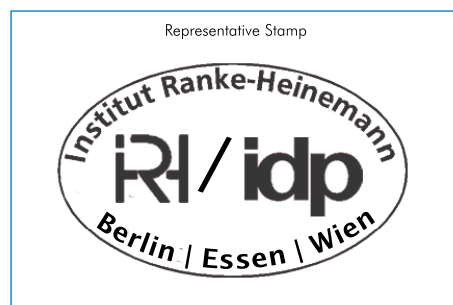


INTERNATIONAL STUDENT APPLICATION FORM FOR ELICOS COURSES



**VICTORIA
UNIVERSITY**

**A NEW
SCHOOL OF
THOUGHT**



VU's registered representative contact details can be viewed at: WWW.VU.EDU.AU/INTERNATIONAL

- This form is for students wishing to study English only.
- All documents must be certified by a recognised authority (i.e. school, university, Victoria University representative).
- This form should not be used by permanent residents or citizens of Australia or citizens of New Zealand.
- There is no application or enrolment fee for English only courses.
- ELICOS courses cost **AUD\$320** per week.

VU STUDENT ID (if applicable)

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms): _____ Family name (as stated in passport): _____

Given names (as stated in passport): _____

Gender (M/F): _____ Country of birth: _____ Date of birth (day/month/year): _____

Citizenship (as stated in passport): _____ Passport No.: _____

Please attach a photocopy of your photo ID page from your passport.

ADDRESS FOR CORRESPONDENCE

Number and street: _____

Suburb or town: _____ State/Province: _____

Postcode/Zip code: _____ Country: _____ Phone: _____ Fax: _____

Email: _____

Are you applying through a Victoria University's registered representative? Yes No

If yes, please indicate representative name: Institut Ranke-Heinemann / IDP Germany & Austria

PERMANENT HOME ADDRESS (if different from above)

Number and Street: _____

Suburb or Town: _____ State/Province: _____

Postcode/Zip code: _____ Country: _____ Phone: _____ Fax: _____

Email: _____

PROPOSED COURSE OF STUDY

Indicate the course you are applying for:

General English (Lower Intermediate to Intermediate level)

English for Academic Purposes

ENGLISH PROGRAM

Course intake number: _____ Number of weeks: _____

Course start date: _____ Course finish date: _____

Do you wish to undertake further study on completion of your English course? Yes No

If yes, you will be eligible to apply for a student visa for the total duration of your course. Please indicate the further study course you intend to apply for (i.e. TAFE, undergraduate or postgraduate studies):

Course name: _____ Course code: _____

VISA STATUS

Are you currently in Australia? Yes No

If yes, please indicate:

Visa type (i.e. student, tourist, etc.): _____

Visa No.: _____ Expiry date (day/month/year): _____

Please attach a photocopy of the visa label from your passport.

CURRENT OVERSEAS STUDENT HEALTH COVER

If you are in Australia, are you currently covered by an Australian Overseas Student Health Cover (OSHC) plan? Yes No

If yes, please indicate: Healthcare provider: _____

Membership number: _____ Expiry date (day/month/year): _____

CURRENT STUDIES

Are you currently studying? Yes No

If yes, please provide the details below:

Course name:

School/Institution:

Date commenced:

Date finished:

If transferring from an ELICOS course you must attach your certificate of attendance. Please bring in your passport and visa when you submit your application.

PREVIOUS STUDIES

Please provide the details below:

Highest level of education completed (i.e. high school or tertiary):

School/Institution:

Country/State:

Date commenced (day/month/year):

Date completed (day/month/year):

ENGLISH LANGUAGE PROFICIENCY

1. I have taken an English test (i.e. IELTS, TOEFL, etc) Yes No

If yes, please indicate:

Test name:

Test date:

Test score:

Please attach results. Note: IELTS and TOEFL scores should not be more than one year old.

2. I will be sitting for an English test Yes No

If yes, please indicate:

Test name:

Test date:

Date results are expected:

DISABILITIES

Do you have a disability for which additional assistance is required? Yes No

If yes, please attach a separate sheet outlining this disability.

GUARDIAN ARRANGEMENTS

Are you under 18 years of age? Yes No

Please refer to www.immi.gov.au/study/apply/visa_requirements_general.html for specific information on accommodation and general welfare arrangements for students under 18 years of age.

DECLARATION

I,

(Applicant's full name in BLOCK LETTERS and if the student is under 18 years of age parent/guardian's full name)

- declare that the information and supporting documentation provided is true and complete. I acknowledge that Victoria University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information;
- understand and accept that I must abide by all terms and conditions of my visa;
- am able to make appropriate arrangements to fund my studies;
- have read, understood and agree to be bound by the university's refund policy and conditions (available at www.vu.edu.au/international/);
- am fully responsible for my educational and living expenses while studying at Victoria University;
- agree to advise the University within seven days if any subsequent changes to my residential address;
- authorise Victoria University to obtain further relevant documentation if necessary;
- I acknowledge that the information that I provide to the University may be made available to Commonwealth and State agencies, pursuant to obligations under the ESOS Act 2000 and the National Code;
- I authorise the University to provide to their approved registered representatives my address and details of enrolment;
- understand that any school-aged dependants accompanying me to Australia will be required to pay full fees if they are enrolled in a school in Australia; and
- have read, understood and accept the above conditions.

Signature of applicant: **X**

Date:

Signature of parent/guardian (for student under 18 years of age): **X**

Date:

APPLICATION CHECKLIST

IMPORTANT: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Have you:

- Completed all sections of this application?
- Signed and dated the declaration?
- Enclosed certified copies of academic transcripts and award certificates and, where appropriate, certified English translation of academic records?
- Where appropriate, enclosed certified copies of English language test scores?

SEND YOUR APPLICATION TO:

Institut Ranke-Heinemann
Schnutenhausstrasse 44
45136 Essen
Deutschland
Tel.: 0049-201-252552
info@ranke-heinemann.de
www.ranke-heinemann.de

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10117 Berlin
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1010 Wien
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