

Personal details (as shown in passport)

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	
Given names:	
Preferred name:	
Date of birth: DD / MM / YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Passport number:	Passport expiry date: DD / MM / YYYY
Country of birth:	
Citizenship:	
Are you a citizen or permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide evidence of citizenship or residency (e.g. a certified copy of your birth certificate, passport, citizenship certificate or visa). If verification is not supplied, fees and conditions for international students will apply.	
Have you previously studied at ECC or PIBT? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide your student ID number: _____	
Do you grant ECC permission to provide your parent or guardian listed below with any information pertaining to your application to study, ongoing academic progress, results and attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contact details

Applicant's contact details (Compulsory)

Email address:											
Address in Australia (if known):											
Suburb:											
State:						Postcode:					
Telephone:						Mobile:					

Address in home country:											
Suburb:											
State:						Postcode:					
Country:											
Telephone:						Mobile:					

Parent's/guardian or next of kin contact details (Compulsory)

Family name:											
Given names:											
Relationship to applicant:											
Telephone:											
Email address:											

Previous studies

Secondary Education

Name of qualification:
Name of school/institution:
Country/state:
Year completed (or expected to complete):

Post-secondary/tertiary education:

Name of qualification:
Name of school/institution:
Country/state:
Year completed (or expected to complete):
Will you be applying for exemptions/credits? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide copies of relevant academic transcripts detailed syllabus and a completed Application for Exemption form, available at edithcowancollege.edu.au/documents-and-forms .
Have you ever been expelled/terminated/excluded from study by a school, college, or university in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide evidence
Have you ever been refused a visa to enter Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide evidence

Employment history

If you believe you have employment experience that is relevant to the program you are applying for, please attach a CV and references.

Program selection

English program	
<input type="checkbox"/> Academic	Course start date: DD / MM / YYYY
Number of weeks: _____ (in multiples of 10)	
Diploma program	
<input type="checkbox"/> Commerce	Stream: _____ (mandatory)
<input type="checkbox"/> Communications and Creative Industries	Stream: _____ (mandatory)
<input type="checkbox"/> Hotel Management	Stream: _____ (mandatory)
<input type="checkbox"/> Science (Computing/IT)	Stream: _____ (mandatory)
<input type="checkbox"/> Science (Engineering Studies)	Stream: _____ (mandatory)
<input type="checkbox"/> Science (Health Studies)	Stream: _____ (mandatory)
Please specify when you prefer to begin your ECC studies:	
Year: _____ <input type="checkbox"/> February <input type="checkbox"/> June <input type="checkbox"/> October	
<input type="checkbox"/> Post Graduate Qualifying Program (PQP)	
Master: _____ (mandatory)	
Please specify when you prefer to begin your ECC studies:	
Year: _____ <input type="checkbox"/> February <input type="checkbox"/> July	

Request for disability support

Do you have a disability that may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please specify: <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mobility
<input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Other (please specify): _____
Please attach relevant information to help ECC determine what learning assistance (if any) you might require.

International students only

English proficiency

(Please tick and attach documentary evidence where applicable)	
<input type="checkbox"/> English is my first language	
<input type="checkbox"/> English was the language of instruction during my secondary school studies and I gained a satisfactory pass in final-year English (results attached).	
<input type="checkbox"/> I have taken an IELTS, TOEFL, or PTE test, and attached my results to this application.	
<input type="checkbox"/> I have obtained a satisfactory mark or score in another examination or test acceptable to ECC (e.g. completion of at least the first year of a post-secondary/tertiary course at a college or university where the language of instruction was English).	
IELTS / TOEFL / PTE score:	
Other English test:	Score:
Are you currently enrolled in an ELICOS school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', please provide name of school: _____	

Overseas Student Health Cover (OSHC)

ECC will provide all international students with an OSHC policy through our preferred provider unless advised otherwise

Would you like ECC to arrange OSHC for you from our preferred provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of cover <input type="checkbox"/> Single - covering only the Overseas Student <input type="checkbox"/> Dual Family - covering the Overseas Student, and either one adult spouse or recognised de facto partner or one or more children or step-children under the age of 18 years who are not married <input type="checkbox"/> Multi Family - covering the Overseas Student and more than one dependent, which can only include one adult spouse or recognised de facto partner and one or more dependent children
If you already have OSHC, please provide details of your cover below:
OSHC provider name:
OSHC number:
OSHC expiry date: DD / MM / YYYY

Visa

Which type of visa will you be applying for? <input type="checkbox"/> Student <input type="checkbox"/> Tourist <input type="checkbox"/> Working Holiday Visa <input type="checkbox"/> Other (please specify): _____

Sponsored students only

Name of sponsoring organisation:
Type of sponsorship (e.g. tuition fees, living expenses):

Other information

How did you first learn about ECC? You may tick more than one. <input type="checkbox"/> Exhibition/seminar <input type="checkbox"/> Newspaper/magazine <input type="checkbox"/> Recommended by a friend/relative – if so, is your friend/relative an ECC student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommended by an education agent <input type="checkbox"/> Internet, please specify: _____ <input type="checkbox"/> Other (please specify): _____
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Declaration

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to my application being refused or my enrolment cancelled. I have read and understood the relevant program information in this brochure and/or on the ECC website and I have sufficient information about ECC to enrol. I understand that the pathway may lead to future studies at ECU, subject to ECU's entry requirements.

