

## APPLICATION INSTRUCTIONS

Thank you for choosing to apply at EQUALS International (Aust) Pty Ltd (EQUALS).

Please fill out all the requested information below. Incomplete application will not be processed. Once the application form has been completed and you have attached the following items (listed on the checklist), kindly return the completed form and documentation to:

### Higher Education Student Admissions

GPO Box 2443, Adelaide SA 5001 Australia **OR upload your application to the [online portal](#).**

**Please make sure before signing this document that you agree with all policies, regulations, and terms & conditions of EQUALS and you have read the [Student Handbook](#) which contains important information. You can access our [Student Handbook](#) on the Student section of EQUALS' [website](#). **No payment is required with your application.****

## CHECKLIST

Onshore Applicants	Tick	Offshore Applicants	Tick
<a href="#">Genuine Temporary Entrant Assessment Form</a>		<a href="#">Genuine Temporary Entrant Assessment Form</a>	
Certified true copy of your Passport		Certified true copy of your Passport	
A copy of your current Visa & CoE		A copy of your TOEFL/IELTS Certificate (applies if English is not your first language), or equivalent	
A copy of your TOEFL/IELTS Certificates (even when expired), or equivalent.		Covering letter and current resume	
Certified true copies of academic transcripts and qualifications (if applicable)		Certified true copies of academic transcripts and qualifications (if applicable)	
Details of your overseas student health cover (OSHC)		Certified true copies of financial requirements	
Your USI number			

### 1. WHAT IS YOUR USI NUMBER?

### 2. COURSE OF STUDY

#### HIGHER EDUCATION COURSES

Have you studied with EQUALS before?	Yes	No	If Yes, what year did you last study with EQUALS?
What Course are you applying for?	<b>Bachelor of Human Services</b>		
What month and year would you prefer to start studying?	<b>January</b>	<b>May</b>	(please circle one)

### 3. APPLICANT DETAILS

Family Name:	Given Names:	
Date of Birth:	Gender:	
Address:	Suburb:	
State/Country:	Postcode:	
Telephone:	Mobile:	
Email:		
Country of Birth	Nationality	
Are you of Aboriginal or Torres Strait Islander Origin?	Yes, Aboriginal Yes, Torres Strait Islander	No
Are you applying in Australia or offshore? Please tick:	Offshore	Onshore
Overseas Address:	Overseas Contact Number	
Email contact details:		
Please nominate the Embassy to send your electronic Confirmation of Enrolment if you are successful:		

3. APPLICANT DETAILS CONTINUED										
Nationality on Passport:			Passport Number:			Passport Expiry Date:				
Are you married?		Yes	No	If Yes, what was the date of your marriage?						
Do you have any dependents?		Yes	No	If 'yes', will they be joining you in Australia?			Yes	No		
Do you currently hold an Australian Visa?				Yes	No	** Please ensure you attach a copy of your visa label.				
If "yes", what type of visa?				Yes		No		** Please ensure you attach a copy of your CoE.		
Do you hold a current CoE?				Yes		No		** This field is required if you hold an Australian visa		
If you hold a Visa, what is the expiry date?								** If Yes, please ensure that you attach a copy of your current membership card.		
Do you currently have Overseas Student Health Cover?				Yes	No	If No, do you require family or single membership?				
OSHC Expiry Date:								Family	Single	

3. ENGLISH LANGUAGE PROFICIENCY					
Language	Do you usually speak a language other than English at home?	Yes	No		
If Yes, please specify what other languages are spoken?					
How well do you speak English?		Very Well	Well	Not Well	Not at all

4. SPECIAL NEEDS – OPTIONAL				
Do you consider yourself to have a disability or special needs?		Yes	No	Unsure
If Yes, please provide details:				
If Yes, then please indicate the areas of disability, impairment or long term condition.		Hearing/Deaf		Mental Illness
		Intellectual		Acquired Brain Injury
		Physical		Vision
		Learning		Medical Condition
Please note that students requesting assistance for a disability or special need must provide a medical certificate outlining the nature and treatment of the disability and confirming any action required by EQUALS (e.g. special consideration for examinations)				

5. EDUCATION & CAREER BACKGROUND				
Reason for Study: (please tick one)	Which best describes your main reason for study?		I wanted extra skills for my job	
	To get a job		To get into another course of study	
	To try for a different career		Personal Interest	
	To get a better job or promotion		Self Development	
	It was a requirement of my job		Other	
What was your highest completed school level?	Year 12	Year 11	Year 10	Year 9 or lower
In which year did you complete?				
Are you still attending high (secondary) school?		Yes	No	
Have you completed any other type of qualification? If yes, please detail	Bachelor or Higher Degree		Certificate III (or Trade Certificate)	
	Advanced Diploma or Associate Degree		Certificate II	
	Diploma		Certificate I	
	Certificate IV (or Advanced Certificate)		Certificates other than the above	
Of the following categories, which best describes your current employment status?	Full time Employee		Employed – unpaid family work	
	Part time Employee		Unemployed – seeking full time work	
	Self Employed – not employing others		Unemployed – seeking part time work	
	Employer		Not employed – not seeking employment	

## 6. AGENT REPRESENTATIVES (IF RELEVANT)

### Where did you find out about EQUALS?

Word of Mouth		<b>Agent Name:</b>	
Internet		<b>Agency Stamp:</b>	
Exhibition			

### Agent Declaration:

By ticking the box, I confirm I am the agent listed above and that I have counselled and briefed the applicant about EQUALS, its policies and procedures, and the terms and conditions related to this application in accordance with our Agent Agreement with EQUALS.

Please tick

## 7. ELECTRONIC COMMUNICATION AUTHORITY

I hereby authorise EQUALS to correspond with me electronically via the email address provided on this application

Yes

## 8. INFORMATION

**Personal information** supplied to registered training providers such as EQUALS may be shared between the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager for the purposes of:

- promoting compliance with the ESOS Act and the National Code;
- assisting with the regulation of providers;
- promoting compliance with the conditions of a particular Student visa or visas, or of Student visas generally; or
- facilitating the monitoring and control of immigration.

**I have read and understood this information:**

Yes

No

## 9. NEXT STEPS

Forward your completed application form and attachments to:

**Admissions Advisor  
EQUALS**

Phone: +61 (8) 8110 1200

Email: admissions@equals.edu.au

or submit though online [here](#).

(<https://app.smartsheet.com/b/form/bc5b867ce31a4ed6a1dfac0cb567bc47>)

## APPLICANT AGREEMENT & DECLARATION

I, (Insert Student Name)

<input type="checkbox"/>	declare that I have read, understood and agree to abide by the terms, conditions, policies and procedures outlined in; this Student Application Form the Student Handbook, the Student Fees and Refund Policy and Procedure the Student Withdrawal Policy and Procedure and the Organisational website at <a href="http://www.equals.edu.au/policies">www.equals.edu.au/policies</a> ;
<input type="checkbox"/>	have read and understood the <a href="#">Statement on Tuition and Course Assurance</a> ;
<input type="checkbox"/>	declare that the above information is true and correct;
<input type="checkbox"/>	declare that the information supplied may be provided to the Australian government if requested;
<input type="checkbox"/>	declare that I have read and understood the Course Information material supplied to me.

**Applicant Signature:**

Date: