

Application Form (A1)

Please complete all sections in CAPITAL letters.

- 1. This application is the property of the Institute. Supporting documentation will NOT be returned.
- 2. Your application cannot be processed unless full documentation is attached.
- 3. The Institute reserves the right to decline any application.

Disclaimer: Incorrect or incomplete applications will not be processed and may lead to a delay in processing time. Please ensure that all documents provided are certified or notarised by an authorised organisation. The Institute reserves the right to decline applications for any reason at our discretion. The Institute will not refund any money paid by an international student or intending international student in relation to a course if the student submits fraudulent documents or misleading information or fails to disclose previous visa refusal/cancellation or makes false declaration on the application forms.

Personal Details										
Have you previously applied/stu	died at the Ins	stitute?	Yes	☐ No	If yes, pleas	se provide y	our Institute I	D number:		
Title:	Mr	Mrs	Ms	Dr	Other:					
Family name (as in passport):										
Given name(s):										
English name (If you use one):										
Date of birth (DD/MM/YYYY):				Sex:		Male	Female			
Current age:				First lang	guage:					
Citizenship (as in passport):				Country	of birth (as	in passport):				
Relationship Status										
Relationship Status:	Single	(never ma	arried)	De facto	Married					
f you are not single, will your sp	17						□NL.			
ii you are not single, will your sp	ouse and/or a	any depen	dents trave	l to Australia w	vith you?	☐ Yes	∟ No			
				l to Australia w	vith you?	∐ Yes	□ N0			
If yes, please provide their name				Relations	, 	∟ Yes	□ NO	Cu	ırrent age:	
If yes, please provide their name					ship:	∐ Yes	□ INO		ırrent age:	
If yes, please provide their name Name:				Relations	ship:	☐ Yes	□ INO	Cu		
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If yes, please provide their name Name: Name: Name: If married, date of marriage, (DD) (Please provide a copy of marriag) Disability/Allergies	s and their re	lationship	to you:	Relations Relations Relations Name of	ship: ship: ship: your spous	se:		Cu Cu	ırrent age:	
If yes, please provide their name Name: Name: If married, date of marriage, (DD (Please provide a copy of marriag Disability/Allergies	s and their re	r long-ter	to you:	Relations Relations Relations Name of	ship: ship: ship: ship: your spous	se:	es?	Cu Cu	urrent age:	
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arent/guardian's b	ousiness telephone ((include country code	e):				
While in Aust	ralia, the stud	ent:					
=		table nominated relater arer approved by WAI		ship Service.			
rt 3: Visa-	related Info	rmation (Pleas	se attach c	opy of your cu	rrent visa if appl	icable) (attach doc	ruments)
assport number:					Expiry date ((DD/MM/YY):	
are you currently in	Australia? 🗌 Yes	□ No					
f yes , state your vi	sa type (eg student,	tourist, etc) visa sub	class numb	er and expiry da	te:		
isa type:			Subclass	no.:	Expiry date ((DD/MM/YY):	
	mediate family mer	nbers had anv visa (last 5 years? Yes	□ No
	-	nbers had any visa r	-			,	
	-	ons, please provide o					
rt 4: Overs	seas Studen	t Health Cov	er (OSI	HC) (If you a	re already in Aus	stralia) (attach doc	ruments)
		t Health Cov No <i>If yes</i> , please p			re already in Aus	stralia) (attach doc	uments)
nrt 4: Overs Do you have OSHC' OSHC Provider Nam	? Yes				re already in Aus	stralia) (attach doc	uments)
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Oo you have OSHCOSHC Provider Name OSHC Number: OSHC Number: OTH 5: Course Course Course 1 Course 2	Yes Pres Pres Pres Pres Pres Pres Pres Pr	No If yes, please p			Expiry date (DD/MM/YY):	
Oo you have OSHC' OSHC Provider Nam OSHC Number: OSHC Number: Ourse Course Course 1 Course 2 Course 3	Yes Pres Pres Pres Pres Pres Pres Pres Pr	No If yes, please p			Expiry date (DD/MM/YY):	
SHC Provider Name of SHC Number: SHC Number: SHC Street	Yes Pres Pres Pres Pres Pres Pres Pres Pr	No If yes, please p			Expiry date (DD/MM/YY):	
Oo you have OSHC' OSHC Provider Name OSHC Number: OSHC Number: OCOURSE COURSE Course 1 Course 2 Course 3 Course 4	Yes ne: CRICOS Code	No If yes, please p	orovide detai	ls:	Expiry date (Campus (Melb	
o you have OSHC' SHC Provider Nan SHC Number: Int 5: Cours Course Course 1 Course 2 Course 3 Course 4 packaging Certific	rate, Diploma, Advan	For Course Title	provide detai	ls: 5, please include	Expiry date (Campus (Melb	
SHC Provider Name SHC Number: SHC Number: SHC Start	Program (pled	For Course Title	pree courses	ls: 5, please include	Expiry date (Campus (Melb	
Oo you have OSHCOSHC Provider Name OSHC Number: OSHC Number: OUTSE Course Course 1 Course 2 Course 3 Course 4 F packaging Certification Study Abroad	Program (pledects you wish to students)	For Course Title nced Diploma or Degrase complete on	pree courses	s, please include	Expiry date (Campus (Melb	
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Oo you have OSHCOSHC Provider Name OSHC Number: Ourse 2 Course 1 Course 2 Course 3 Course 4 F packaging Certific Study Abroad Please list the subjection of	Program (pledects you wish to students)	For Course Title nced Diploma or Degrase complete on	gree courses	s, please include ring for Study Preference	Expiry date (Intake details of all cours Abroad progre	Campus (Melb	ooure/Sydney)



