

# Application form

## International students

Please print in **BLOCK LETTERS**

Please read carefully and send the completed application form and relevant documents to [admissions@sibt.nsw.edu.au](mailto:admissions@sibt.nsw.edu.au)

Tick boxes where appropriate.

### Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	
Given names:	
Date of birth: DAY / MONTH / YEAR	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Passport number:
Country of birth:	
Nationality (on passport):	

### Contact details

#### Applicant's contact details

Address in Australia (if known):	
Address overseas:	
Tel (home):	Tel (mobile):
Email address:	

### Previous studies

Have you previously studied at SIBT? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please provide your SIBT student ID number:
Have you previously received an offer to study at SIBT? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Secondary/tertiary education: highest level achieved

Name of qualification (e.g. Year 12, HKDSE or A-levels):	
Name of school:	
Country/state:	
Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year completed:
Language of instruction:	
Will you be applying for exemptions (recognition of prior learning - RPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', provide copies of relevant academic transcripts and a completed RPL Application Form (visit <a href="http://sibt.nsw.edu.au/enrol-today/exemptions">sibt.nsw.edu.au/enrol-today/exemptions</a> ).	

### English proficiency

Please tick and attach documentary evidence where applicable	
<input type="checkbox"/> English was the language of instruction during my secondary school studies and I gained a satisfactory pass in final-year English (results attached).	
<input type="checkbox"/> I have taken an English test, eg Academic IELTS test (results attached).	
<input type="checkbox"/> I have obtained a satisfactory mark or score in another examination or test acceptable to SIBT (eg completion of at least the first year of a post-secondary/tertiary course at a college or university where the language of instruction was English).	
IELTS (Academic) or TOEFL score:	
Other English test:	Score:
Are you currently enrolled in an ELICOS school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', please provide name of school and course you are studying:	

### Employment history

If you believe you have employment experience that is relevant to the program you are applying for, please attach a CV and references.

### Academic program selection

<b>SIBT city location</b> <input type="checkbox"/> SIBT Sydney campus (11 York Street, Wynyard)
<b>Specify when you prefer to begin your studies:</b> Year: _____ <input type="checkbox"/> February <input type="checkbox"/> June <input type="checkbox"/> October
<b>Pre-university level</b> <input type="checkbox"/> Certificate IV in Tertiary Preparation Program
<b>University level</b> <input type="checkbox"/> Diploma of Arts <input type="checkbox"/> Diploma of Business Administration <input type="checkbox"/> Diploma of Commerce <input type="checkbox"/> Diploma of Communication <input type="checkbox"/> Diploma of Computing <input type="checkbox"/> Diploma of Engineering <input type="checkbox"/> Advanced Diploma of Business Administration <input type="checkbox"/> Advanced Diploma of Commerce <input type="checkbox"/> Advanced Diploma of Computing <input type="checkbox"/> Associate Degree in Business
<b>Which degree do you intend to study at Macquarie University?</b> <b>Undergraduate program:</b> _____ <b>Major:</b> _____

### English proficiency

If you would like to study English please tick:

<input type="checkbox"/> Pre-course English at Navitas English
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### Students with a disability/health condition

Are you a prospective student with a health or learning disability that requires support services at SIBT? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', our student welfare manager will contact you to discuss your requirements.

### Overseas Student Health Cover (OSHC)

Would you like SIBT to provide you with OSHC Alliance insurance cover?  Yes  No

If OSHC required: <input type="checkbox"/> Single <input type="checkbox"/> Family
<input type="checkbox"/> I do not want my email address given to Alliance.
<input type="checkbox"/> I will arrange OSHC myself and will provide evidence of cover as a condition of my SIBT offer.

### Visa

<b>Do you have a current Australian visa?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Visa type: <input type="checkbox"/> Student <input type="checkbox"/> Permanent resident <input type="checkbox"/> Temporary resident <input type="checkbox"/> Visitor <input type="checkbox"/> Business <input type="checkbox"/> Citizen
If Student visa, please state subclass: <input type="checkbox"/> 570 <input type="checkbox"/> 571 <input type="checkbox"/> 572 <input type="checkbox"/> 573
<b>Have you ever had a visa application rejected or visa cancelled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please provide details below:
Country: _____
Year: _____
Reason: _____

## Other information

How did you first learn about SIBT? You may tick more than one.

- |  |   |
|--|---|
| <input type="checkbox"/> Agent                       | <input type="checkbox"/> Email communication                |
| <input type="checkbox"/> Referral by friend/relative | <input type="checkbox"/> Advertising (print, radio, online) |
| <input type="checkbox"/> Exhibition/seminar          | <input type="checkbox"/> Social media                       |
| <input type="checkbox"/> Online search               |   |

## SIBT Friends referral program

I would like to participate in the referral program as I have been referred by the following friend or family member to enrol at SIBT:

Referee family name:

Referee given name:

Referee tel (mobile):

Referee email address:

Referee SIBT student ID (if known):

Terms & conditions for participation apply. Visit [sibt.nsw.edu.au/refer](http://sibt.nsw.edu.au/refer) for more information.

