

HOW TO APPLY

- · Print this form and complete it as a hard copy.
- Send the completed form to Study Options, 83 Alma Road, Clifton, Bristol, BS8 2DP, with your supporting documents.

Supporting documents required for application:

- 1. A photocopy of the personal details page of your passport
- 2. Original certificates for your school (and any other) academic qualifications, for example, GCSE, A Level, BTEC Diploma
- 3. Original certificates for any professional qualifications you would like included in the assessment
- 4. A copy of your CV

Application fees

Study Options can waive applications fees for qualified candidates, so please do not enter any payment or card details on this form.

Application notes

- 1. If any further material or documents are required for your application, Study Options will be in touch to request these after we have received and checked your application.
- All academic documents must be submitted as originals, we can't accept
 photocopies. We'll make certified copies to send with your application, and will return
 the originals by recorded delivery. To ensure their safe arrival, please send your
 documents to us by recorded delivery.

If you have any questions or problems making your application please contact a student advisor at Study Options on 020 7353 7200 or mail@studyoptions.com



Application Form (A1)

Please complete all sections in CAPITAL letters.

STUDY OPTIONS LTD 83 ALMA ROAD, CLIFTON BRISTOL, BS8 2DP +44 117 911 5610 MAIL@STUDYOPTIONS.COM

- 1. This application is the property of the Institute. Supporting documentation will NOT be returned.
- 2. Your application cannot be processed unless full documentation is attached.
- 3. The Institute reserves the right to decline any application.

Disclaimer: Incorrect or incomplete applications will not be processed and may lead to a delay in processing time. Please ensure that all documents provided are certified or notarised by an authorised organisation. The Institute reserves the right to decline applications for any reason at our discretion. The Institute will not refund any money paid by an international student or intending international student in relation to a course if the student submits fraudulent documents or misleading information or fails to disclose previous visa refusal/cancellation or makes false declaration on the application forms.

Personal Details Have you previously applied/stu	diad at the l	actituto?	O Yes	O No	If you plan	co provido v	our Institute II	D number.
					, ,	se provide y	our institute ii	D Humber:
Title:	O Mr	O Mrs	O Ms	O Dr	O Other:			
Family name (as in passport):								
iven name(s):								
nglish name (If you use one):								
late of birth (DD/MM/YYYY):				Sex:		O Male	O Female	
Current age:				First lar	nguage:			
itizenship (as in passport):				Country	of birth (as	in passport)	:	
Relationship Status								
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Please complete all sections in CAPITAL letters.

Name of your parent/g	guardian					
Parent/guardian's busi	ness telephone (include country cod	de):			
While in Austral	lia, the stud	ent:				
will be residing with			ative; or Al's Guardianship Service			
art 3: Visa-re	lated Info	mation (Plea	ase attach copy of your	current visa if app	icable) (attach docur	ments)
Passport number:				Expiry date	DD/MM/YY):	
Are you currently in Au	stralia? O Yes	O No				
			bclass number and expiry	/ date:		
Visa type:			Subclass no.:	Expiry date	(DD/MM/YY).	
_	diata family man	ahore had any vica	grants and/or visa refus			7 No
art 4: Oversea		t Health Cov No <i>If yes</i> , please	ver (OSHC) (If yo	u are already in Aus	stralia) (attach docu n	nents)
				·		nents)
Do you have OSHC? OSHC Provider Name: OSHC Number:	O Yes O	No If yes, please		u are already in Aus		nents)
Do you have OSHC? OSHC Provider Name:	O Yes O	No If yes, please		·		nents)
Do you have OSHC? OSHC Provider Name: OSHC Number: art 5: Course Course	O Yes O	No If yes, please		·		
Do you have OSHC? OSHC Provider Name: OSHC Number: art 5: Course Course Cl	O Yes O Applying	No If yes, please		Expiry date	DD/MM/YY):	
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Do you have OSHC? OSHC Provider Name: OSHC Number: art 5: Course Course Cl Course 1 Course 2	O Yes O Applying	No If yes, please		Expiry date	DD/MM/YY):	
Do you have OSHC? OSHC Provider Name: OSHC Number: art 5: Course Course 1 Course 2 Course 3 Course 4	O Yes O Applying RICOS Code	For Course Title	provide details:	Expiry date	Campus (Melbou	
Do you have OSHC? OSHC Provider Name: OSHC Number: art 5: Course Course 1 Course 2 Course 3 Course 4 If packaging Certificate,	Applying RICOS Code	For Course Title acced Diploma or De	provide details: gree courses, please incl	Intake ude details of all cours	Campus (Melbou	
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Please complete all sections in CAPITAL letters.

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Part 6: Education Background (attach documents)

Studies outside Australia

Please provide details and documentation of your secondary and post-secondary qualifications achieved overseas, either completed, incomplete or pending, including an explanation of the grading system.