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Part 6: Education Background (attach documents)

Studies outside Australia

Please provide details and documentation of your secondary and post-secondary qualifications achieved overseas, either completed, incomplete or pending, including an explanation of the grading system.

Secondary and Post-Secondary Studies

Name of qualification	Institution	Country	Start	Completed
tudies in Australia (if app	licable)			
Studies in Australia (if app lave you undertaken or are you curre fou <i>must</i> list all the courses you have	_	,	o to Part 7.	
lave you undertaken or are you curre	ntly enrolled in study in Australia?	,	o to Part 7.	Completed
lave you undertaken or are you curre	ntly enrolled in study in Australia?	ng in Australia.		Completed
lave you undertaken or are you curre	ntly enrolled in study in Australia?	ng in Australia.		Completed
lave you undertaken or are you curre ou must list all the courses you have	ntly enrolled in study in Australia?	ng in Australia.		Completed
lave you undertaken or are you curre ou must list all the courses you have	ntly enrolled in study in Australia?	ng in Australia.		Completed

Part 7: Credit Transfer and Advanced Standing (attach documents)

· ·		
Are you applying for exemptions as a result of previous experience/study?	Voc. No.	
Are you applying for exemptions as a result of previous experience/study?	Yes NO	

If "Yes", please attach translated copies of the course, subject outlines, subject descriptors and other relevant information for each subject or unit.

Part 8: Summary of Work Experience

(Complete only if relevant. Certified Documentary Evidence Required)

Employer	Position	Duties	Country	Start	Finish



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Part 9: English Language Proficiency (attach documents)

Plea	ase tick the appropriate box and attach your results.
	English is your first language
	English was the language of instruction in your secondary/tertiary studies (Documentary evidence must be provided if the institution is located in a non-English speaking country)
	I have completed an approved English language test (complete the details below - attach evidence)
	Type of English Proficiency Test:
	Date taken (DD/MM/YY):
	I have not yet completed an approved English language test. I intend to apply or complete the following test on the date specified below (Complete the details below). Test must be taken within 2 years of course commencement.
	Type of English Proficiency Test:
	Date taken (DD/MM/YY):
	Completed English course in Australia (attach evidence)
	Name of English language course:
	Name of English language centre:
	Start date (DD/MM/YY): Completion date (DD/MM/YY):
	Applying or Attending ELICOS Program (attach evidence)
	If 'Yes' provide details of English language course and English language centre and attach Offer Letter.
	Name of English language course:
	Name of English language centre:
ar	t 10: Student Statement (attach documents)
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	ase note: You must provide a separate Statement of Purpose (S.O.P) which clearly covers the following key considerations:
1.	Why have you chosen William Angliss Institute over other education providers in your home country.
2.	What do you expect to learn from the course that you have applied for, and your understanding of the course content.
3.	What type of employment positions will you apply for after graduating from William Angliss institute and what your expected starting salary in your home country will be?

If you have undertaken previous post-secondary study or work that is NOT RELATED to the course you are applying for, please explain your

choice of course and change of career path. Please provide evidence to support your change of career path.



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Part 11: Financials

Part 11.1: Details of Sponsor

Sponsor(s) must be one of the following:

- Self-sponsored
- Immediate family members
- Partner (spouse or de-facto partner, including same-sex de-facto partners)
- Aunt or uncle
- Approved government, institutional or corporate sponsor.

