



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:

Phone Number:

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

Year: ___ ___ ___ March July September November

CAMPUS

Sydney Canberra

COURSE SELECTION

* Courses only offered in Sydney Campus

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

INTERNATIONAL STUDENT HIGHER EDUCATION APPLICATION FORM

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

MARITAL STATUS

Are you married?

Yes (if yes, please attach a copy of you marriage certificate)

No

Will your spouse accompany you to Australia?

Yes No N/A

Do you have any children?

Yes No

Will your children accompany you to Australia?

Yes No N/A

STUDENT DECLARATION

I declare that, to the best of my knowledge, the information provided by me is true, complete, and accurate.

- I am aware of the tuition fees and living costs associated with studying my course and confirm that I am able and prepared to meet these costs.
- I have read and understood my responsibilities regarding Overseas Student Health Cover (OSHC) and my student visa conditions.
- I agree to comply with the rules, policies, and procedures of Wentworth Institute of Higher Education (WIN) and to pay all prescribed tuition fees for which I am liable. I understand that failure to pay fees may result in suspension or cancellation of my enrolment and may impact my student visa.
- I declare that I have read and understood the course entry requirements published on WIN's website: www.win.edu.au/future-students/admission-criteria/
- I confirm that I have read and understood WIN's key student policies, including those relating to academic progress, complaints and appeals, refunds, and conditions for deferment, suspension, or cancellation of enrolment, and that I understand my rights and responsibilities under these policies.
- If I am transferring to WIN from another education provider, I declare that, to the best of my knowledge, no commission, incentive, or other benefit to any education agent or third party in connection with my transfer, and that my decision to transfer was made independently based on academic or personal considerations.
- I understand that my personal information may be disclosed to the Australian Government and designated authorities, including the Department of Home Affairs, TEQSA, and CRICOS, as required under the ESOS framework. This may include personal and contact details, enrolment and course progress information, and any suspected breaches of student visa conditions.
- I understand that, under the Simplified Student Visa Framework, I will be assessed against the Genuine Student (GS) requirement. I confirm that my intention to study a Higher Education course at WIN is genuine and truthful. I understand that providing false, misleading, or unsupported information may result in visa refusal or cancellation.
- I consent to receiving official communications from WIN electronically.
- I authorise WIN to verify the authenticity of documents I have provided, including by contacting previous education providers, government agencies, and other relevant authorities.
- I understand that providing false, misleading, or incomplete information may result in the cancellation of my enrolment.

Student Name: _____

Student signature: _____

Date (dd/mm/yyyy) _____