Sydney Metropolitan Institute of Technology Pty Ltd
Trading as **Sydney Met**

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NSW 2000 | AUSTRALIA

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www.sydneymet.edu.au

Provider ID **PRV14280** | CRICOS Provider Code **03906M** | ABN 60 607 943 500

STUDENT APPLICATION FORM

INSTRUCTION FOR COMPLETING THIS FORM

- The form must be completed in English
- Please complete all sections clearly. Missing sections or non-legible content may cause delays in your application.
- Completed forms and required documents can be submitted online or sent to the college via email as an attachment, or by post, or in person at the college.
- The college may contact applicants to conduct an initial phone interview.

COURSE DETAILS	
Course name	Bachelor of Business (Entrepreneurship) *CRICOS Course Code 105421F* ☐ Major in Accounting ☐ Major in Management ☐ No Major ☐ Major in Tourism, Hospitality and Event Management (Currently in Development)
	Bachelor of Information Technology *CRICOS Course Code 111669J* ☐ Major in Cyber Security ☐ Major in Information Systems
	☐ Bachelor of Social Work *CRICOS Code 111670E*
Proposed mode of study (Choose one)	☐ Normal Program (BBUS & BIT) – Duration 3 years ☐ Accelerated Program (BBUS & BIT) – Duration 2 years ☐ Normal Program (BSW) – Duration 4 years
Proposed start date	☐ Sep 2024 (T3) ☐ Feb 2025 (T1) ☐ May 2025 (T2) ☐ Sep 2025 (T3)
APPLICANT DETAILS	
Title	☐ Mr ☐ Ms ☐ Mrs ☐ Other
Full Name	
Date of Birth (DD/MM/YYYY)	_____/_____/_____
Gender	☐ Male ☐ Female ☐ Other

Country of citizenship	
Marital status	☐ Single ☐ Married ☐ De facto ☐ Divorced ☐ Other
Passport number	
Country issuing your current passport. (Please provide a certified copy of your passport)	
Passport issuance date	_____/_____/_____
Passport expiry date	_____/_____/_____
Are you currently living in Australia?	☐ Yes ☐ No
If yes, when did you arrive in Australia? *(International Students only)*	_____/_____/_____
USI number (if any)	☐ Yes _____ ☐ No
Are you an Australian permanent resident or citizen?	☐ Yes ☐ No
Are you of Aboriginal or Torres Strait Islander origin?	☐ Yes ☐ No
Main language spoken at home	
RESIDENTIAL ADDRESS IN HOME COUNTRY *(FOR INTERNATIONAL STUDENTS ONLY)*	
Unit/street number and name	
Suburb and postcode	

City / State	
Country	
Mobile phone	
Email	
Where is the student completing this form?	In Australia? ☐ Yes ☐ No Offshore? Specify Country: _____
ADDRESS IN AUSTRALIA *(IF APPLICABLE)*	
Unit / street number and name	
Suburb and postcode	
State and country	
Mobile number	
Email address	

MAILING ADDRESS *(IF DIFFERENT FROM RESIDENTIAL ADDRESS)*	
Unit / street number and name	
Suburb and postcode	
State and country	
EMERGENCY CONTACT DETAILS (*Mandatory*)	
Full Name	
Relationship to the Applicant	
Phone Number	

Email	
Full address	
ENGLISH LANGUAGE PROFICIENCY	
Do you speak a language other than English at home? (if yes, please specify)	☐ Yes _____ ☐ No
What is your current level of English?	
Have you ever studied English?	☐ Yes ☐ No
If yes, please specify the length of time (in months)	
What is the name and country of the institution in which you studied English?	
Have you ever taken an official English language test? *	☐ Yes ☐ No
* If 'Yes', please attach a certified copy of the test result.	Certified Copy Attached ☐ Yes ☐ No
EDUCATIONAL DETAILS *(You must attach a certified copy of all academic transcripts and certificates with this application)*	
Schooling	
Name and Address of your last School or College	
Year of completion	
Name of qualification	
Percentage or Grade or ATAR/UAI/OP Score in School	
Tertiary qualification (that is, after school)	

Name of qualification	
Year of completion	
Percentage or Grade	
Name and Address of your School/College/University	
Any additional qualifications/ training you have	
Name of Qualification Issuing Institution Year of Completion Country of Completion	
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Name of Qualification Issuing Institution Year of Completion Country of Completion	
EMPLOYMENT DETAILS *(Provide certified copy of a statement of service from one or more employers, detailing your work experience)*	
Current employment status	☐ Full-time ☐ Part-time ☐ Casual ☐ Unemployed
Name and address of your employer (if employed)	
List your current and prior Jobs (for the last 3 years, if applicable)	
Job Title Organization Name Job Start Date Job End Date	
Job Title Organization Name Job Start Date Job End Date	
Job Title	

