

Please read this application form carefully and complete ALL sections ensuring that the certified copies of your academic transcripts and English Language assessments are attached.

## Melbourne (VIC) Campus

### 1. PERSONAL DETAILS

Title			
Family name (as in passport)			
Given name(s) (as in passport)			
Date of birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Other or Non-disclosed
Nationality (as per your passport)			
Phone/Mobile (with country code)			
Email Address			
<b>Address in Home Country</b>			
Address			
Suburb / Town			Postcode: _____
Country			
<b>Address in Australia (if known)</b>			
Address			
Suburb / Town			Postcode: _____
Country			
<b>Emergency Contact Details</b>			
Contact Name			Phone Number
Mobile Number			Relationship
<b>Medical Conditions</b>			
Do you have a known disability or medical conditions? (e.g. intellectual, hearing, vision, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES (give details and contact our admin team)			
<b>2. PASSPORT AND VISA DETAILS</b>			
Country of Birth			
Citizenship			
Passport Number			