



INTERNATIONAL STUDENT ENROLMENT APPLICATION FORM

All questions must be answered and details filled in, if not applicable please mark N/A.

PERSONAL DETAILS

Family Name		First Name		
Date of Birth (DD/MM/YY)		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Country of Birth		Nationality		
Passport Number		Expiry Date		

USI NUMBER

Do you have a USI (Unique Student Identifier) Number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide your USI No.		

If no, you are required to have a USI number after you arrive in Australia.

VISA DETAILS

Are you currently in Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please send a copy of your current visa with this form	Visa Expiry Date	
If no, which country will you be applying for your visa from?		

Will the Applicant be bringing any dependent(s) to Australia while studying at SCCM? Yes No

If yes, please provide details:

1	Family Name		First Name		DOB	
2	Family Name		First Name		DOB	

Visa Background

Do you have any visa refusals for Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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CONTACT DETAILS

Address in Australia (if applicable)						
Flat/Unit number & Street number		Street name				
Suburb/Town/City		State		Postcode		
Address in Home Country						
Flat/Unit number & Street number		Street name				
Suburb/Town/City		Postcode/Zip Code		Country		
Mobile Number			Email			



Emergency Contact

Name			
Relationship			
Phone Number		Email	

AGENT DETAILS *(please fill out this section if you have an agent)*

Do you have an agent? Yes No

Company Name		Agent Name	
Agent Phone Number		Agent Email	
Do you authorise the above agent to receive information applicable to your application and studies at SCCM?			Yes <input type="checkbox"/> No <input type="checkbox"/>

ENGLISH PROFICIENCY

Is English your first language? Yes No

Have you taken a recognised English language test? Yes No

If yes, please provide certified copy of any English proficiency examinations undertaken.

Name of English Test	<input type="checkbox"/> IELTS <input type="checkbox"/> TOFEL <input type="checkbox"/> Other <i>(please specify):</i> _____		
Score		Date of Test	

COURSE DELIVERY LOCATION

Preferred Campus: Parramatta Sydney Darwin Adelaide

COURSE STARTING DATES

Year	Month							
2023	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov
2024	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov

COURSE ENROLMENT DETAILS

*Please indicate the SCCM course/s you wish to study and your preferred starting date/s.
 Please refer to College website <https://sccm.edu.au/>*

	Course Name and Course Code	Start Date
Course 1		
Course 2		
Course 3		
Course 4		



CURRENT STUDY *(Onshore applications)*

Are you currently studying in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of the Institution			
Course Name			
Start Date		End date	
Are you transferring from another College? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide a release letter or deferred COEs.</i>			

ADDITIONAL SERVICES

Do you require airport pick up? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you require assistance with accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, length of stay (in weeks): _____	
Accommodation start date: _____	
Do you currently hold Overseas Student Health Cover (OSHC)? <i>N.B. This is compulsory for overseas students.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, do you want SCCM to arrange your OSHC? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please indicate type of Overseas Student Health Cover required: <input type="checkbox"/> Single <input type="checkbox"/> Family	

PAYMENT TERMS

Please indicate your preferred payment terms:	
<input type="checkbox"/> I am satisfied with the payment terms as specified in the program course information Sheet.	
<input type="checkbox"/> I would like to pay more than 50% of my tuition fees upfront.	

LANGUAGE AND CULTURAL DIVERSITY *(Mandatory information for AVETMISS and NCVET Reporting)*

Do you speak a language other than English at home? <i>(If more than one language, indicate the one spoken the most)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, please specify: _____	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	

DISABILITY *(Mandatory information for AVETMISS and NCVET Reporting)*

Do you consider yourself to have a disability, impairment or long-term condition? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please indicate the areas of disability, impairment or long-term condition: <i>(you may indicate more than one area)</i>		
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Other



SCHOOLING *(Mandatory information for AVETMISS and NCVET Reporting)*

What is your highest COMPLETED school level? *(Tick ONE box only)*

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 8 or below
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Never attended school

In which YEAR did you complete that school level?