Secondary and Post-Secondary Studies

Name of qualification	Institution	Country	Start	Completed

Studies in Australia (if applicable)

Have you undertaken or are you currently enrolled in study in Australia?	Yes	O No	If no, Go to Part 7.
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You *must* list all the courses you have undertaken or are currently enrolled in studying in Australia.

Name of qualification	Institution	State	Start	Completed

Please attach certified copies of relevant academic records in Australia, such as high school or college/university result transcripts, certificates and relevant CoE(s).

Part 7: Credit Transfer and Advanced Standing (attach documents)

If "Yes", please attach translated copies of the course, subject outlines, subject descriptors and other relevant information for each subject or unit.

Part 8: Summary of Work Experience

(Complete only if relevant. Certified Documentary Evidence Required)

Employer	Position	Duties	Country	Start	Finish



Please complete all sections in CAPITAL letters.

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Part 9: English Language Proficiency (attach documents)

Plea	ase tick the appropriate box and attach your results.
	English is your first language
	English was the language of instruction in your secondary/tertiary studies (Documentary evidence must be provided if the institution is located in a non-English speaking country)
	I have completed an approved English language test (complete the details below - attach evidence)
	Type of English Proficiency Test:
	Date taken (DD/MM/YY):
	I have not yet completed an approved English language test. I intend to apply or complete the following test on the date specified below (Complete the details below). Test must be taken within 2 years of course commencement.
	Type of English Proficiency Test:
	Date taken (DD/MM/YY):
	Completed English course in Australia (attach evidence)
	Name of English language course:
	Name of English language centre:
	Start date (DD/MM/YY): Completion date (DD/MM/YY):
	Applying or Attending ELICOS Program (attach evidence)
	If 'Yes' provide details of English language course and English language centre and attach Offer Letter.
	Name of English language course:
	Name of English language centre:
Par	t 10: Student Statement (attach documents)
Ple	ase note: You must provide a separate Statement of Purpose (S.O.P) which clearly covers the following key considerations:
1.	Why have you chosen William Angliss Institute over other education providers in your home country.
2.	What do you expect to learn from the course that you have applied for, and your understanding of the course content.

- 3. What type of employment positions will you apply for after graduating from William Angliss institute and what your expected starting salary in your home country will be?
- 4. If you have undertaken previous post-secondary study or work that is NOT RELATED to the course you are applying for, please explain your choice of course and change of career path. Please provide evidence to support your change of career path.



Please complete all sections in CAPITAL letters.

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Part 11: Financials

Part 11.1: Details of Sponsor

Sponsor(s) must be one of the following:

- Self-sponsored
- Immediate family members
- Partner (spouse or de-facto partner, including same-sex de-facto partners)
- Aunt or uncle
- Approved government, institutional or corporate sponsor.

Relationship to the student	Full Names (as per passport or birth certificate)	Occupation

Part 11.2: Financial Declaration

Signature of applicant

Table of expenses					
Travel for the applicant One return airfare to Australia	\$2,000 to \$4,000				
Travel for family member (if applicable) One return airfare to Australia per person	\$2,000 to \$4,000 (if applicable)				
Tuition fees (applicant) (Refer to the course guide for tuition fee costs per semester/year)	\$15,200 to \$19,000 per year (depending on program)				
Tuition fees for dependent children aged 5-18 years	\$8,000 per year (if applicable)				
Deposit for packaged program (if applicable)	Diploma \$500				
	Advanced Diploma \$1,000				
	Bachelor \$3,000				
Living costs	Applicant \$20,290				
	Partner/spouse \$7,100				
	Child \$3,040				
OSHC	Student single \$656				
	Dual Family \$3,536				
	Multi Family \$6,408				
Other costs such as uniform and books (if applicable)	Approx. \$500				
I understand that William Angliss Institute may refuse to issue an offer if it assesses my financial capacity as insufficient. I understand that William Angliss Institute tuition fees are subject to an annual increase as outlined in my offer letter and that I am able to access funds to pay the increased fees. I understand William Angliss Institute may seek any additional information and documentation/evidence to confirm my financial capacity to funds.					
I declare that I have sufficient funds as outlined as per the table above.					
☐ I understand that the Department of Home Affairs may require evidence of funds AUD 60,000 - AUD 70,000.	for 12 months' of expenses or annual income of at least				
I am aware of the tuition fee and living costs of my stay in Australia, including any financial capacity to meet such costs and any annual fee increase for the duration.					

Date (DD/MM/YY)



Please complete all sections in CAPITAL letters.

