HIGHER EDUCATION APPLICATION FOR ADMISSIONS FORM INTERNATIONAL STUDENTS



Please complete this form if you are applying to study at Stanley College. Email your completed application form to admissions@stanleycollege.edu.au or mail it to 69 Outram Street, West Perth, Western Australia 6005. Please use black or blue pen and tick or cross the relevant boxes. **Please check that you have attached all required documents**

| before submitting your application. If ALL necessary documents have not been submitted | , the admissions proce | ess will be delayed. | | | | |
|---|---|--|--|------------------|-----------------------|--|
| AGENT'S STAMP | BASIS FOR ADMISSION TO CURRENT COURSE I am an applicant who: Has completed previous Higher Education study Has completed some Vocational Education and Training (VET) study With work and life experience | | | | | |
| | | | | | | |
| | Has recently completed Secondary Education (within the past two years) | | | | | |
| | | These are located o | ria, please refer to th n the Stanley College | | | |
| *Please note, Stanley College currently holds Third Party Agreements with its registered education agents to | RECOGNIT | ION OF PRIC | OR LEARNING | (RPL) | | |
| recruit students on its behalf. All education agents associated with Stanley College are listed on our website. For further information please visit https://highereducation.stanleycollege.edu.au/ | Do you want to apply for credit as a result of previous experience/study (RPL)? | | | | | |
| | ☐ Yes ☐ No | | | | | |
| PERSONAL DETAILS | | | made after a Letter | of Offer has | s been issued will | |
| Student Status: Offshore (currently outside of Australia) Onshore (currently in Australia) | be subject to ap | proval and may att | tract additional fees | | | |
| Preferred Title: Mr Mrs Ms Miss Dr | VISA INFOR | RMATION | | | | |
| Family Name: | (Certified copies of a Country of Birth | | attached to your application | on form) | | |
| Given Names: | Passport No: | " | | | | |
| Date of Birth (dd/mm/yy): Under 18 years old | Name of nominate | ed DIBP Office: | | | | |
| Gender: F M Other Marital Status: | | tly hold: Studen | ıt Visitor | Spouse | | |
| Nationality: | Other: | , | | _ oposee | | |
| remondiny. | | | apply within the n | | | |
| CONTACT DETAILS (HOME COUNTRY) | | an visa e.g. Perma becify which type: | nent Residency or | a 457 Visc | i? LYes L No | |
| Address: | · | , , , , , , | Review Tribunal (/ | (ADT) agas | D Vas DNa | |
| | | ach the details to t | | VIIVI) COSES | □ les □ 140 | |
| City: State: | OVEDSEAS. | CTUDENT HE | ALTH COVER | | | |
| Postal Code: Country: | | | | Cover (OSI | HC)? [Yes] No | |
| Email Address: | Do you have an existing Overseas Student Health Cover (OSHC)? Yes No If Yes, please provide the following details: | | | | | |
| | Provider Name | | | | | |
| Home/Work Phone: Mobile Phone: | Membership N | 0: | Expiry I | Date: | | |
| | If No, do you w | vant Stanley Colle | ege to organise on | your behal | f? Yes No | |
| CONTACT DETAILS (IN AUSTRALIA IF KNOWN) | If Yes, please se | elect one of the fo | llowing: | | | |
| Address: | Cover Type: | Single Couple | Family Duration | n of Cover: | months | |
| Suburb: | If Couple/Family | , please fill in thei | r details below: | | | |
| State/Territory: Postcode: | Family Name | First Name | Date of Birth | Gender (M/F) | Relationship | |
| Email Address: | | | (| (101) | | |
| Home/Work Phone: Mobile Phone: | | | | | | |
| If you do not know your contact details, please advise Stanley College upon arrival in Australia. | | | | | | |
| EMEDICALLY / DADENTS CONTACT DETAILS | | | | | | |
| EMERGENCY / PARENTS CONTACT DETAILS | | | | | | |
| Name: | | | an Government Requirer | | | |
| Phone: Relationship: | for the duration of t | heir visa (see http://ww | visa are covered by Over w.health.gov.au/internet/r | main/Publishing. | nsf/Content/Oversea | |
| Address: | study from Stanley C | College. If you are accom | . Payment of OSHC must opanied by family and chi | ldren, you must | have the compulsory | |
| Email Address: | family policy for OSH cover with our OSH | | ve health cover, Stanley C | .ollege can hel | p arrange visa-length | |

