



This application form is for international students applying to study onshore in Australia.

Applications received without transcripts and/or student's complete personal details cannot be processed. All sections must be completed.

Have you applied for Australian permanent residency status? Y N If yes, date of application: ___/___/___

Note: If you obtain Australian permanent residency at any stage during the application process, you will need to advise the International Student Office immediately.

PERSONAL DETAILS (in **BLOCK LETTERS**) (As stated in your passport)

Mr / Mrs / Miss / Ms	Given Names _____	Family Name _____		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<table border="1"> <tr> <td>Email</td> <td>Telephone</td> </tr> </table>	Email	Telephone
Email	Telephone			
Date of birth (dd/mm/yyyy) ___/___/___	Passport Number: _____	Expiry Date: _____		

PERMANENT ADDRESS (Address in home country. A Post Office Box Number is **NOT** acceptable)

Number and Street	
Suburb/Town/City	State
Country	Post Code / Zip Code

MAILING ADDRESS (If different from permanent address)

Number and Street	
Suburb/Town/City	State
Country	Post Code / Zip Code

COURSE INFORMATION (Please see course list and academic calendar for details)

Course title	Intake
Would you like to package this course with a preferred degree program at University:	<input type="checkbox"/> Y <input type="checkbox"/> N
Preferred University course (please include major area of study, if relevant; e.g. Accounting)	
University: _____	Course: _____
Intake Year: _____	Study Period (e.g. Semester 1): _____

EDUCATIONAL QUALIFICATIONS

Please provide details of all formal studies that you have completed and those that you are currently undertaking. You are required to include certified copies of your academic award(s) and transcript(s) together with this application.

Are you currently studying in Australia?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, a certificate of attendance from your current institution may be required.
Highest academic qualification		
Institute attended		
Country/State	Year enrolled	
Year completed	Date results expected (if applicable)	
Are you seeking credit or advanced standing from previous studies	<input type="checkbox"/> Y <input type="checkbox"/> N	

ENGLISH LANGUAGE PROFICIENCY: Please provide proof of your English language proficiency including results from: IELTS, TOEFL, Cambridge English 1119 or your English grade from final high school results. *Certified copies must be provided at the time of application.*

SPONSOR DETAILS (Please attach sponsorship letter if available)

Will your tuition fees be paid by an organisation?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If yes, name of organisation _____		

EMERGENCY CONTACT DETAILS (To be completed by applicants who are under 18 years of age)

Name	Relationship
Address	
Telephone Number	Email

PERSONAL STATISTICAL DETAILS

Have you previously visited Australia?	<input type="checkbox"/> Y	<input type="checkbox"/> N	If yes, what year did you arrive? _____
What is your country of citizenship?	_____		
In which country were you born?	_____		
What is the main language spoken at your permanent home residence?	_____		

MEDICAL / DISABILITY NEEDS

The information below is used to assist the College in monitoring, supporting and improving services to students with medical/disability requirements. Disclosing this information will not affect your admission to the College.	
Do you have a disability, impairment or long-term medical condition which may affect your studies?	<input type="checkbox"/> Y <input type="checkbox"/> N
Please indicate the type(s) of disability <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Learning <input type="checkbox"/> Medical <input type="checkbox"/> Mobility <input type="checkbox"/> Other	
Would you like to receive information on support services, equipment and facilities available that may assist you?	<input type="checkbox"/> Y <input type="checkbox"/> N

DECLARATION

I, _____ have read and understood the information provided by Canning College and
 (PRINT full name)
 will abide by the "Conditions of Enrolment" and "Refund Policy"; and declare that the information provided with the application is true and correct.

Signature: _____ Date: _____
 Student / Parent or Guardian if student is under 18 DD / MM / YYYY

Submit your application to the College's local representative or mail directly to Canning College at the address given below.

Contact Details
 Director, International Office
 Canning College
 Marquis Street, Bentley WESTERN AUSTRALIA 6102
 Telephone: (61 8) 9351 5665 Facsimile: (618) 9356 1119
 Email: iso@canningcollege.wa.edu.au
 Web: <http://www.canningcollege.wa.edu.au>
 CRICOS Provider Code: 00463B

Agent's stamp / details:
Counsellor's name: _____
Email address: _____