## Application checklist

Check that you have:

- |  |
|--|
| <input type="checkbox"/> completed all sections of the application form  |
| <input type="checkbox"/> read and understood the Conditions of Enrolment and Fee Refund Policy (this information is also available at <a href="http://sibt.nsw.edu.au">sibt.nsw.edu.au</a> ) |

Check that you have attached:

- |  |
|--|
| <input type="checkbox"/> certified copies of your academic qualifications*           |
| <input type="checkbox"/> evidence of your English language proficiency (if required) |
| <input type="checkbox"/> certified copy of your passport, visa or birth certificate  |
| <input type="checkbox"/> any relevant employment documentation (if required)         |
| <input type="checkbox"/> certified translations of any documents not in English      |

\* A certified copy is signed by an authorised officer to acknowledge that it matches the original document exactly. Authorised officers include:

- staff of the SIBT office in Sydney
- an authorised SIBT agent (see [sibt.nsw.edu.au/sibt-representatives](http://sibt.nsw.edu.au/sibt-representatives))
- staff of the institution that issued the document
- a Justice of the Peace or Public Notary
- staff of an Australian Embassy, Consulate or High Commission

## Student declaration

I declare 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 cancelled. It is an offence to submit fraudulent documentation in support of my application. If fraudulent documentation is detected:

- my application will be rejected,
- if an offer has been made, it will be withdrawn, and
- if a visa has been issued to me, the Department of Immigration and Border Protection will be notified, and
- other relevant authorities (such as the NSW Police and the Independent Commission against Corruption) may also be notified.

I have read and understood the relevant program information in the SIBT brochure and/or on the SIBT website and I have sufficient information about SIBT to enrol. I understand that the pathway may lead to future studies at Macquarie University, subject to Macquarie University's entry requirements. 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 SIBT, my OSHC membership can be transferred. I understand that if I have applied through an approved SIBT/Macquarie University agent, all correspondence relating to my application will be forwarded to that agent. I understand that SIBT fees may increase. I accept liability for payment of all fees as explained in the SIBT brochure, and I agree to abide by the Refund Policy for Overseas Students as specified on the SIBT website [sibt.nsw.edu.au](http://sibt.nsw.edu.au). I will notify SIBT immediately if there is any change to the information I have given in this application.

I have accessed information regarding the costs associated with living in Australia for me and any dependants accompanying me, published on the Australian Government website [studyinaustralia.gov.au/en/Study-Costs](http://studyinaustralia.gov.au/en/Study-Costs).

I have read and understood information regarding the costs related to studying at SIBT Macquarie University in the SIBT brochure and on the SIBT website at [sibt.nsw.edu.au](http://sibt.nsw.edu.au) and the Macquarie University website at [mq.edu.au](http://mq.edu.au).

I have sufficient funds to finance my studies including tuition fees, ancillary costs and living expenses for me and any dependants accompanying me to Australia. I have understood and I accept the Conditions of Enrolment in the SIBT brochure. I understand that SIBT 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 New South Wales. I give permission for SIBT and Macquarie University to obtain official records from an educational institution attended by me for the purpose of verifying the supporting documentation I have provided with my application, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to. SIBT and Macquarie University are subject to the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (NSW). SIBT collects the information on this application form for the primary purpose of meeting its obligations under the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities

and Providers of Education and Training for Students 2009 (National Code). SIBT also collects your personal information and, in some circumstances, information regarding your health, to assist in the assessment of your application and, if you are successful, offering you a course place and recording your acceptance of that offer. The other purposes of collection include corresponding with you, attending to day-to-day administrative matters, informing you about your courses and other aspects of admission or enrolment and complying with legislative reporting requirements.

I authorise SIBT to provide my personal information, including my contact details and enrolment details, to third parties in accordance with SIBT's Privacy Policy. These third parties include:

- SIBT representatives (agents) acting on my behalf,
- Macquarie University (to facilitate progression from SIBT to the next stage of my studies),
- Navitas Limited and its affiliates (to communicate regarding pathways and services offered by Navitas Limited and its related companies),
- government departments (such as the Department of Immigration and Border Protection and the Department of Education, Employment and Workplace Relations) and agencies involved in administering the ESOS legislation,
- external organisations (such as other tertiary education institutions) where disclosure is necessary to verify your previous qualifications and other supporting documentation provided with your application,
- contracted service providers which SIBT uses to provide services on its behalf here required by law.

In the event of any suspected breach of my student visa conditions, I authorise SIBT to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, the Australian Student Tuition Assurance Scheme and the Tuition Protection Service. I give permission for SIBT to obtain records and information from my current OSHC provider (if applicable). I also agree that SIBT 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 SIBT, which I will be required to read and sign.

Do you grant SIBT permission to provide your parent or guardian listed below with any information pertaining to your application to study, ongoing academic progress, results and attendance?  Yes  No

If 'yes', please complete:

Name of parent or guardian:

Tel:

Email:

**Applicant's signature:** (must be the same signature as in your passport)

Date: DAY / MONTH / YEAR

If you are under 18 years of age, your parent or guardian must also sign this application form.

**Parent's/guardian's signature:**

Date: DAY / MONTH / YEAR

Unsigned applications cannot be processed. Agents cannot sign on an applicant's behalf.

## Agent declaration

- I have assessed the applicant as a genuine temporary entrant (GTE) and a genuine student as defined by the Department of Immigration and Border Protection.
- The applicant is genuine in making this application and has every intention of completing all programs listed in the application.

**Agent's signature:**

Date: DAY / MONTH / YEAR

Staff member name:

## Agency details

Agency name:

Agent office code:

Email address:



## Send application to:

E [admissions@sibt.nsw.edu.au](mailto:admissions@sibt.nsw.edu.au)

W [sibt.nsw.edu.au](http://sibt.nsw.edu.au)

T +61 2 9850 6222

F +61 2 9850 6223

Admissions Office

Sydney Institute of Business and Technology

Level 2, 11 York Street, Sydney NSW 2000 Australia