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| UNDERGRAI | DUATE PROGRAMS (PLEASE TICK | THE BOX FOR THE COURSE YOU ARE APPLYING FOR) | EMPLOYN | 1ENT | | | |
|--|--|--|---|---|---|--|--|
| Bachelor of Inf | formation and Communications 1 | echnology | Please select the description that best fits your current employment status | | | | |
| CRICOS Course Code | e: 112413C ommunity Services | o, | | | Part-time employee | | |
| CRICOS Course Code | e: 112414B | | Self employed, not employing others Employed in the family business | | ☐ Employer☐ Unemployed - seeking full-time work | | |
| Bachelor of Buckleon Bachelor of Buckleon Bachelor Bachelor of Buckleon Bachelor Backleon Bac | usiness with a major in accountin :0100538 | g | | | Not employed not seeking work | | |
| CRICOS Course Code: | | _ | ALTEDNIA | TIVE ADMISSION TE | ST DETAILS | | |
| Bachelor of Buckelor of Buckelor Code: | usiness with a major in digital mo : 0100538 | ırketing | ALTERNATIVE ADMISSION TEST DETAILS | | | | |
| Bachelor of Bu | Bachelor of Business with a major in management | | | English Language Proficiency | | | |
| Bachelor of Bu | usiness | | - , | | No | | |
| POSTGRADI | : 0100538 UATE PROGRAMS (please tick the | BOX FOR THE COURSE YOU ARE APPLYING FOR) | provide evide | | us education was not English, please proficiency by indicating any English test ars | | |
| Graduate Cer | rtificate of Business G | raduate Diploma of Business | ☐ IELTS | ☐ TOEFL ☐ PTE | ☐ CAE | | |
| CRICOS Course Code | e: 116342C | ICOS Course Code: 116341D | Other: | | | | |
| CRICOS Course Code | iness with a specialisation in mar e: 116340E | nagement | Result: | | | | |
| Master of Bus CRICOS Course Code | iness with a specialisation in hos e: 116340E | pitality management | | y of result/s must be attached. | | | |
| INTAKE DAT | ES (PLEASE TICK THE BOX FOR THE DATE YOU ARE | APPLYING FOR) | | sion Tests (where relevant) | | | |
| March 2025 | August 2025 N | ovember 2025 | Test Name: | SIGN 16313 (WINGIE 1616YUIII) | | | |
| March 2026 | | | Test Score: | | | | |
| | August 2026 N | ovember 2026 | iesi otole: | | | | |
| CAMPUS | | | EQUITY / | AND DISABILITY | | | |
| Perth | A | Adelaide The information below is used to assist Stanley College in monitoring, suppor services to students with medical/disability requirements. Disclosing this inform your admission to Stanley College. | | | | | |
| EDUCATION E | BACKGROUND | | | | l i l lin li | | |
| What is the highest l | evel of secondary school you ha | ve completed? | | e a disability, impairment or tudies? | long-term medical condition which may | | |
| | _ | | | specify the type/s of disability | | | |
| Which year did you | complete that schooling level? | | Hearing | | Medical Mobility | | |
| Have you previously | been a student of Stanley Inter | national College? Yes No | Other: | | | | |
| Please provide detai | ils of all secondary or post-secon | dary Australian or international | Please give b | prief details about your medica | al condition/disability: | | |
| | ations (Please put in date order | | | | | | |
| | fied copies of ALL your results in school studies. Certified Englis | | | | | | |
| documents in another | | • | AIRPORT | RECEPTION AND A | CCOMMODATION | | |
| Name of Qualification/Course | 1 | 2 | Do you requ | ire airport reception service | *? Yes No | | |
| Name of Institution/ | | | Do you requi | re us to help with accommoda | tion arrangements*? Yes No | | |
| School | | | _ | omestay OR | | | |
| Country/State | | | | | pe): Single Twin Couple Triple ning. We recommend that you take advantage of | | |
| Year of Completion | | | our Airport Red | ception and Accommodation Place the moment you arrive. | ement Service. This will help you to feel safe and *Fees apply | | |
| Certified Copy Attached | | | HOW DID | YOU HEAR ABOUT | US | | |
| Name of Qualification/Course | 3 | 4 | Agent (ple | | . [| | |
| Name of Institution/ School | | | Agent Nam Telephone: | e: Er Contact Perso | nail: | | |
| Country/State | | | Stanley Co | ollege Website Broo | chure Exhibition / Seminar | | |
| Year of Completion | | | Friend or Full name: | Relative (please specify) | Student ID: | | |
| Certified Copy Attached | | | Magazine | es/Newspapers (please specify | ·) | | |
| | be stamped and signed by a Justi | ce of the Peace Commissioner for | Others (pl | ease specify) | | | |
| Declarations, an appro | oved Stanley College education age the certifier's stamp including the c | nt or the issuing authority/institution, | | | | | |
| signature and date of a | certification. All documents not in Engli copies by an approved translator. | | | | | | |
| and managed English | | | | | | | |
| | | | | | | | |
| | | | | | | | |

