

APPLICATION FORM FOR ELICOS COURSES

(INTERNATIONAL STUDENTS ONLY)

This form is for students intending to study English language courses only. To apply for ELICOS plus TAFE and/or Higher Education academic courses visit www.vu.edu.au/courses/how-to-apply/international-applications

- All documents must be certified by a recognised authority (i.e. school, university, Victoria University representative).
- This form should not be used by permanent residents or citizens of Australia or New Zealand.
- There is no application fee for students applying only for English language courses.
- An enrolment fee of A\$200 is payable at the time of acceptance
- Tuition fees for most English language courses at Victoria University English (VUE) are A\$395 per week. These fees are indicative for 2015, subject to approval and may change.



VU's registered contact details can be viewed at:
www.vu.edu.au/contact-us/international-contacts

1. PERSONAL DETAILS

STUDENT ID:

TITLE: MR MISS MS MRS OTHER

GENDER: MALE FEMALE

FAMILY NAME (AS STATED IN PASSPORT): _____

GIVEN NAME(S): _____

TELEPHONE: _____

MOBILE / CELL: _____

EMAIL: _____

COUNTRY OF BIRTH: _____

DATE OF BIRTH: / /

DID YOU APPLY THROUGH A VICTORIA UNIVERSITY REGISTERED AGENT?: YES NO

AGENTS NAME (IF YES): _____

2. ADDRESS FOR CORRESPONDENCE *(Address in Australia, if known)*

NUMBER AND STREET: _____

SUBURB / TOWN: _____

STATE / PROVINCE: _____

COUNTRY: _____

POSTCODE / ZIP CODE: _____

3. PERMANENT HOME ADDRESS *(Address details for your country of citizenship)*

NUMBER AND STREET: _____

SUBURB / TOWN: _____

STATE / PROVINCE: _____

COUNTRY: _____

POSTCODE / ZIP CODE: _____

4. ENGLISH PROGRAM

Tell us your preferred study period. Find the current study periods at the VUE website www.vu.edu.au/vu-english/english-language-courses

COURSE INTAKE NUMBER: _____

COURSE START DATE: / /

NUMBER OF WEEKS: _____

COURSE FINISH DATE: / /

DO YOU WISH TO UNDERTAKE FURTHER STUDY ON COMPLETION OF YOUR ENGLISH LANGUAGE COURSE?

YES NO

If yes, you will be eligible to apply for a student visa for the total duration of your course. Tell us the course you intend to apply for (i.e. TAFE, undergraduate or postgraduate studies):

COURSE NAME: _____

COURSE CODE: _____

5. ARE YOU CURRENTLY IN AUSTRALIA? YES NO *(If no, go to section 6)*

If you are in Australia, tell us whether you have one of these visas or visa exemptions:

AUSAID

PARTNER VISA

STUDENT VISA

TEMPORARY RESIDENT

VISITING SCHOLAR VISA

VISITOR VISA

TOURIST/WORKING HOLIDAY VISA

COUNTRY OF CITIZENSHIP: _____

ISSUING COUNTRY OF PASSPORT: _____

PASSPORT NUMBER: _____

You must attach a copy of your photo ID page from your passport.

VISA NUMBER: _____

VISA START DATE? / /

VISA EXPIRY DATE? / /

6. CURRENT OVERSEAS STUDENT HEALTH COVER

IF YOU ARE IN AUSTRALIA, ARE YOU CURRENTLY COVERED BY AN AUSTRALIAN OVERSEAS STUDENT HEALTH COVER (OSHC) PLAN? YES NO *(If no, go to section 7).*

HEALTHCARE PROVIDER: _____ OSHC START DATE: DD/MM/YYYY

MEMBERSHIP NUMBER: _____ OSHC EXPIRY DATE: DD/MM/YYYY

7. ARE YOU CURRENTLY STUDYING? YES NO *(If no, go to section 8)*

COURSE NAME: _____

SCHOOL / INSTITUTION: _____ COUNTRY / STATE: _____

DATE COMMENCED: DD/MM/YYYY DATE FINISHED: DD/MM/YYYY

If transferring from an ELICOS course you must attach your certificate of attendance. Bring your passport and visa when you submit your application.

8. PREVIOUS STUDIES

HIGHEST LEVEL OF EDUCATION COMPLETED (I.E. HIGH SCHOOL OR TERTIARY): _____

SCHOOL / INSTITUTION: _____ COUNTRY / STATE: _____

DATE COMMENCED: DD/MM/YYYY DATE FINISHED: DD/MM/YYYY

ENGLISH STUDY COMPLETED: _____

SCHOOL / INSTITUTION: _____ FINAL LEVEL STUDIED: _____

DATE COMMENCED: DD/MM/YYYY DATE FINISHED: DD/MM/YYYY

9. ENGLISH LANGUAGE PROFICIENCY

I HAVE TAKEN AN ENGLISH TEST (I.E. IELTS, TOEFL, ETC): YES NO TEST DATE: DD/MM/YYYY

TEST NAME: _____ TEST SCORE: _____

Please attach certified copies of your results. Note: IELTS and TOEFL scores should not be more than two years old.