Organization Name Job Start Date Job End Date	
COURSE CREDIT/RECOGNITION OF PRIOR LEARNING (RPL) APPLICATION (IF APPLICABLE)	
Will you be Applying for Course Credit or RPL (based on previous academic study or informal learning, or experience) *	☐ Yes ☐ No If you answered 'Yes', you must submit a separate form and evidence with this application. Contact the college for this form and further information.
SPECIAL NEEDS OR REQUIREMENTS	
Do you have any pre-existing conditions, learning difficulties, disabilities or other conditions which may affect or inhibit your learning?	☐ Yes ☐ No *If yes, please specify below (e.g. hearing, physical, intellectual, learning, mental, acquired brain impairment, vision, medical condition, other).*
Would you like to receive advice on support services, equipment and facilities which may assist you?	☐ Yes ☐ No
OVERSEAS STUDENT HEALTH COVER (OSHC)	
It is a condition of a student visa that you maintain Overseas Student Health Cover (OSHC) for the duration of your studies in Australia. Do you have a current OSHC?	☐ Yes ☐ No
If no, do you want the college to organize OSHC on your behalf or will you be obtaining OSHC yourself?	☐ College ☐ Self
PERSON (OR AGENT, IF AUTHORISED) COMPLETING THIS FORM	
Name of person completing this Form	
If not the applicant, has this person or agent been authorized by the applicant to complete this form on their behalf?	
Date of this authority	

STUDENT STUDY INTENTION STATEMENT *(FOR INTERNATIONAL STUDENTS ONLY)*

Please complete the questions below as fully as possible. The answer you provide will be used by the College to undertake a preliminary assessment as to whether you are a Genuine Student (GS). The Department of Home Affairs will undertake its own determination of your GS status.

For more information, visit https://www.homeaffairs.gov.au

No.	QUESTION	STUDENT RESPONSE
1	Why do you want to study in Australia instead of your home country, or other countries?	
2	Why would you like to study at this college?	
3	How do you believe the course you are applying for will help develop or enhance your career prospects?	
4	Do you intend bring dependents, or spouse with you to Australia?	☐ Yes ☐ No If yes, please provide details.
5	What are your plans for financing your study and living expenses in Australia?	
6	Have you ever been refused a visa to Australia or other country in the past?	☐ Yes ☐ No If yes, please provide details.

PRIVACY

The college complies with State and national Privacy Laws and associated guidelines and treats your information as confidential. The information you supply will only be used for the purpose of enrolling you in a course and for your ongoing enrolment and study at the college. The college will not make this information available to a third party unless this is required or permitted by law. Disclosure may also occur if you have consented to it. The college may be required by the law to provide aggregate or specific information to the Australian Government or other government entities.

APPLICATION CHECKLIST

Have you:

- ☐ Completed all applicable sections of the application?
- ☐ Enclosed a certified copy of your passport?
- ☐ Enclosed a certified copy of qualifications including academic transcripts?
- ☐ Enclosed a certified copy of English language proficiency test results?
- ☐ Enclosed a Credit/RPL application form (if applicable)?
- ☐ Enclosed a statement of service from employer/s (if applicable)?
- ☐ Enclosed a certified copy of your Credit/RPL details? (if applicable)
- ☐ Enclosed a certified copy of your visa?

If you have completed the checklist, please carefully read the Student Declaration below so that you can give informed consent by signing tat the end of this application.

STUDENT DECLARATION

I declare that:

- The information I provided is true, accurate and correct.
- I agree that the college can contact me to request further information or evidence supporting my application.
- I understand that documents I submit with this application will not be returned to me.
- I will inform the college within seven (7) days if my address changes.
- If I instruct an agent to complete this application on my behalf, I understand that it remains my responsibility to read the terms and conditions and other information regarding the course.
- I accept that the college may change or cancel my enrolment or any other decision it makes if the information I have given is incorrect, incomplete, or misleading.
- I authorize the college to verify the authenticity of my qualifications and other documents.
- I understand that the college, without further consent, may share information about myself and/or my application with the Australian Government and/or regulatory bodies in Australia, and, if relevant, the Tuition Protection Scheme and/or other assurance fund manager/s.
- I have the financial capacity to meet all the course fees and agree to pay those fees when due.
- I have read all terms and conditions of this application, and understand that by submitting this form, I am agreeing to be bound by the applicable college rules and other conditions of my offer and enrolment.

Applicant Name: _____

Signature: _____

Date: _____

For further information, please contact the College. Our address and contact details are below:

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OFFICE USE ONLY	
Agent details	
Agent name	
Agent address and contact address	
Comments if any	
Student application details	
Application ID	
Student ID Number	
Date of application received	
Date of further communication if any	
Processing status	
Name of college staff responsible	
Comments if any	