DECLARATION AND SIGNATURE (MANDATORY)

- I understand that the information I provide on and with this form will be used to assess my application.
- · I declare that the information provided by me on this form is true and complete in every detail.
- I acknowledge that Stanley College reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.
- I authorise Stanley College to obtain further information about me from educational and other institutions which I have attended and from Australian Government Authorities such as the Department of Home Affairs (DHA) and the Department of Education.
- I authorise Stanley College to supply any relevant official Stanley College records to educational institutions to which I am seeking admission, to other relevant higher educational governing and examining bodies, and to relevant Australian Federal, State or Territory Government Departments such as the Department of Education and DHA
- I understand that if I have chosen to arrange my own Overseas Student Health Cover (OSHC), I will provide evidence when enrolling.
- · I understand that once I am enrolled, Stanley College will communicate with me on a range of matters relating to my course of study at Stanley College
- · I consent to Stanley College utilising any contact details I have provided for communications, including communications on services or products offered by Stanley College
- · I acknowledge that Stanley College reserves the right to vary course fees, course content and structure and graduation requirements from time to time.

| I do not allow Stanley College to use photographs, testimonials and videos taken of me for advertising or marketing purposes. | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Applicant's Signature | | | | | | | | |
| | | | | | | | | |

ADMISSIONS INFORMATION

(dd/mm/vv)

Admissions requirements for Stanley College's higher education courses are outlined in the Admissions Policy and Procedure and Admissions Information Sets. These are located on the Stanley College website at https://highereducation.stanleycollege.edu.au/apply-now/.

Application Procedure

Date

Applications can be submitted either online or in person to Stanley College, or with one of the College's approved Education Agents listed on Stanley College website.

Applications may be lodged using the online Application for Enrolment Form (Higher Education) and submitted using one of the following methods:

- Upload the complete application via Stanley College website; or
- Email the complete application to admissions@stanleycollege.edu.au; or
- · Lodge the complete application in person at the West Perth campus.

Required application documentation:

- Completed Application for Enrolment Form (Higher Education).
- · Copy of identification document such as a passport* or driver's licence (*Passport details are required for international students).
- Certified copies of testamurs and academic records from previously completed courses of study at other institutions.
- (Note: Qualifications submitted in a language other than English must be accompanied by a certified translation.)
- \bullet Copy of an approved English language test or documented evidence of English language proficiency.

APPLICATION CHECKLIST

| 1. Complete all sections of the Application Form | |
|--|--|
| 2. Read and understand the Conditions of Enrolment including the Refund policy | |
| 3. Attach certified/translated copies of: | |
| ☐ English test results | |
| ■ Academic records / qualifications | |
| Any public examination results | |
| Identification document (Passport for International Student) | |
| 4. If you are an International Student and already have a Student Visa and/or | |

SEND YOUR APPLICATION TO

Email: admissions@stanleycollege.edu.au

Post: 69 Outram Street, West Perth Western Australia 6005