies?  No  Yes

NOTE: We have evaluated transfer credit from several Australian tertiary institutions, but if your institution is not one of them, you will have to provide us with complete, comprehensive syllabus details for each subject unit for which you are seeking advanced standing. This includes unit descriptions, learning contact hours, assessment methods and an explanation of the weighting of each unit.

## LIST OF YOUR EMPLOYMENT HISTORY:

| Employer | Occupation | From<br>(mm/yyyy) | To<br>(mm/yyyy) | Duties |
|----------|------------|-------------------|-----------------|--------|
|          |            |                   |                 |        |
|          |            |                   |                 |        |

## DISABILITY:

Do you have any disability, impairment or long-term medical condition or any other special needs that may affect your studies?  
No  Yes

If yes, indicate the area of impairment (more than one box may be indicated)

Hearing  Vision  Learning  Medical  Mobility  Other \_\_\_\_\_

If you answered yes to the above question, would you like to receive advice on support services, equipment and facilities which may assist you?  
 Yes  No

## APPLICATION CHECKLIST

\* Please ensure that all enlisted documents are enclosed, if not, the application process could be delayed.

- |   |   |
|---|---|
| <input type="checkbox"/> Completed application form           | <input type="checkbox"/> Passport and Visa Copies (where applicable)  |
| <input type="checkbox"/> Academic transcripts                 | <input type="checkbox"/> English test results                         |
| <input type="checkbox"/> Evidence of employment (if required) | <input type="checkbox"/> Syllabus (if applying for advanced standing) |

\*translation of documents into English must be carried out by translation authority

The application must be signed and dated, only by the applicant.

I declare that the information supplied by me on this form is true and correct in every particular. I acknowledge that SCBIT reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information. I authorise SCBIT to obtain from other educational institutions and relevant authorities details of my enrolment, academic records, examination results and bond status.

Applicant's  
Signature:

Date:

Applications should be submitted to the SCBIT Admissions Officer at the following address:  
Sydney College of Business & IT - Sydney Campus: Level 7, 8 Quay St., Haymarket, Sydney 2000  
Postal Address: P.O.Box: K534, Haymarket, NSW 1240, Australia  
T: +61 2 8114 2500, F: +61 2 8114 2592,  
E: principal@scbit.edu.au  
www.scbit.edu.au

**SCBIT CRICOS Code: 02635D, SCBIT NTIS Code: 91116**  
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