I understand that ECC fees may increase. I accept liability for payment of all fees as explained in the ECC brochure and/or website, and I agree to abide by the Refund policy as outlined in edithcowancollege.edu.au/policies. I have read the information about living expenses on page 9 and I understand that living expenses in Australia may be higher than in my own country. I confirm that I am able to meet these expenses. I have understood and I accept the Enrolment Terms of Offer at edithcowancollege.edu.au/policies. I understand that ECC may, by written notice, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Commonwealth of Australia or the State of Western Australia. I give permission for ECC and ECU to obtain official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to. I authorise ECC to provide my personal information, including my contact details and enrolment details, to third parties in accordance with ECC's Privacy policy. These third parties include ECC representatives (agents) acting on my behalf; ECU (to facilitate progression from ECC to the next stage of my studies); sponsors and Navitas Limited and its affiliates (to communicate pathways and services offered by Navitas Limited and its related companies). In the event of circumstances requiring urgent medical care and where it is not possible to contact next-of-kin, ECC is authorised as a matter of urgency to seek appropriate medical care.

International students only: I understand that it is my responsibility to maintain valid Overseas Student Health Cover (OSHC). I also understand that if I am no longer enrolled at ECC, my OSHC membership can be transferred. I understand that if I have applied through an approved ECC/ECU agent, all correspondence relating to my application will be forwarded to that agent. In the circumstances of any suspected breach of my student visa conditions, I authorise ECC to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, and the Tuition Protection Service (TPS).

Health Protection: I give permission for ECC to obtain records and information from my current OSHC provider (if applicable). I also agree that ECC is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover.

I understand that any conditions concerning an offer of admission will be contained in my letter of offer from ECC, which I will be required to read and sign.

Privacy Declaration

- Our Privacy Policy, (edithcowancollege.edu.au/privacy) outlines how the information you provide us, will allow us to deal with your enquiry; to assess your application and, provide you with an outcome.
- We will also be able to provide you with the information about the course you have applied for; the College; the Partner University and, our local community. It is really important that you read and understand the Privacy Policy and the Recording of Live Course Work Policy, (edithcowancollege.edu.au/privacy)
- If you have questions about the Privacy Policy or how your personal information will be managed, please email: privacy@navitas.com and ask your question/s.

Applicant Declaration

If you agree to how we intend managing your personal information, by ticking the boxes below, we may contact you to provide you with relevant information on other courses that we offer, as well as other services offered by the College, University Partner or Navitas Group. It is important for you to know and understand that if you choose **NOT TO CONSENT** to us contacting you in this way, that we will be unable to provide you with information about some of the services we offer such as the type of accommodation we offer, or our Airport Meet and Greet service.

- I have read and understood the college's Privacy Policy Yes No
- I consent to the college sending me marketing information by e-mail Yes No
- I consent to the college sending me marketing information by mail Yes No
- I consent to the college contacting me by telephone for marketing purposes Yes No
- I understand that the College will be collecting, processing and storing my personal information as part of this enquiry and/or application process Yes No
- I understand that the College may need to share my personal information with a third party in order to provide your services to me (edithcowancollege.edu.au/privacy) and I agree to this Yes No
- I understand that as part of my learning experience, digital recordings, verbal and visual, will be made of class sessions being conducted as part of the digital learning environment; I consent to being part of the recording process. Yes No
- I understand I can opt out of a recorded session by: not attending at all; muting my microphone; and/or turning off my camera. Yes No
- If I decide to opt out of participation in recorded sessions by not attending, muting my microphone and/or turning off my camera, I understand that this may have a negative impact on my learning experience by restricting interaction with my teacher/s and classmates. Yes No
- These recordings will be stored in a secure system accessible via a password that will be provided to me for my use, I understand that if I download and share these recordings I will be in breach of the Policy and therefore subject to disciplinary action. Yes No

As the applicant named on this application

- I confirm that I have understood the questions above and that my answers represent how I want my personal information used.
- I also confirm that I have read and understood the Live Recording of Course Work Policy.

Applicant's signature: (must be the same signature as in your passport)

Date: DD / MM / YYYY

If you are under 18 years of age, your parent or guardian must also sign this application form.

Parent's/guardian's signature:

Date: DD / MM / YYYY

*Unsigned applications cannot be processed. Agents cannot sign on an applicant's behalf.

Application submission

This application form has been submitted in:	
City:	Country:

Postal address for applications

Admissions Office
Edith Cowan College
Edith Cowan University, Building 80 Joondalup Campus West
10 Injune Way Joondalup WA 6027 Australia

T +61 8 6279 1100 F +61 8 6279 1111
E info@ecc.edu.au W edithcowancollege.edu.au

Or through an ECC representative.