

Have you previously studied at Wentworth Institute? ☐ No ☐ Yes (WIN Student ID: \_\_\_\_\_)

#### PERSONAL DETAILS

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (\_\_\_\_\_)

Gender: ☐ Male ☐ Female ☐ Other (\_\_\_\_\_)

Family Name:

Given Name(s):

Previous Name: (if applicable)

Preferred Name:

Date Of Birth: dd/mm/yyyy

Country of Birth:

Citizenship:

Passport Number:

Expiry Date:

Phone Number:

Email:

Current Residential Address:

Suburb: State: Postcode:

Home Country Address (if different from above):

Suburb: State: Postcode:

#### AGENT/REPRESENTATIVE INFORMATION

Agent Name:

Contact Person:

Email:

Phone Number:

#### VISA/IMMIGRATION DETAILS

Do you hold an Australian temporary entry permit or visa?

☐ Yes ☐ No

If yes, please provide a copy along with the following details:

Visa Type: \_\_\_\_\_ Visa expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a USI (Unique Student Identifier) from the Australian Government?

☐ Yes (USI Number \_\_\_\_\_) ☐ No

Have you, your spouse or any dependents ever been refused a visa to Australia or any other countries?

☐ Yes (Country \_\_\_\_\_) ☐ No

#### OVERSEAS STUDENT HEALTH COVER

Do you wish to purchase Overseas Student Health Cover (OSHC) through Wentworth Institute?

☐ Yes (☐ Single ☐ Couples ☐ Family) ☐ No

#### PREFERRED INTAKE

☐ March ☐ July ☐ November Year: \_\_\_\_ \_

#### CAMPUS

☐ Sydney ☐ Canberra

#### COURSE SELECTION

**\* Courses only offered in Sydney Campus**

Undergraduate	<input type="checkbox"/>	Diploma of Business
	<input type="checkbox"/>	Bachelor of Business (Management)
	<input type="checkbox"/>	Bachelor of Business (Human Resource Management)
	<input type="checkbox"/>	Bachelor of Business (Information Systems)
	<input type="checkbox"/>	Bachelor of Business (Professional Accounting) *
	<input type="checkbox"/>	Bachelor of Interactive Media *
Postgraduate	<input type="checkbox"/>	Bachelor of Information Technology
	<input type="checkbox"/>	Graduate Certificate in Business
	<input type="checkbox"/>	Graduate Diploma in Business
	<input type="checkbox"/>	Master of Business (Human Resource Management)
	<input type="checkbox"/>	Master of Business (Information Systems)
	<input type="checkbox"/>	Master of Business (Business Administration)
	<input type="checkbox"/>	Graduate Certificate in Professional Accounting *
	<input type="checkbox"/>	Graduate Diploma in Professional Accounting *
	<input type="checkbox"/>	Master of Professional Accounting *
	<input type="checkbox"/>	Master of Information Technology

#### RECOGNITION OF PRIOR LEARNING

Do you wish to apply for Recognition of Prior Learning?

☐ Yes ☐ No

If yes, please provide the following evidence:

- Copies of subject outlines, including learning outcomes, topic list, assessment details, contact hours/study workload
- Originals or certified copies of certificates and transcripts

### ENGLISH LANGUAGE PROFICIENCY

Is English your first language?

☐ Yes ☐ No (Main Language spoken at home \_\_\_\_\_)

Please indicate if you have taken one of the following English tests:

☐ IELTS ☐ PTE ☐ TOEFL ☐ Other \_\_\_\_\_

Score \_\_\_\_\_ Test date \_\_\_\_\_

### PREVIOUS EDUCATION

Name of Institution:

Location:

Name of Qualification:

Years Attended:

Completed: ☐ Yes ☐ No

Name of Institution:

Location:

Name of Qualification:

Years Attended:

Completed: ☐ Yes ☐ No

Name of Institution:

Location:

Name of Qualification:

Years Attended:

Completed: ☐ Yes ☐ No

### WORK EXPERIENCE

Name of Employer/Company:

Location:

Position Held:

Years Employed

Name of Employer/Company:

Location:

Position Held:

Years Employed

Name of Employer/Company:

Location:

Position Held:

Years Employed

### DISABILITY ASSISTANCE

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

☐ Yes (please provide details \_\_\_\_\_)

☐ No

### STUDENT DECLARATION

- I declare that, to the best of my knowledge, the information provided by me is true and complete in every way
- I am aware of the tuition and living costs associated with studying the course and I am prepared to meet these costs. I have read and understood my responsibilities regarding Overseas Student Health Cover and my student visa requirements.
- I will be bound by the rules and procedures of WIN and pay the prescribed tuition fees for which I am liable. I am aware that failure to pay the fees could lead to suspension from the course and cancellation of my student visa.
- I declare that I have read and understood the course entry requirements available at WIN's website: [www.win.edu.au/future-students/admission-criteria/](http://www.win.edu.au/future-students/admission-criteria/)
- I understand that my personal information may be shared with the Australian Government and designated authorities. This information may include: personal and contact details, course enrolment details and changes and circumstances of any suspected breach of student visa conditions.
- I understand that because WIN is under Simplified Student Visa Framework (SSVF) arrangements, I will be assessed as a Genuine Student/Genuine Temporary Entrant. My reasons for studying a Higher Education course at WIN in Sydney will be genuine and truthful. I understand that if I provide false and misleading information my visa may be cancelled.
- I agree to receive electronic communications from WIN.
- I give WIN authority to verify the authenticity of the documents provided, including checking with previous institutions, immigration, and other relevant authorities.
- I understand that if I provide incorrect or incomplete information, this may result in the cancellation of my enrolment.

Student Name: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_