EARLY BIRD SPECIAL

BACHELOR OF ACCOUNTANCY

ENROL BY 31 MAY 2014 AND SAVE 10% ON YOUR FINAL YEAR’S TUITION.

*CONDITIONS APPLY

*CONDITIONS: TO BE ELIGIBLE FOR THIS OFFER YOU WILL NEED TO ENROL AND PAY YOUR 1ST SEMESTER’S DEPOSIT BETWEEN 1 MAY TO 31 MAY.
INTERNATIONAL STUDENTS APPLICATION FORM

PERSONAL DETAILS

Family Name ____________________________ Given Name/s ____________________________

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Female ☐ Male

Official Full Name*: __________________________________________________________________

*Name as appear on official ID e.g. Passport, this shall be reflected on all College documents i.e. Transcript and Testamur

Date of Birth: __/__/____ (dd/mm/yyyy) Country of Birth ____________________________

What is your permanent address in your home country? (Compulsory)

Address ____________________________________________________________________________

Country ____________________________ Postcode __________

Do you have a disability, impairment or long term medical condition which may affect your studies?

☐ No ☐ Yes - type of disability: ☐ hearing ☐ learning ☐ mobility ☐ visual ☐ medical

☐ other (please specify) ____________________________

Would you like advice on support services, equipment and facilities which may help you?

☐ Yes ☐ No

How did you hear about Raffles College?

☐ Advertising ☐ Agent ☐ Exhibition ☐ Internet ☐ Friend ☐ Other: ____________________________

NATIONALITY / VISA DETAILS

Nationality as shown in Passport: ____________________________ Passport Number: ____________________________ Passport expiry date: __________

From which country will you be applying for your visa? ____________________________ Language spoken at home: ____________________________ Year of arrival in Australia: __________

Did you complete High School (or equivalent)?

☐ No ☐ Yes

What was your tertiary entrance score (e.g. OP/TER/UAI/ENTER)? ____________________________

Have you previously enrolled in or completed post-secondary (tertiary) education?

☐ No ☐ Yes – Please attach transcripts and/or awards and fill in below

Education Provider ____________________________ Country/ Australian State ____________________________

Qualification ____________________________ Year Graduated __________

ENGLISH LANGUAGE PROFICIENCY

Have you completed an IELTS test?

☐ Yes - What was your score? ____________________________ When did you do the test? __________

☐ No, I will be doing the IELTS test later Date (if known): __________

☐ No, I have other proof of my English level Details: ____________________________

☐ No, I have enrolled to study English at: ____________________________

If your English level does not meet the minimum entry requirement for admittance into your program, it is recommended that you enrol for extra English tuition. As a general rule, 10-12 weeks of English is recommended for students to improve by IELTS 0.5.

OSHCH (Overseas Student Health Cover)

Would you like Raffles College to apply for OSHC for you?

☐ Yes ☐ Family ☐ Couple ☐ Single ☐ No, I will make my own arrangements ____________________________

INTAKES

When would you like to start your course? ☐ February ☐ April ☐ July ☐ October ____________________________

DECLARATION AND SIGNATURE

• I authorise Raffles College to store information with respect to my application and to obtain or verify any other details about my academic record or history to enable my application to be assessed.

• I understand Raffles College may be required to report to the Department of Education on the progress of my application and/or subsequent student status.

• I accept that Department of Education will store the information securely in the Higher Education Information Management System. Department of Education may disclose this information to the Australian Taxation Office. Raffles College and Department of Education will not otherwise disclose the information without my consent unless required or authorised by law.

• I declare that to the best of my knowledge the information provided by me in this application form is correct and complete.

• I declare that I have read and understood Raffles College Fee Schedule, Conditions of Enrolment, Privacy Statement and Refund Policy and have familiarised myself with other relevant policies located on the Raffles College website (www.raffles.edu.au) and agree to be bound by them.

Signature of Applicant: ____________________________ Date: __________

If you are under the age of 18:

Name of Parent/Guardian (please print): ____________________________

Signature of Parent/Guardian: ____________________________ Date: __________