Are you still attending secondary school? Yes No

PREVIOUS QUALIFICATIONS ACHIEVED *(Mandatory information for AVETMISS and NCVET Reporting)*

Please provide certified copies of any academic records and transcripts of subjects that you have undertaken. Official English translations are required for documents in other languages.

Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If yes, then tick ALL applicable boxes.

<input type="checkbox"/> Bachelor's degree or higher	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or Adv Certificate/Technician)	<input type="checkbox"/> Certificates other than the above

CREDIT FOR PREVIOUS STUDIES

Do you wish to apply for credit for previous studies (e.g., Credit Transfer or Recognition of Prior Learning)?

Yes No *If yes, please provide certified copies of any relevant documents.*

EMPLOYMENT *(Mandatory information for AVETMISS and NCVET Reporting)*

Of the following categories, which BEST describes your current employment status? *(Tick ONE box only)*

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed - unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed - seeking full-time work
<input type="checkbox"/> Self-employed - not employing others	<input type="checkbox"/> Unemployed - seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed - not seeking employment

STUDY REASON *(Mandatory information for AVETMISS and NCVET Reporting)*

Of the following categories, which BEST describes your main reason for undertaking this course? *(Tick ONE box only)*

<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other reasons



DOCUMENT CHECKLIST *(to be completed prior to issue of Letter of Offer)*

- All sections of this application form are completed
- Attached/enclosed certified copy of your passport
- Attached/enclosed certified copies of your qualifications
- Attached/enclosed any other certified documents requested in this application form
- Attached/enclosed certified copies of English language proficiency
- You have signed and dated this application form

APPLICATION SUBMISSION

By post:

After completing this form, enclose it with all required documents and send them to:
 Sydney City College of Management Admission Department, Level 2, 17 Macquarie Street, Parramatta,
 NSW 2150, Australia.

By email:

After completing this form, attach it with all required documents and send them to: admissions@sccm.edu.au

LETTER OF OFFER

An offer of enrolment will be made in writing to successful applicants. To accept this offer, the tuition fees and other costs as outlined in the 'Letter of Offer and Acceptance Agreement', must be paid by the due date, and all documentation in the offer returned to SCCM to confirm the position. If payment is not received by the due date, the offer may be withdrawn.

WRITTEN AGREEMENT

Your written agreement with SCCM is made up of the following documents:

- (1) The International Student Enrolment Application Form and;
- (2) The Letter of Offer and Acceptance Agreement

DECLARATION

(If this form is signed by an agent, a separate written authority for agent to act on behalf of student must be attached.)

1. By signing the declaration, I agree to:

- 1.1. abide by the policies of Sydney City College of Management Pty Ltd as amended from time to time and available electronically at <https://sccm.edu.au/>;
- 1.2. abide by the regulations set out in the Student Handbook as amended from time to time and made available electronically at <http://sccm.edu.au/wp-content/uploads/2022/05/Sydney-City-College-of-Management-International-Student-Handbook.pdf>;
- 1.3. update the College immediately upon changing my address or other personal details;
- 1.4. pay all fees due on or before the due date and declare that I have the financial capacity to meet such fees;
- 1.5. be contacted by the College by any written, verbal or electronic means including email, facsimile, sms, telephone or mail;

2. AGENT AUTHORITY: By signing the declaration, I confirm that I have authorised the education agent detailed above (if any) to deal with the College on my behalf and authorise the College to deal with this education agent (including disclosing my personal information and issuing refunds) in relation to my enrolment application and study with the College or any directly or indirectly related matters. I agree to notify the College immediately if I change my education agent.

