

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 previously studied at CBM? Yes No If yes, what was your Student ID (if known) _____

Preferred title: Mr Mrs Miss Ms Dr Mobile number: _____

Family name: _____ Gender: Male Female Other

Previous family name: _____ (If Applicable) Date of birth:

D	D	M	M	Y	Y	Y	Y
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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: _____

Visa granted date:

D	D	M	M	Y	Y	Y	Y
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 Visa expiry date:

D	D	M	M	Y	Y	Y	Y
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 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 CBM 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.

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)

Hospitality

- Certificate III in Commercial Cookery - SIT30821
 Certificate IV in Kitchen Management - SIT40521
 Diploma of Hospitality Management - SIT50422
 Advance Diploma of Hospitality Management - SIT60322

PACKAGED COURSES

- Advance Diploma of Hospitality Management
(packaged with Certificate III in Commercial Cookery, Certificate IV in Kitchen Management & Diploma of Hospitality 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 (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>

Do you have any other secondary or post-secondary Australian or international educational qualifications?

Name of qualification	Institution	Country	Date commenced	Date completed/left	Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 certifier's stamp including the certifier'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

8. 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
- Original Scan copy of proof of English
- Original Scan copy of your passport
- Original Scan copies of all your academic documents

If applicable:

- A certified, notarised or attested copy of change of name documents

Onshore (i.e. currently in Australia)

- CBM student application form with all fields accurately completed
- Original Scan copy of proof of English
- Original Scan copy of your passport
- Original Scan copies of all your academic documents

If applicable:

- A copy of your current Confirmation of Enrolment (CoE)
- A certified, notarised or attested copy of 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: | |