

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: DAY / MONTH / YEAR	
Are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa type:	
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): Country, Area Code, Telephone	Tel (work): Country, Area Code, Telephone
Mobile: Country, Area Code, Mobile Number	
Email address:	

Parent/guardian's contact details or home country address

Family name:	
Given names:	
Relationship to applicant:	
Address:	
Tel (home): Country, Area Code, Telephone	
Tel (work): Country, Area Code, Telephone	Mobile: Country, Area Code, Mobile Number
Email address:	

Agent's contact details

Agency name:	
Agent office code:	
Counselor name:	
Address:	
	Country:
Post/zip code:	Telephone: Country, Area Code, Telephone
Mobile: Country, Area Code, Mobile	Facsimile:
Agency email:	
Counsellor email:	

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:
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:
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 in another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment history

If you believe you have employment experience that is relevant to the program you are applying for, please attach a 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 in which you wish 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 taken 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:
Are you currently enrolled in an ELICOS school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', please provide name of school: _____	

Accommodation and airport reception

Do you require SAIBT to arrange accommodation and airport reception for you? Airport reception is only available if accommodation is arranged through SAIBT. Yes No If 'yes', please contact the accommodation office at celusaibt.accom@unisa.edu.au.

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 OSHC provider.

Visa

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

Prospective international students intending to study in Australia must obtain a student visa from an Australian Diplomatic Mission in their home country before embarking for Australia. The main requirements for a visa application are as follows. Before applying for a student visa, check that you have:

- Letter of Offer from SAIBT
- Confirmation of Enrolment from SAIBT after the respective fees and charges have been paid
- medical check-up as required
- Proof of financial support as required
- SAIBT representatives in your home country or in Australia can assist you with your visa application. Please visit saibt.sa.edu.au for details.

Have you ever had a visa refused or cancelled, overstayed your visa or been issued a non-compliance notice?

Yes (Insert tick box) / No (Insert tick box) (If yes, please provide the decision record or notification correspondence)

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

Name of institution:	
Visa type:	Visa expiry date: DAY / MONTH / YEAR
OSHC provider name:	
OSHC membership number:	
OSHC expiry date: DAY / MONTH / YEAR	
Have you ever been expelled or your study been terminated by a college or university in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> 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*
- evidence of your English language proficiency (if required)
- a copy of your passport, visa or birth certificate (if required)
- any relevant employment documentation (if required)
- certified translations of any 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:

- staff of the SAIBT office in Adelaide
- an authorised SAIBT representative (visit saibt.sa.edu.au for details)
- staff of the institution that issued the document
- a Justice of the Peace or Public Notary staff of 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 understood the relevant program information in this brochure and on the SAIBT website and I have sufficient information about SAIBT to enrol. I understand that the pathway 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 SAIBT fees may increase. I accept liability for payment of all fees as explained in the SAIBT brochure, and I agree 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 confirm that I am able to meet these expenses. I have understood and I accept the Conditions of Enrolment. I understand that SAIBT may, by written notice, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Commonwealth of Australia or the State of South Australia.

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: DAY / MONTH / YEAR

If you are under 18 years of age, your parent or guardian must also sign this application form.

Parent's/guardian's signature:

Date: DAY / MONTH / YEAR

Relationship to student: _____

* Unsigned applications cannot be processed. Agents cannot sign on an applicant's behalf.

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