



EDITH COWAN COLLEGE APPLICATION FORM

Visit edithcowancollege.edu.au/apply or scan the QR code for easy online application



Please print clearly in English and in BLOCK letters. Tick boxes where appropriate. Email the completed form and documents to admissions@ecc.edu.au

REPRESENTATIVE INFORMATI	ON				
Counsellor First Name Counse		ounsellor Last Name	ellor Last Name		
Counsellor phone number Counse		ounsellor Email	sellor Email		
Counsellor Signature or Stamp					
STUDENT INFORMATION (COM	иPULSORY)				
Are you currently studying, or have you previous	· · · · · · · · · · · · · · · · · · ·	If yes, please provide yo	ur student ID		
Title Mr Ms Miss Other	Gender Male Fema		Date of Birth (dd/mm/yyyy)		
Family name	Give name/s	Middle name/s	Preferred name		
Current Residing Address					
City	State	Country	Postcode		
Email		Mobile number	-		
Country of citizenship	Country of birth Main language spoken in your home				
assport number (if available)		Passport expiry date	Passport expiry date		
Please attach a copy of the personal details and					
Do you hold Permanent Residency or a current A	Australian visa? ☐ Yes ☐ No	Type of visa			
If yes, please provide evidence of your visa grant					
Have you ever been refused a visa, had your visa	a cancelled or overstayed your visa in any co	ountry? Yes No			
If yes, please attach a copy of the decision record	d or notification correspondence.				
PARENT / LEGAL GUARDIAN D	ETAILS (COMPULSORY FOR	STUDENTS UNDER 18)		
Family name Giv	ren name Re	elationship to student			
Email address	М	lobile phone	-		
EDUCATION HISTORY					
Name of qualification		Name of education provider			
Country of education provider		Language of instruction			
Have you completed the above study? \square Yes \square No		Date of completion	Date of completion		
Do you intend to complete the above study? Yes No Expected completion date					
Highest Post-Secondary Qualification (if applic	able)				
•		Name of education provider	·		
		Language of instruction			
Have you completed the above study? Yes		Date of completion			
Do you intend to complete the above study?]Yes \square No	Expected completion date			
Will you be applying for exemptions (recognition to prior to learning)? \square Yes \square No					
If yes, please attach your academic transcripts and completion certificate (if available). You must also include an explanation of the grading system at your home institution (this information is often found on the reverse side of official academic transcripts). English translations are required if the original documents are not in English.					
Have you ever been excluded or considered for exclusion, expelled or had your enrolment terminated by an Australian education provider?					
Current English proficiency					
Is English your first language? \square Yes \square No					
Do you have any evidence of your English profic	iency? 🗌 Yes 🔲 No	If yes, please select \square IELTS	□iBT TOEFL □ PTE □ Other		
Please attach evidence of your English proficiency.					
Would you like to add an ECC English Language program to your application? \square Yes \square No					

WORK EXPERIENCE

Do you have any relevant work or employment experience that is relevant to the course you are applying for? \square Yes \square No

If yes, please attach your CV or resume.

PROGRAM SELECTION				
Foundation Program	Year		Intake 🗌 February 🔲 July	
Bachelor's degree you intend to study at Edith Cowan L	University (e.g. Bachelor of Commerce)			
Diploma Program	Year		Intake February June /July October	
Commerce	Communications and Creative Indus	tries	☐ Hotel Management	
Science (Computing/IT)	Science (Engineering Studies)		Health Science	
Bachelor's degree you intend to study at Edith Cowan l	Jniversity (e.g. Bachelor of Commerce)			
Post-Graduate Qualifying Program (PQP)	Year		Intake February July	
Business	Communications		□т	
Master's degree you intend to study at Edith Cowan Un	iversity (e.g. Master of Cyber Security)			
FINANCIAL INFORMATION				
Please indicate how you intend to fund your tuition and	living costs (including for any dependants)			
Will your fees be sponsored by a third party? Yes Please note you will be required to provide evidence of		Name of sponsor		
OVERSEAS STUDENT HEALTH COV	'ER (OSHC)			
It is a requirement of the Australian Government that you maintain Overseas Student Health Cover (OSHC) for the duration of your student visa. Would you like ECC to arrange OSHC for you? Yes No If no, please attach evidence of your existing OSHC cover.				
MEDICAL CONDITIONS				
Do you have a disability, impairment or long-term medi	ical condition which may affect your studies? [Yes □ No		
If yes, please specify.				
Please attach a copy of any supporting documents which	ch provide more information about your disabi	llity.		
Would you like to receive advice on support services, e	quipment and facilities that may assist you? [∃Yes □ No		
DECLARATION				
I declare that 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 being cancelled. I have read and understood the relevant program information in this brochure and/or on the ECC website and I have sufficient information about				
ECC to enrol. I understand that the pathway may lead to future studies at ECU, subject to ECU's entry requirements. I understand that ECC fees may increase. I accept liability for payment of all fees as explained in the ECC brochure and/or website, and I agree to abide by the Refund policy as outlined in edithcowancollege.edu.au/policies. 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 Enrolment Terms of Offer at edithcowancollege.edu.au/policies. I understand that ECC 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 Western Australia.				
I give permission for ECC and ECU 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 ECC to provide my personal information, including my contact details, enrolment details and information relating to my study to third parties in accordance with ECC's Privacy policy. These third parties include ECC representatives (agents) acting on my behalf; ECU (to facilitate progression from ECC to the next stage of my studies); sponsors and Navitas Limited and its affiliates (to communicate pathways and services offered by Navitas Limited and its related companies). In the event of circumstances requiring urgent medical care and where it is not possible to contact next-of-kin, ECC is authorised as a matter of urgency to seek appropriate medical care.				
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 ECC, my OSHC membership can be transferred. I understand that if I have applied through an approved ECC/ECU agent, all correspondence relating to my application will be forwarded to that agent. In the circumstances of any suspected breach of my student visa conditions, I authorise ECC to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, and the Tuition Protection Service (TPS).				
I give permission for ECC to obtain records and information from my current OSHC provider (if applicable). I also agree that ECC 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 ECC, which I will be required to read and sign.				
PRIVACY DECLARATION				
understand the Privacy Policy and the Recording of Lin Jif you have questions about the Privacy Policy or how you We may disclose your personal information to Austral Information about your enrolment with us may be disc You are still required to notify Services Australia of any Personal information disclosed to Services Australia is found on their privacy webpage.	on about the course you have applied for, the Colle ve Course Work Policy. ur personal information will be managed, please emian Government agencies, including Services Aus losed if you are claiming or receiving a payment for change in circumstances that may affect your pass protected by law, including the Privacy Act 1988	ege, the Partner University a ail privacy@navitas.com and tralia, where this is required rom Services Australia. ayment. B. More information about th	and our local community. It is really important that you read and ask your question/s. I or authorised by Australian law. We way Services Australia handles personal information can be	
For more information about how the Department of Education, Skills and Employment (DESE) will handle your personal information, please refer to the department's Privacy Policy at https://www.dese.gov.au/privacy or by requesting a copy from the department at privacy@dese.gov.au.				
APPLICATION PRIVACY DECLARATION				
	you to know and understand that if you choose NO	OT TO CONSENT to us conf	courses that we offer, as well as other services offered by the Coltacting you in this way, that we will be unable to provide you with	
Signature of student			Date	



Date

Signature of parent/guardian (required if student is under 18 years old)