

Application Form 2024 - 2025

This application form is for international students applying to study in Australia. Applications received without academic transcripts/results and/or student's complete personal details cannot be processed. All sections must be completed.

If you have obtained or applied for Australian temporary or permanent residency at any stage during the application process, you will not be eligible for enrolment at Canning College.

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

Mr / Mrs / Miss / Ms Given Names			Family Name
E Female Male	Email		Telephone
Date of birth (dd/mm/yyy)//		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)

Canning's Course Title:				Intake:
Would you like to package this course with a pr degree program at University:	eferred	Υ	□ N	
Preferred University course (please include major area of study, if relevant; e.g. Accounting)				
University:		Course (incl	ude major):	
Intake Year: S	tudy Period	(e.g. Semes	ter 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?			
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			

ENGLISH LANGUAGE PROFICIENCY: Please provide proof of your English language proficiency including certified results from: IELTS, TOEFL, PTE, CAE, Cambridge English 1119 or your English grade from final high school results.

SPONSOR DETAILS (Please attach sponsorship letter if available)

Will your tuition fees be paid by an organisation?	Υ	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?	Υ	<u> </u>	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 y	our permar	nent home	residence?

MEDICAL / MENTAL / PHYSICAL DISABILITY NEEDS

The information below is used to assist the College in monitoring, supporting and improving services to students with medical/disability requirements.

Do you have a disability, impairment or long-term medical condition which may affect your studies or compliance with visa conditions?	Y N
Please indicate the type(s) of disability Hearing Vision Learning Medical Other (places describe):	Mobility Other
Other (please describe):	
Do you want information on support services, equipment and facilities available that may assist you?	Y N

DECLARATION	
I, have read and under (PRINT full name) will abide by the "Conditions of Application/Enrolment" and with the application is true, complete and correct.	rstood the information provided by Canning College and "Refund Policy"; and declare that the information provided
Signature:	Date:

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

Contact Details

Director, International Operations Canning College Marquis Street, Bentley WESTERN AUSTRALIA 6102 Telephone: (61 8) 9278 3500 Facsimile: (61 8) 9278 3599 Email: <u>Canning.Col.Admissions@education.wa.edu.au</u> Web: <u>http://www.canningcollege.wa.edu.au</u> CRICOS Provider Code: 00463B Registered Training Organisation Code 2047 Agent's stamp / details:

Counsellor's name:

Email address: ____