I WILL BE SITTING FOR AN ENGLISH TEST: YES NO TEST DATE: DD/MM/YYYY

TEST NAME: _____ EXPECTED RESULT DATE: DD/MM/YYYY

WRITE SHORT ANSWERS TO THE FOLLOWING QUESTIONS:

a. Please introduce yourself in 20-50 words. You can write about your education, hobbies, hometown, family, and/or job.

b. Write about your reasons for studying English.

10. DISABILITIES AND GUARDIAN ARRANGEMENTS

DO YOU HAVE A DISABILITY FOR WHICH ADDITIONAL ASSISTANCE IS REQUIRED? YES NO

If yes, please attach information detailing this disability.

ARE YOU UNDER 18 YEARS OF AGE? YES NO

Refer to http://www.immi.gov.au/students/student_guardians for more information on accommodation and general welfare arrangements for students under 18 years of age.

11. DECLARATION

I, _____ (APPLICANT'S FULL NAME IN BLOCK LETTERS)

- acknowledge that the information collected on this form will be used to assess my application to study a course at Victoria University.
- declare that the information and supporting documentation provided is true and complete.
- acknowledge that Victoria University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information.
- understand and accept that I must abide by all terms and conditions of my visa.
- am able to make appropriate arrangements to fund my studies.
- have read, understood and agree to be bound by the University's refund policy and conditions. This policy is available upon request or at www.vu.edu.au/courses/fees-and-scholarships/refunds/international-refunds
- am fully responsible for my educational and living expenses while studying at Victoria University.
- agree to advise the University within seven days of any subsequent changes to my residential address, email and phone contact details in Australia.
- authorise Victoria University to obtain further relevant documentation if necessary.
- acknowledge that the information I provide to the University may be made available to Australian and State Government agencies, pursuant to obligations under the ESOS Act 2000 and the National Code 2007. I recognise that disclosure to Government agencies can include, but is not limited to, information regarding breaches of a student visa condition, changes to my enrolment and/or for visa processing purposes.
- acknowledge that as a public sector agency, VU abides by the Victorian Information Privacy Act 2000 and the information privacy principles it contains. The University also complies with privacy obligations under the Commonwealth Privacy Act 1988. VU's Information Privacy Policy is available online at: www.vu.edu.au/privacy
- authorise the University to provide my address and details of enrolment to their approved registered agents, if I applied through one of Victoria University's registered agents.
- understand that any school-aged dependants accompanying me to Australia will be required to pay full fees if they are enrolled in a school in Australia.
- understand that any documentation I submit becomes property of Victoria University and will not be returned to me.
- acknowledge that due to various government regulations related to the privacy of applicants, Victoria University cannot disclose information to any third party such as parents, friends or relatives without the written consent of the applicant.
- have read, understood and accept the above conditions.
- acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without notice.

SIGNATURE OF APPLICANT: X _____

DATE: DD/MM/YYYY

NAME OF PARENT / GUARDIAN (IF THE APPLICANT IS UNDER 18 YEARS OF AGE): _____

SIGNATURE OF PARENT / GUARDIAN: X _____

DATE: DD/MM/YYYY

OFFICE USE ONLY

COURSE CODE:

ADMISSIONS BASIS:

FUND SOURCE:

FEE ASSESSMENT:

12. ATTACH YOUR PASSPORT DETAILS

You must attach a copy of the page in your passport, that includes your name, citizenship and your photo with this application.

SUBMIT YOUR APPLICATION IN PERSON TO:	POST YOUR APPLICATION TO:	EMAIL YOUR APPLICATION TO:	CONTACT VU ENGLISH	
Institut Ranke-Heinemann Schnutenhausstrasse 44 45136 Essen Deutschland Tel.: 0049-201-252552 info@ranke-heinemann.de www.ranke-heinemann.de	Institut Ranke-Heinemann Friedrichstrasse 95 10117 Berlin Deutschland Tel.: 0049-30-209629593 berlin@ranke-heinemann.de www.ranke-heinemann.de	Institut Ranke-Heinemann Türkenstraße 70 80799 München Deutschland Tel.: 0049-89-80954030 muenchen@ranke-heinemann.de www.ranke-heinemann.de	Institut Ranke-Heinemann Grindelallee 91/ Martin-Luther-King-Platz 1 20146 Hamburg Deutschland Tel.: 0049-40-43091358 hamburg@ranke-heinemann.de www.ranke-heinemann.de	Institut Ranke-Heinemann Theresiengasse 32 1180 Wien Österreich Tel.: 0043-1-4060224 wien@ranke-heinemann.at www.ranke-heinemann.at