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Part 12: Declaration

Applicant's declaration

- I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.
- I acknowledge that any false or misleading statement may result in denial of my admission request or subsequent cancellation of my enrolment at WAI, which in turn may affect the validity of my visa.
- I authorise the Institute to seek verification of my academic and professional qualifications, and work experience. I understand
 that the Institute reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented
 to support my application is found to be false.
- 4. I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
- 5. I acknowledge that the Institute reserves the right to alter any course, subject, admission requirement or fee without prior notice.
- 6. I understand that the personal information I have provided may be released to government agencies as required by law, I further understand that it may be disclosed to third parties for the purpose of progressing my application.
- 7. I acknowledge that I have read and understand the description of the program/s that I am applying for.
- 8. I authorise the Institute to access the Australian immigration Visa Entitlements Verification Online (VEVO) system at any time to obtain information on my visa status.
- 9. I declare that I am applying to be a genuine temporary entrant to Australia and as a genuine student and that I have read and understood conditions relating to these requirements (homeaffairs.gov.au/trav/stud/more)
- 10. I am aware of the tuition and living costs of my stay in Australia and have the financial capacity to meet such costs for the duration of my course. I will make timely payments of any fees or associated costs.
- 11. I declare that my signature is true and correct and matches the signature in my passport.

I (insert full name):						
understand all of the requirements for the courses and visa application and confirm that all of the information provided is true.						
Signature of applicant: (as in passport signature page)	Date (DD/MM/YY)					
Note: Applicant declaration must be signed by a parent or legal guardian if the student is under 18 years of age.						
Signature of guardian:	Date (DD/MM/YY)					

Agent's declaration (if applicable)

- I have assessed the applicant and to the best of my knowledge the applicant is a genuine temporary entrant and genuine student as defined by the Department of Home Affairs and I confirm the documents and information provided by the applicant did not disclose any conclusive grounds for rejecting the applicant's declarations that they are a genuine student.
- 2. To the best of my knowledge, the applicant is genuine in making this application and has every intention of completing all programs listed in the application.
- 3. The documents which form part of this application appear to be authentic and valid. To the best of my knowledge the applicant has genuine access to the total funds required, while in Australia, to cover all travel, OSHC, tuition and living costs for themselves and their family members (if applicable).
- 4. I recommend the Institute proceed with the assessment for admission of this applicant.
- 5. I confirm the student has signed this application form.
- 6. I have provided the student's personal email address and residential address, as disclosed to me by the student

STUDY OPTIONS LTD
83 ALMA ROAD, CLIFTON
BRISTOL, BS8 2DP
+44 117 911 5610
MAIL@STUDYOPTIONS.COM

Agency name:	ldy Options					
Agency branch office:	83 Alma Road, Bristol, BS8 2DP					
Agent staff member name:						
Signature of Agent:	Date (DD/MM/YY)					

DISCLAIMER: William Angliss Institute respects your privacy. The information you have provided will not be given to any third parties, and will only be used internally. Upon graduation, you will automatically become a part of the William Angliss Institute Alumni. Please note: you will be given the opportunity to unsubscribe at the time of completing your course.

We have made every effort to ensure that the information contained in this document is correct at the time of printing. William Angliss Institute reserves the right to change the admission re- quirements, fees and units of competency in listed courses whenever necessary. All reasonable attempts will be made to publish the most up-to-date information, but course details can change, and you will always find the most current information on our website at www.angliss.edu.au.



STUDENT DECLARATION

Name:						
Date of birth:		Nationality:				
Mobile:		Landline:				
Email:						
Who will fund yo	ur tuition fees and	living costs? Please give fu	rther details	below:		
Please circle voi	ir answers.					
Please circle your answers: Have you ever been refused a visa for Australia or another country?				Yes / No		
Do you have any health issues that may affect your application for a						
Do you nave any	tor a	Yes / No				
student visa?						
Will you have an	y family members	joining you? If so please sta	te name.	Yes / No		
	ship to you in the I		,	1007110		
age and relations	silip to you ill tile i	oox below.				
 I declare th 	at I have read and	understand the information rela	ating to the co	ost of living in		
Australia a			-			
		<u> ov.au/visas/web-evidentia</u>				
		funds to cover all associated of				
		for the duration of my studies		nd my family		
members (ii applicable) for the	total period of my stay in Aust	ialia.			
I understar	d that the tuition fee	es do not include expenses suc	ch as textboo	ks. stationery and		
	programme specific			,,		
I understand that in the event that I have insufficient funds to cover all associated study and						
living costs	living costs, I will not seek assistance from the College or the Australian government.					
Lunderstan	• Lundarstand that in the event that I have insufficient funds to sever all associated study and					
 I understand that in the event that I have insufficient funds to cover all associated study and living costs, the College reserves the rights to terminate my enrolment and eCoE. 						
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	rtify that all the stat	ements made on this declaration	on of finance	s are true and		
correct.						
-						
Student signatur	e:					
Namo:						
Name:						
Date:						

Please return this declaration with your application form(s)