3. POLICIES: By signing the declaration, I agree that I have read and understand the following policies made available electronically by the College and located at <https://sccm.edu.au/current-students/resources/>:



3.1. course progress policy and understand that I must satisfactorily complete assessments in order to maintain satisfactory course progress; <https://sccm.edu.au/wp-content/uploads/2023/03/SMP6-Student-Course-Progress-and-Completion-within-Expected-Duration-Policy-V-2.0-1.pdf>

3.2. student transfer policy and understand that I cannot transfer provides within the first six months of studying my principal course without meeting the requirements of this policy; <https://sccm.edu.au/wp-content/uploads/2023/03/SMP3-Transfer-between-Providers-Policy-V-2.0.pdf>

3.3. deferring, suspending or cancelling enrolment policy; <https://sccm.edu.au/wp-content/uploads/2023/03/SMP8-Deferral-Suspension-and-Cancellation-Policy-V-2.0.pdf>

3.4. course credit policy and understand that if any application made by me for course credit results in a shorter course duration, this may affect my visa conditions and may result in the College notifying the Australian Government of the change to course duration; <https://sccm.edu.au/wp-content/uploads/2023/03/SMP7-Student-Credit-Transfer-and-Recognition-of-Prior-Learning-Policy-V-2.0.pdf>

3.5. fees policy and understand that the College can change the amount or type of fees it charges students at any time without notice; <https://sccm.edu.au/wp-content/uploads/2023/03/FP2-Student-Fee-and-Charges-Payment-Policy-V-2.0.pdf>

3.6. refund policy; <https://sccm.edu.au/wp-content/uploads/2023/03/FP1-Student-Refund-Policy-V-2.0.pdf>

3.7. students complaints and appeals policy and understand that this written agreement, and the right to make complaints and seek appeals of decisions and action under various processes, does not affect the rights of the student to take action under the Australian Consumer Law if the Australian Consumer Law applies; <https://sccm.edu.au/wp-content/uploads/2023/03/SMP4-Student-Complaints-and-Appeals-Policy-V-2.0.pdf>

3.8. privacy policy;

4. By signing the declaration, I confirm that I:

4.1. have read and understand the pre-enrolment information and the Student Handbook information made available electronically by the College and located at <https://sccm.edu.au/>;

4.2. have personally signed this enrolment form and have a copy for my records

4.3. have read and understand the description of the course, fees payable, the duration, the attendance requirements including any work-placement component and the training and/or assessment requirements and believe that I have been fully informed about the course I will be undertaking;

4.4. have read and understand the description of the ESOS framework made available electronically by Department of Education located at <http://www.internationaleducation.gov.au/RegulatoryInformation/Pages/Regulatoryinformation.aspx>

4.5. understand that any school-aged dependants accompanying me will be required to pay full tuition fees at a private or government school in Australia;

4.6. agree that the College has the right to change fees, conditions, course timetables and class locations and to cancel or defer courses at any time without notice;

4.7. understand that no qualifications will be issued if I have any outstanding fees payable.

5. UNIQUE STUDENT IDENTIFIER: By signing the declaration, I confirm that I understand that I am required to have a Unique Student Identifier (USI) which I can obtain from <http://usi.gov.au>. In the event that I do not have my own USI, I permit SCCM to apply for an USI on my behalf.

6. By signing the declaration, I understand that any misleading information that I have provided on this form may result in the termination of this application and future enrolment and agreements with SCCM.

Applicant Name _____

Applicant Signature _____ Date _____

By completing, signing and submitting this form, I declare that the information supplied by me is true and correct and that I have read, understand and accept all college policies and procedures.



OFFICE USE ONLY

- All sections of this application form are completed
- Attached/enclosed a certified copy of the applicant's passport
- Attached/enclosed certified copies of the applicant's qualifications
- Attached/enclosed all other certified documents requested in this application form
- Attached/enclosed certified copies of the applicant's English language proficiency
- The applicant has signed and dated this application form

SCCM Marketing and Admissions Officer Decision

- Approved. Send a Letter of Offer to the applicant.
- Conditional Approval. Further Information/Documents required.
Send a Conditional Letter of Offer to the applicant.
- Not Approved. Send a Rejection of Application Letter to the applicant.

Officer Name _____

Officer Signature _____ Date _____