

Application Form 2024-2025

CRICOS Provider Code: 00463B

This application form is for international students applying to study onshore in Australia. For local student enrolments, please contact Canning.Col.Local@education.wa.edu.au or (61 8) 9278 3500. Applications received without transcripts and/or student's complete personal details cannot be processed. All sections must be completed. PERSONAL DETAILS (in BLOCK LETTERS) (As stated in your passport) Title **Given Names** Family Name Female **Email** Telephone Male Nationality Date of Birth (dd/mm/yyyy) **RESIDENTIAL ADDRESS** (A Post Office Box Number is **NOT** acceptable) Number and Street Suburb/Town/City State Post Code / Zip Code Country PROGRAM INFORMATION Canning's Program Title Intake year Intake month Would you like to package Canning College program with a preferred degree program Yes at university? Packaging is available with The University of Western Australia, Curtin University, Murdoch University or The University of Notre Dame Australia. Program (include major) University **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. If yes, please provide attendance record from your Are you currently studying in Australia? Yes current institution. Highest academic qualification Institute attended Country/State Year enrolled Year completed Date results expected (if applicable) Are you seeking credit or advance standing from previous studies? No Yes **ENGLISH LANGUAGE PROFICIENCY** Please provide proof of your English language proficiency including results from: IELTS, TOEFL, PTE, CAE, CEFR or your English grade from final high school results. Certified copies must be provided at the time of application. What is the main language spoken at your permanent home residence?

VISA DETAILS	
Are you currently in Australia?	Yes No
If yes, what is your visa subclass number?	
Are you in the process of applying for Australian permanent res	sidency? Yes No
Have you ever been refused a visa, deported or removed from	any country? Yes No
If yes, please provide details	
Have you ever been or are you facing termination from an Aust	ralian institution? Yes No
If yes, please provide details	
EMERGENCY CONTACT DETAILS	
Family Name Given Na	imes
Relationship to Student	
Address	
Mobile Number Email A	ddress
MEDICAL / MENTAL / PHYSICAL DISABILITY NEEDS	
Failure to disclose any medical issues may have a negative impact on your health care. 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? Please indicate the type(s) of disability	
Hearing Vision Learning Medical	Mobility Other
Please provide details	
Do you want information on support services, equipment and facilities available that may assist you?	
DECLARATION	
 I declare that all the information and supporting documents provided with this form are true and correct 	
 I understand the content of the program I am applying for I have access to sufficient funds to meet the tuition, travel and living cost of living in Australia for the duration of my studies 	
Student's signature:	Date:
Parent/Legal guardian's signature:	Date:
Contact Details Director, International Operations	Agent's stamp
Canning College Marquis Street, Bentley, Western Australia, 6102 Telephone: (61 8) 9278 3500 Email: Canning.Col.Admissions@education.wa.edu.au Web: http://www.canningcollege.wa.edu.au CRICOS Provider Code: 00463B	Counsellor's Name: Email Address: