

Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	
Given names:	
Preferred name:	
Date of birth: DAY / MONTH / YEAR	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:	Passport number:
Nationality (on passport):	
Passport expiry date: / /	
Are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa type: _____	
Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously studied at SAIBT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', please provide your SAIBT student ID number: _____	
Are you currently onshore in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you grant SAIBT permission to provide your parent or guardian listed below with any information pertaining to your application to study, ongoing academic progress, results and attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contact details

Applicant's contact details

Address in Australia (if known):	
Address overseas:	
Tel (home): _____	Tel (work): _____
Mobile: _____	
Email address: _____	

Parent/guardian's contact details or home country address

Family name:	
Given names:	
Relationship to applicant:	
Address:	
Tel (home): _____	Tel (work): _____
Mobile: _____	
Email address: _____	
WeChat ID: _____	WhatsApp ID: _____

Agent's contact details

Agency name: INNOVATIVE FUTURE STEPS
Agent office code:
Counsellor name: POOJA BHATT
Address: 9-14/15 RACE COURSE NEAR - MCA HOSTEL
Post/zip code: 248001 Country: INDIA
Mobile: 9720510000 Telephone:
Agency email: info@futurestepsedu.com

Previous studies

Secondary Education – highest level achieved

Name of qualification (e.g. Year 12, HKDSE or 'A' Levels):	
Name of school:	
Country/state:	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year completed: _____
Proposed date of completion: _____	
Language of instruction:	

Post-secondary/tertiary education: highest level achieved

Name of qualification (e.g. degree, diploma):	
Name of school/institution:	
Country/State:	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year completed: _____
Proposed date of completion: _____	
Language of instruction:	
Will you be applying for exemptions (recognition of prior learning)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide copies of relevant academic transcripts and a completed Credit for Prior Learning form (visit saibt.sa.edu.au for details).	
Are you currently enrolled with another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', provide the name of the institution: _____	

Employment history

If you believe you have employment experience that is relevant to the program you are applying for, please attach your CV and references.

Program selection

<input type="checkbox"/> Diploma of Arts	<input type="checkbox"/> Diploma of Health Science
<input type="checkbox"/> Diploma of Business	<input type="checkbox"/> Diploma of Information Technology
<input type="checkbox"/> Diploma of Engineering	
SAIBT program commencement	
Please indicate the year and trimester you prefer to begin your studies.	
Year: _____	<input type="checkbox"/> February <input type="checkbox"/> June <input type="checkbox"/> October
Will you be 17 years of age at the time of commencement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

University of South Australia program

Bachelor preference: _____

Request for disability support

Do you have a disability that may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes': <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Medical <input type="checkbox"/> Learning	
<input type="checkbox"/> Other (please specify): _____	
Please attach relevant information so that SAIBT can arrange assistance if possible. _____	

English proficiency

(Please tick and attach documentary evidence where applicable)	
<input type="checkbox"/> English is my first language	
<input type="checkbox"/> English was the language of instruction during my secondary school studies and I gained a satisfactory pass in final-year English (results attached).	
<input type="checkbox"/> I have completed an IELTS or TOEFL test (results attached)	
<input type="checkbox"/> I have obtained a satisfactory mark or score in another examination or test acceptable to SAIBT (e.g. completion of at least the first year of a post-secondary/tertiary course at a college or university where the language of instruction was English).	
IELTS (Academic) or TOEFL score: _____	
Other English test: _____	Score: _____

Accommodation and airport reception

Do you require SAIBT to arrange accommodation and airport reception for you? Yes No

For more information: saibt.sa.edu.au/students/accommodation

Overseas Student Health Cover (OSHC)

OSHC required: Single Dual family Multi family
 Please tick if you do not want your email address given to Worldcare.
 Please tick if you have existing OSHC and attach evidence of membership with your current OSHC provider.

Genuine Temporary Entrance (GTE)

Have you ever been refused for GTE by another education provider?
 Yes No

If 'yes', please provide date and name of the institution.

Visa

Which type of visa will you be applying for?
 Student Tourist Working Holiday Visa
 Other (please specify): _____

Have you ever had a visa refused or cancelled, overstayed your visa or been issued a non-compliance notice? Yes No
If 'yes', please provide the decision record or notification correspondence.

