



Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.
Email the completed form and documents to admissions@ecc.edu.au

REPRESENTATIVE INFORMATION

Counsellor First Name
Counsellor phone number
Counsellor Last Name
Counsellor Email
Counsellor Signature or Stamp

STUDENT INFORMATION (COMPULSORY)

Are you currently studying, or have you previously studied at ECC or PIBT? Yes No
If yes, please provide your student ID

Title Mr Ms Miss Other
Gender Male Female Unspecified
Date of Birth (dd/mm/yyyy)

Family name
Give name/s
Middle name/s
Preferred name

Current Residing Address
City
State
Country
Postcode

Email
Mobile number -

Country of citizenship
Country of birth
Main language spoken in your home

Passport number (if available)
Passport expiry date

Please attach a copy of the personal details and signature page of your passport.

Do you hold Permanent Residency or a current Australian visa? Yes No
Type of visa

If yes, please provide evidence of your visa grant notice or page of your passport containing current Australian visa.

Have you ever been refused a visa, had your visa cancelled or overstayed your visa in any country? Yes No

If yes, please attach a copy of the decision record or notification correspondence.

PARENT / LEGAL GUARDIAN DETAILS (COMPULSORY FOR STUDENTS UNDER 18)

Family name
Given name
Relationship to student
Email address
Mobile phone -

EDUCATION HISTORY

Name of qualification
Country of education provider
Have you completed the above study? Yes No
Do you intend to complete the above study? Yes No

Name of education provider
Language of instruction
Date of completion
Expected completion date

Highest Post-Secondary Qualification (if applicable)

Name of qualification
Country of education provider
Have you completed the above study? Yes No
Do you intend to complete the above study? Yes No

Name of education provider
Language of instruction
Date of completion
Expected completion date

Will you be applying for exemptions (recognition to prior to learning)? Yes No

If yes, please attach your academic transcripts and completion certificate (if available). You must also include an explanation of the grading system at your home institution (this information is often found on the reverse side of official academic transcripts). English translations are required if the original documents are not in English.

Have you ever been excluded or considered for exclusion, expelled or had your enrolment terminated by an Australian education provider? Yes No

Current English proficiency

Is English your first language? Yes No
Do you have any evidence of your English proficiency? Yes No
Please attach evidence of your English proficiency.
If yes, please select IELTS iBT TOEFL PTE Other
Would you like to add an ECC English Language program to your application? Yes No

WORK EXPERIENCE

Do you have any relevant work or employment experience that is relevant to the course you are applying for? Yes No
If yes, please attach your CV or resume.

PROGRAM SELECTION

Foundation Program

Year

Intake February July

Bachelor's degree you intend to study at Edith Cowan University (e.g. Bachelor of Commerce)

Diploma Program

Year

Intake February June / July October

Commerce

Communications and Creative Industries

Hotel Management

Science (Computing/IT)

Science (Engineering Studies)

Health Science

Bachelor's degree you intend to study at Edith Cowan University (e.g. Bachelor of Commerce)

Post-Graduate Qualifying Program (PQP)

Year

Intake February July

Business

Communications

IT

Master's degree you intend to study at Edith Cowan University (e.g. Master of Cyber Security)

FINANCIAL INFORMATION

Please indicate how you intend to fund your tuition and living costs (including for any dependants)

Will your fees be sponsored by a third party? Yes No

Name of sponsor

Please note you will be required to provide evidence of your sponsorship when accepting your offer.

OVERSEAS STUDENT HEALTH COVER (OSHC)

It is a requirement of the Australian Government that you maintain Overseas Student Health Cover (OSHC) for the duration of your student visa.

Would you like ECC to arrange OSHC for you? Yes No

If no, please attach evidence of your existing OSHC cover.

MEDICAL CONDITIONS

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes No

If yes, please specify.

Please attach a copy of any supporting documents which provide more information about your disability.

Would you like to receive advice on support services, equipment and facilities that may assist you? Yes No

DECLARATION

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to my application being refused or my enrolment being cancelled. I have read and understood the relevant program information in this brochure and/or on the ECC website and I have sufficient information about ECC to enrol. I understand that the pathway may lead to future studies at ECU, subject to ECU's entry requirements.

I understand that ECC fees may increase. I accept liability for payment of all fees as explained in the ECC brochure and/or website, and I agree to abide by the Refund policy as outlined in edithcowancollege.edu.au/policies. I understand that living expenses in Australia may be higher than in my own country. I confirm that I am able to meet these expenses.

I have understood and I accept the Enrolment Terms of Offer at edithcowancollege.edu.au/policies. I understand that ECC may, by written notice, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Commonwealth of Australia or the State of Western Australia.

I give permission for ECC and ECU to obtain official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to. I authorise ECC to provide my personal information, including my contact details, enrolment details and information relating to my study to third parties in accordance with ECC's Privacy policy. These third parties include ECC representatives (agents) acting on my behalf; ECU (to facilitate progression from ECC to the next stage of my studies); sponsors and Navitas Limited and its affiliates (to communicate pathways and services offered by Navitas Limited and its related companies). In the event of circumstances requiring urgent medical care and where it is not possible to contact next-of-kin, ECC is authorised as a matter of urgency to seek appropriate medical care.

I understand that it is my responsibility to maintain valid Overseas Student Health Cover (OSHC). I also understand that if I am no longer enrolled at ECC, my OSHC membership can be transferred. I understand that if I have applied through an approved ECC/ECU agent, all correspondence relating to my application will be forwarded to that agent. In the circumstances of any suspected breach of my student visa conditions, I authorise ECC to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, and the Tuition Protection Service (TPS).

I give permission for ECC to obtain records and information from my current OSHC provider (if applicable). I also agree that ECC is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover. I understand that any conditions concerning an offer of admission will be contained in my letter of offer from ECC, which I will be required to read and sign.

PRIVACY DECLARATION

1. Our Privacy Policy outlines how the information you provide us will allow us to deal with your enquiry, to assess your application and provide you with an outcome.
2. We will also be able to provide you with the information about the course you have applied for, the College, the Partner University and our local community. It is really important that you read and understand the Privacy Policy and the Recording of Live Course Work Policy.
3. If you have questions about the Privacy Policy or how your personal information will be managed, please email privacy@navitas.com and ask your question/
4. We may disclose your personal information to Australian Government agencies, including Services Australia, where this is required or authorised by Australian law.
5. Information about your enrolment with us may be disclosed if you are claiming or receiving a payment from Services Australia.
6. You are still required to notify Services Australia of any change in circumstances that may affect your payment.
7. Personal information disclosed to Services Australia is protected by law, including the Privacy Act 1988. More information about the way Services Australia handles personal information can be found on their privacy webpage.

For more information about how the Department of Education, Skills and Employment (DESE) will handle your personal information, please refer to the department's Privacy Policy at <https://www.dese.gov.au/privacy> or by requesting a copy from the department at privacy@dese.gov.au.

APPLICATION PRIVACY DECLARATION

If you agree to how we intend managing your personal information, we may contact you to provide you with relevant information on other courses that we offer, as well as other services offered by the Col-lege, University Partner or Navitas Group. It is important for you to know and understand that if you choose NOT TO CONSENT to us contacting you in this way, that we will be unable to provide you with information about some of the services we offer, such as the type of accommodation we offer or our Airport Meet and Greet service.

Signature of student

Date

Signature of parent/guardian (required if student is under 18 years old)

Date