

**How to Complete this Form**

- Please write clearly using capital letters in English
- Include one set of supporting documents with this application including certified English translation copies where required
- All supporting documents for this application must be certified as true copies of originals
- Ensure that you sign the declaration in the end of this form

[www.scei-he.edu.au](http://www.scei-he.edu.au)  
TEQSA provider: PRV14066  
CRICOS Provider Code: 03739K  
ABN: 7 9 6 0 5 2 9 4 9 97

**Melbourne Campuses**  
155-161 Boundary Road,  
North Melbourne 3051  
Telephone +61 3 9602 4110

**(A) COURSE DETAILS**

Course Code	Course Title			Duration
CRS1400527	Bachelor of Health and Community Services			3 Years (156 weeks)
Funding source	Annual fees	Full course fees	Application fee	Materials fee
Self	\$18,000.00	\$54,000.00	\$200.00	\$0.00

Course start date (dd/mm/yyyy) :

Course end date (dd/mm/yyyy) :

Campus : 155 - 161 Boundary Road, North Melbourne, VIC 3051

**(B) PERSONAL DETAILS (AS SHOWN IN PASSPORT)**

Title :                      Gender :      Male      Female      Rather not answer      Other (Specify)

Given Name(s) :

Last Name :

Date of Birth (dd/mm/yyyy) :

Country of Birth :

Nationality:

First Language :

Passport Number :

Expiry Date (dd/mm/yyyy) :

**(C) CONTACT DETAILS**

Address (Home Country) :

City :

Country :

Postcode :

Address (if in Australia) :

Suburb :

State :

Postcode :

Phone Number :

Mobile :

Email Address :

## (D) EMERGENCY CONTACT DETAILS

Name :

Number :  Relationship :  Postcode :

## (E) OVERSEAS HEALTH COVER (OSHC) DETAILS

Do you already have OSHC ? If Yes then please provide details.

Provider's Name :  Type :  Single  Couple  Family

Membership Number :  Expiry Date (dd/mm/yyyy) :

Do you want SCEI to arrange OSHC for you? If yes then please provide details : (Note: SCEI will arrange NIB OSHC only)

Type :  Single  Couple  Family

## (F) DISABILITY SUPPORT

Do you have a disability, impairment or permanent medical condition that can affect your studies?  Yes  No (skip to next step)

Hearing / Deaf      Physical      Learning      Mobility      Intellectual

Acquired brain impairment      Mental Illness      Vision      Medical Condition

Other Medical Conditions, please specify :

## (G) EDUCATION DETAILS

What is your highest completed school level? Select one only :

Completed Year 12      Completed Year 11      Completed Year 10

Completed Year 9 or equiv.      Completed Year 8 or lower      Never attended school

Are you still attending school?  Yes  No

Are you currently studying any course?  Yes, please specify  No

Please list any tertiary courses you have already completed or are currently completed in the table below :

Tertiary Education						
Qualification	Name of school	Country	Year started	Year completed	Language	Transcript provided?

## (H) ENGLISH LANGUAGE PROFICIENCY

Is English your first Language?  Yes  No

If no, have you taken studies in English?  Yes  No  Evidence attached

Have you taken an English proficiency test?

Yes  Evidence attached  No  I intend to take a test

## (I) VISA DETAILS

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Do you currently hold any type of Australian Visa? Yes (provide details below) No

Visa Type :  Subclass :  Expiry Date (dd/mm/yyyy) :

What type of student visa application will you submit to Department of Home Affairs?

Single Couple Family

DHA office where Application is lodged (or will be lodged)

Country :  City :

Visa Application Date (Or intended if known) :

Have you ever had any visa refused or cancelled in Australia or any other countries before?

No Yes (provide a statement to explain)

## (J) OTHER INFORMATION

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Have you or person included in visa application ever been convicted of a criminal offense?

No Yes (provide a statement to explain)

## (K) CREDIT TRANSFER

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If you intend to apply for credit for your previous studies, please discuss this with your Course Coordinator.

Do you wish to apply for credit for your previous studies? Yes No

If yes, ask for an **HEFOR20 Application of Advanced Standing/Credit Form** from SCEI-HE admissions staff

## (L) AGENT/MARKETING

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How did you hear about Southern Cross Education Institute?

Agent	Instagram / LinkedIn / Google+	Google Search
Exhibitions	SCEI Students. Provide ID Please:	<input type="text"/>
Facebook	SCEI Staff. Provide Name Please:	<input type="text"/>
Events	Newspaper / Magazine	Radio

## (M) AGENT DETAILS (IF APPLYING THROUGH AN AGENT)

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Company Name :

Agent's Name :

Email Address :  Contact Number :

I confirm that I have verified the above mentioned potential student's application, supporting and financial documents and I am satisfied that this "Application to Study form" contains the correct information. I have assessed the applicant as a Genuine Temporary Entrant and Genuine Student as defined by the Australian Department of Immigration and Border Protection. I am satisfied that the information and documentation provided with this application is authentic and where the document has been stamped or translated by the agency, the original document has been sighted and certified.

Agent's / Representative Signature

Agent's Stamp

## (N) ATTACHMENT CHECKLIST

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Provide all the relevant documents, incomplete applications will cause delays in processing:

- Certified evidence of English language proficiency like IELTS, TOEFL, PTE and ELICOS, etc.
- Certified documented evidence of Year 12 education or equivalent (with certified translation, if not in English)
- Certified documented evidence of other previous qualifications if applicable (with certified translation, if not in English)
- Certified copy of Passport
- Financial declaration form (if applicable)
- Copy of Visa (if applicable)
- Release letter from current Institute (if there for less than 6 months)
- Evidence of Overseas Health Cover (if applicable)
- Copies of Confirmation of Enrolments (if applicable)
- Certified copies of documents to be assessed for Credit Transfer and/or Recognition of Prior Learning (RPL) if required
- Other, please specify:

## (O) DECLARATION AND AGREEMENT

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Signing this Application Enrolment Form, I agree that I have read and understood the following:

The information on this form is true and correct. This information may be used for monitoring, program planning and statistical purposes.

I acknowledge that any false or misleading statement may result in denial of my admission application or subsequent cancellation of my enrolment at SCEI-HE.

I understand that I am required to have a Unique Student Identifier (USI) and I authorize SCEI-HE to apply for USI on my behalf unless provided.

**I declare that I will abide by policies and procedure of SCEI-HE given in the student handbook and college website.**

Student Signature:

Date (dd/mm/yyyy) :