

The College of Business Management



INTERNATIONAL STUDENT APPLICATION FORM

Please complete this form if you are applying to study at THE COLLEGE OF BUSINESS MANAGEMENT (CBM).

ALL Sections MUST be completed.

Email your completed application form to admissions@cbm.edu.au

Please use CAPITAL (BLOCK) letters and TICK OR CROSS the relevant boxes.

1. PERSONAL DETAILS

Have you studied at KOI? Yes No If yes, what was your KOI Student ID (if known)

Preferred title: Mr Mrs Miss Ms Dr Mobile number:

Family name: Gender: Male Female Other

Previous family Name: Date of birth: D D M M Y E A R

Given name: Nationality:

Permanent address in home country (required, must include postcode):

Number Street Name Town, City or Suburb State, Territory, Province or County Postcode/ Country

Current residential address (only if different from your permanent address in your home country – do not include agent's contact details)

Applicant's personal email address:

2. AGENT DETAILS (If applicable)

Agent name: Telephone:

Email: Contact person:

3. OVERSEAS (INTERNATIONAL) STUDENTS ONLY

VISA INFORMATION –(Certified copies of all documents must be attached to your application form)

Country of birth: Passport No:

Have you applied for OR do you hold any type of Australian visa: Yes No If yes, visa type:

Year of first arrival to Australia:

Visa granted date Visa expiry date: Year of first arrival to Australia:

Are you applying or intending to apply for any type of Australian visa within the next 12 months? Yes No If yes, visa type:

Which Australian Immigration (Department of Home Affairs) office issued/ is assessing your visa:

Administrative Appeals Tribunal (AAT)

Are you involved in an AAT case? Yes No **If Yes, please attach the details to this application**

3.1 OVERSEAS STUDENT HEALTH COVER

Are you currently covered by Overseas Student Health Cover (OSHC)? Yes No

If yes – who is your OSHC provider:

OSHC provider company name

Membership Number

Expiry Date

If no – do you want KOI to arrange OSHC health cover?

Yes Single Family Single Parent Couple No – I agree to arrange my own OSHC with a provider of my choice.

Compulsory Health Cover: It is an Australian Government Requirement that all overseas (international) students studying in Australia on a student visa are covered by Overseas Student Health Cover (OSHC) for the duration of their visa (see <https://www.health.gov.au/resources/collections/overseas-student-health-cover-oshc-resources> for details). Payment of OSHC must be made if you accept an offer of study from KOI. If you are accompanied by family and children, you must have the compulsory family policy for OSHC. If you do not yet have health cover, KOI can help arrange visa-length cover with our preferred OSHC provider Australian Health Management (AHM) (www.ahmoshc.com.au).

3.2. ENGLISH LANGUAGE PROFICIENCY *(Certified copies of all documents must be attached to your application form)*

Is English your first language Yes No If **NO**, provide your current English Language proficiency

IELTS PTE TOEFL CAE Other Result

Date taken:

Main language spoken at home:

4. WHEN DO YOU WANT TO START YOUR COURSE?

Year: Starting trimester: March July November

5. COURSE DETAILS *(Please tick the box of the course you are applying for)*

DIPLOMA

Diploma of Leadership and Management

Advance Diploma of Leadership and Management

GRADUATE DIPLOMA

Graduate Diploma in Management (Learning)

PACKAGED COURSES

Graduate Diploma in Management (Learning)

(packaged with Diploma and Advance Diploma Leadership & Management)

6. CREDIT TRANSFER *(exemption credits toward the completion of your course)*

Do you want to apply for exemptions as a result of previous study? Yes No

Please Note: Any Credit Transfer applications made after a Letter of Offer has been issued will be subject to approval and may attract additional fees.

7. EDUCATIONAL QUALIFICATIONS *(Certified copies of all documents must be attached to your application form)*

Have you studied at a high school in Australia? Yes No ***If yes, please provide the details:***

Name of qualification	Institution	State/ Postcode	Date commenced	Date completed/left	ATAR or equivalent
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Do you have any other secondary or post-secondary Australian or international educational qualifications? Yes No

Name of qualification	Institution	Country	Date commenced	Date completed/left	Completed
					Yes No
					Yes No
					Yes No

Please provide certified copies of ALL your results including ATAR-UAI or equivalent (e.g. TAFE) and any post school studies. Certified English translations are required for documents in another language. Certified copies must be stamped REMOVE and INSERT or signed by a Justice of the Peace, Commissioner for Declarations, an approved CBM education agent or the issuing authority/institution, and be stamped with the certified's stamp including the certified's printed name, title/position, signature and date of certification. All documents not in English must be accompanied by certified and translated English copies by an approved translator

ANYTHING THAT MAY AFFECT YOUR STUDY? *(Certified copies of all documents must be attached to your application form)*

Is there anything that may affect your ability to study at CBM? Yes No

If **YES** - is your issue Medical (including pregnancy) Legal Other

If **YES** – you must provide brief details below.

Full details including medical or other assistance needed and supporting documents should be attached to this application form. Please note that CBM has limited resources to provide study assistance in some instances.

Brief Details:

CHECK THAT YOU HAVE ATTACHED ALL REQUIRED DOCUMENTS BEFORE SUBMITTING YOUR APPLICATION

9. DECLARATION AND SIGNATURE

If ALL necessary documents have not been submitted, the admissions process will be delayed.

Offshore (i.e. currently outside Australia)

- CBM student application form with all fields accurately completed
- A certified, notarized or attested copy of proof of English
- A certified, notarized or attested copy of your passport
- A certified, notarized or attested copy of all your academic documents

If applicable:

A certified, notarized or attested copy of change of name document

Onshore (i.e. currently in Australia)

- CBM student application form with all fields accurately completed
- A certified, notarized or attested copy of proof of English
- A certified, notarized or attested copy of your passport
- A certified, notarized or attested copy of all your academic documents

If applicable:

A copy of your current Confirmation of Enrolment (CoE)

A certified, notarized or attested copy change of name documents

- 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 CBM 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 CBM 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, Skills and Employment (DESE).
- I authorise CBM to supply any relevant official CBM 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 DESE 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, CBM will communicate with me on a range of matters relating to my course of study at CBM.
- I consent to CBM utilising any contact details I have provided for communications, including communications on services or products offered by CBM. I acknowledge that CBM reserves the right to vary course fees, course content and structure and graduation requirements from time to time

Signature:

Name:

Date

9.1 To be completed by Agent *(not applicable for direct applicant)*

The above-mentioned information is verified and true to the best of my knowledge and belief.

Branch Manager or authorized officer:

Signature:

Name:

Date

Office Use Only:

Received By:

Date