If you are currently studying in Australia, please complete the following:

Name of institution: _____

Visa type: _____ Visa expiry date: / /

OSHC provider name: _____

OSHC membership number: _____

OSHC expiry date: DAY / MONTH / YEAR

Have you ever been expelled or had your study terminated by a college or university in Australia? Yes No

If 'yes', please provide name of the college or university: _____

Sponsored students only

Name of sponsoring organisation: _____

Type of sponsorship (e.g. tuition fees, living expenses): _____

Application checklist

Check that you have:

- completed all sections of the Application form
- read and understood the Conditions of Enrolment and Fee Refund Policy (SAIBT's full Refund policy is available at saibt.sa.edu.au)

Check that you have attached certified* copies of:

- your academic qualifications/transcripts
- evidence of your English language proficiency
- copy of your passport, visa or birth certificate
- relevant employment documentation (if required)
- translations of documents not in English

* A certified copy is signed by an authorised officer to acknowledge that it matches the original document exactly. Authorised officers include:

- SAIBT office staff in Adelaide
- authorised SAIBT representative (visit saibt.sa.edu.au for details)
- staff at the institution that issued the document
- Justice of the Peace or Public Notary staff at an Australian Embassy, Consulate or High Commission

Declaration

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to my application being refused or my enrolment cancelled. I have read and

may lead to future studies at University of South Australia, subject to University of South Australia's entry requirements. I understand that it is my responsibility to maintain valid Overseas Student Health Cover (OSHC). I also understand that if I am no longer enrolled at SAIBT, my OSHC membership can be transferred. I understand that if I have applied through an approved SAIBT or University of South Australia agent, all correspondence relating to my application will be forwarded to that agent. I understand that fees are reviewed annually and may increase each year. I understand that if fees increase, I will be liable to pay the new amount applying for the study period/s in which I am enrolled. I confirm that I am able to meet these expenses. I have understood and I accept to abide by the Fee Refund policy. I have read the cost-of-living information and I understand that living expenses in Australia may be higher than in my own country. I authorise SAIBT to provide my personal information, including my contact details and enrolment details, to third parties in accordance with SAIBT's Privacy policy. These third parties include SAIBT representatives (agents) acting on my behalf; University of South Australia (to facilitate progression from SAIBT to the next stage of my studies); and Navitas Limited and its affiliates (to communicate regarding pathways and services offered by Navitas Limited and its related companies). In the event of any suspected breach of my student visa conditions, I authorise SAIBT to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. I give permission for SAIBT to obtain records and information from my current OSHC provider (if applicable). I also agree that SAIBT is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover. I understand that any conditions concerning an offer of admission will be contained in my letter of offer from SAIBT, which I will be required to read, sign and meet prior to CoEs being issued.

I give permission for SAIBT and University of South Australia to obtain official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to. I authorise SAIBT to provide my personal information, including my contact details and enrolment details, to third parties in accordance with SAIBT's Privacy policy. These third parties include SAIBT representatives (agents) acting on my behalf; University of South Australia (to facilitate progression from SAIBT to the next stage of my studies); and Navitas Limited and its affiliates (to communicate regarding pathways and services offered by Navitas Limited and its related companies). In the event of any suspected breach of my student visa conditions, I authorise SAIBT to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. I give permission for SAIBT to obtain records and information from my current OSHC provider (if applicable). I also agree that SAIBT is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover. I understand that any conditions concerning an offer of admission will be contained in my letter of offer from SAIBT, which I will be required to read, sign and meet prior to CoEs being issued.

Applicant's signature:

(must be the same signature as in your passport)

Date: / /

* Unsigned applications cannot be processed. Agents cannot sign on an applicant's behalf. If you are under 18 years of age, your parent or guardian must also sign this application form.

Parent's/guardian's signature:

Family name: _____

Given name: _____

Date: DAY / MONTH / YEAR

Relationship to student: _____

Application submission

This application form has been submitted in:

City: _____ Country: _____

Postal address for applications

Admissions Office
South Australian Institute of Business and Technology
GPO Box 2471, Adelaide SA 5001 Australia

T +61 8 8302 2021 F +61 8 8302 1557
E saibtadmissions@unisa.edu.au W saibt.sa.edu.au

Or through a SAIBT representative:

Representative stamp

