



Application for Admission – International Students (VET)

Please print clearly in BLOCK letters. Tick boxes where appropriate

AVISTA
Regeringsgatan 79
111 39 Stockholm
Sweden

STUDENT DETAILS

Title _____ Given Names _____ Family Name _____

Male Female Unspecified Age _____ Date of Birth (day/month/year) _____

Country of Birth _____ Nationality _____

Is English the language most spoken at your permanent home address? Yes No If 'NO', what language is spoken? _____

Are you a Citizen or Permanent Resident of Australia? Yes No

Permanent Home Address _____

City _____ State/Province _____

Country _____ Postcode _____

Home Telephone _____ Mobile _____

Email

Unique Student Identifier (USI)

EMERGENCY/GUARDIAN CONTACT DETAILS

Name _____ Relationship to Student _____

Home Address _____

City _____ State/Province _____

Country _____ Postcode _____

Home Telephone _____ Mobile _____

Business Telephone _____ Fax _____

Email

Are you currently enrolled in another institution in Australia? Yes No If yes, please provide a Letter of Release if relevant

COURSE SELECTION

Location	Brisbane <input type="checkbox"/>	Gold Coast <input type="checkbox"/>	Sydney <input type="checkbox"/>	Melbourne <input type="checkbox"/>	Online Learning <input type="checkbox"/>	Start Date (day/month/year)
Course 1						Length
Course 2						Length
Course 3						Length

VISA DETAILS

Do you have a current Australian Visa? Yes No If yes, please provide a copy of your current visa

Are you applying for a Student Visa? Yes No

Visa Type _____ Visa Subclass _____ Visa Expiry Date _____

PASSPORT DETAILS

Passport Number _____ Passport Expiry Date _____

Please provide a copy of your current passport

ENGLISH LANGUAGE

All international students must demonstrate an acceptable level of English proficiency to gain admission to Martin's academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

Academic IELTS (score)

Overall _____ Listening _____ Reading _____ Writing _____ Speaking _____

Other (e.g. TOEFL, please supply) _____

PREVIOUS EDUCATION

High School/Secondary Education/Senior Secondary Education

What is your highest COMPLETED school level?

Year 12 or equivalent Year 09 or equivalent
Year 11 or equivalent Year 08 or below
Year 10 or equivalent Never attended school

Please attach certified copies of all academic transcripts or reports (translated into English)

Name of Qualification _____ Year Awarded _____

Name of School/College _____ Country/State _____

If you are currently completing a qualification, please indicate when you expect to complete this study (month/year) _____

Tertiary Education

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

Please tick which of the following qualifications you have successfully completed

Bachelor Degree or Higher Degree Certificate III (or Trade Certificate)
Advanced Diploma or Associate Degree Certificate II
Diploma (or Associate Diploma) Certificate I
Certificate IV (or advanced certificate/technician) Certificates other than the above _____

Please attach certified copies of all academic transcripts or reports (translated into English)

Name of Qualification _____ Year Awarded _____

Name of School/College/University _____ Country/State _____

If you are currently completing a qualification, please indicate when you expect to complete this study (month/year) _____

ACCOMMODATION

Do you require assistance with accommodation? Yes No

What type of accommodation do you require?

Length of stay (weeks) _____ Homestay: Single Student Hostel: Single Twin Share

Accommodation start date _____

AIRPORT TRANSFERS

Do you require an airport transfer? Yes No

Flight details including date, time and flight number should be sent to the International Admissions Centre as soon as possible to arrange the airport collection

OVERSEAS STUDENT HEALTH COVER (OSHC) DETAILS

Do you currently hold an OSHC policy? Yes No

If yes, please provide the following details

Name of OSHC provider _____

OSHC Membership Number _____ OSHC Expiry Date _____

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy

Please select type of cover you wish to receive: Single Dual Family (2 people) Multi Family (more than 2 people)

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course?

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

EMPLOYMENT

Of the following categories, which BEST describes your current employment status?

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	<input type="checkbox"/>

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition which may affect your studies? Yes No

If 'YES', please select the area(s) in the following list: Hearing/Deaf Physical Intellectual Learning Mental Illness

Other _____ Acquired Brain Impairment Vision Medical Condition

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes No

DECLARATION AND SIGNATURE (THIS APPLICATION MUST BE SIGNED; OTHERWISE IT WILL NOT BE ACCEPTED)

By ticking this box I confirm the following

I wish to be considered for admission to the course(s) I have shown on this application form. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Martin. I authorise Martin, where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that Martin is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory attendance and academic performance. I also understand that under the provisions of the ESOS Act 2000, Martin may release information provided in this application to Australian Commonwealth and State agencies.

Martin is bound by the Australian Privacy Principles. It collects and uses any personal information you provide to us in accordance with those Principles. The type of information it collects, the use made of the information and the disclosure of that information without your prior approval is set out in the detailed Privacy Policy which can be found at martin.edu.au. By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

Signed (Student or Parent, Legal Guardian*) _____

Date _____

* if applicant is under the age of 18

Note

- Information provided may be made available to Commonwealth and State agencies pursuant to obligations under the ESOS Act 2000 and The National Code 2007
- Any school-aged dependants accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school

**Please send your application to
International Admissions Centre**
Level 24
201 Elizabeth Street
Sydney NSW 2000
T +61 2 8263 1888
F +61 2 9267 0531
E admissions@martin.edu.au

martin.edu.au