Relationship to the student	Full Names (as per passport or birth certificate)	Occupation

Part 11.2: Financial Declaration

Table of expenses	
Travel for the applicant One return airfare to Australia	\$2,000 to \$4,000
Travel for family member (if applicable) One return airfare to Australia per person	\$2,000 to \$4,000 (if applicable)
Tuition fees (applicant) (Refer to the course guide for tuition fee costs per semester/year)	\$15,200 to \$19,000 per year (depending on program)
Tuition fees for dependent children aged 5-18 years	\$8,000 per year (if applicable)
Deposit for packaged program (if applicable)	Diploma \$500 Advanced Diploma \$1,000 Bachelor \$3,000
Living costs	Applicant \$20,290 Partner/spouse \$7,100 Child \$3,040
OSHC	Student single \$656 Dual Family \$3,536 Multi Family \$6,408
Other costs such as uniform and books (if applicable)	Approx. \$500

I understand that William	Angliss Institute may refuse to issue an offer if it assesses my financial ca	pacity as insufficient.
	Angliss Institute tuition fees are subject to an annual increase as outlined funds to pay the increased fees.	in my offer letter and
I understand William Angl capacity to funds.	liss Institute may seek any additional information and documentation/evid	ence to confirm my financial
I declare that I have suffici	ent funds as outlined as per the table above.	
I understand that the Depa AUD 60,000 - AUD 70,000	artment of Home Affairs may require evidence of funds for 12 months' of ϵ 0.	expenses or annual income of at least
	ee and living costs of my stay in Australia, including any dependent family t such costs and any annual fee increase for the duration of my course.	members, and have the
Signature of applicant		Date (DD/MM/YY)



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Part 12: Declaration

Applicant's declaration

- 1. I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.
- 2. I acknowledge that any false or misleading statement may result in denial of my admission request or subsequent cancellation of my enrolment at WAI, which in turn may affect the validity of my visa.
- 3. I authorise the Institute to seek verification of my academic and professional qualifications, and work experience. I understand that the Institute reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
- 4. I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
- 5. I acknowledge that the Institute reserves the right to alter any course, subject, admission requirement or fee without prior notice.
- 6. I understand that the personal information I have provided may be released to government agencies as required by law, I further understand that it may be disclosed to third parties for the purpose of progressing my application.
- 7. I acknowledge that I have read and understand the description of the program/s that I am applying for.
- 8. I authorise the Institute to access the Australian immigration Visa Entitlements Verification Online (VEVO) system at any time to obtain information on my visa status.
- 9. I declare that I am applying to be a genuine temporary entrant to Australia and as a genuine student and that I have read and understood conditions relating to these requirements (homeaffairs.gov.au/trav/stud/more)
- 10. I am aware of the tuition and living costs of my stay in Australia and have the financial capacity to meet such costs for the duration of my course. I will make timely payments of any fees or associated costs.
- 11. I declare that my signature is true and correct and matches the signature in my passport.

l (inse	ert full name):			
unde	stand all of the requireme	ents for the courses and visa application and confirm that all of the information provided is true.		
Signa	ture of applicant: (as in pas	ssport signature page) Date (DD/MM/YY)		
Note: Applicant declaration must be signed by a parent or legal guardian if the student is under 18 years of age.				
Signa	ture of guardian:	Date (DD/MM/YY)		
Agent's declaration (if applicable)				
1.	I have assessed the applicant and to the best of my knowledge the applicant is a genuine temporary entrant and genuine student as defined by the Department of Home Affairs and I confirm the documents and information provided by the applicant did not disclose any conclusive grounds for rejecting the applicant's declarations that they are a genuine student.			
2.	To the best of my knowledge, the applicant is genuine in making this application and has every intention of completing all programs listed in the application.			
3.	The documents which form part of this application appear to be authentic and valid. To the best of my knowledge the applicant has genuine access to the total funds required, while in Australia, to cover all travel, OSHC, tuition and living costs for themselves and their family members (if applicable).			
4.	I recommend the Institute proceed with the assessment for admission of this applicant.			
5.	I confirm the student has signed this application form.			
6.	I have provided the stude	nt's personal email address and residential address, as disclosed to me by the student		
Agency name:				
Agency branch office:				
Agent staff member name:				

DISCLAIMER: William Angliss Institute respects your privacy. The information you have provided will not be given to any third parties, and will only be used internally. Upon graduation, you will automatically become a part of the William Angliss Institute Alumni. Please note: you will be given the opportunity to unsubscribe at the time of completing your course.

We have made every effort to ensure that the information contained in this document is correct at the time of printing. William Angliss Institute reserves the right to change the admission re- quirements, fees and units of competency in listed courses whenever necessary. All reasonable attempts will be made to publish the most up-to-date information, but course details can change, and you will always find the most current information on our website at www.angliss.edu.au.

Date (DD/MM/YY)

Signature of Agent: