



Student No: _____

Student Application Form (General English)

Personal Details	Emergency Contact Details	
Given Name:	Name:	Relationship:
Family Name:	Contact No:	Email:
Intended Course(s) and Duration(s)		
Title (Please Tick) <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	<input type="checkbox"/> General English <input type="checkbox"/> IELTS Preparation	
Date of Birth (dd/mm/yyyy):	Total Duration () weeks	
Nationality:	Intended Course 1 <input type="checkbox"/> AM <input type="checkbox"/> PM • Duration () weeks • Start Date (dd/mm/yyyy) _____/_____/_____ • Finish Date (dd/mm/yyyy) _____/_____/_____	
Country of Birth:	Intended Course 2 <input type="checkbox"/> AM <input type="checkbox"/> PM • Duration () weeks • Start Date (dd/mm/yyyy) _____/_____/_____ • Finish Date (dd/mm/yyyy) _____/_____/_____	
Passport No:		
Telephone: Mobile:		
E-mail:		
<input type="checkbox"/> Onshore <input type="checkbox"/> Offshore		
•Visa Type (Please Tick)		
<input type="checkbox"/> Student <input type="checkbox"/> Working Holiday <input type="checkbox"/> Tourist <input type="checkbox"/> Other (please specify) _____		
Address in Home Country:		
Australian Contact Details	Overseas Student Health Cover (OSHC)	
Address:	The Australian Government requires all students entering Australia on a Student Visa to take Overseas Student Health Cover. Do you require ACIS to arrange OSHC for you? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Telephone: Mobile:	If "Yes", For how many months? () months	
Mandatory Documents	Airport Pick-Up	
*Please attach the following documents to this application 1. Copy of Student's Passport 2. Copy of English Test Result (TOEFL/IELTS/TOEIC) – if required	Do you want ACIS to arrange your air-port pick up service to your accommodation on arrival? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Accommodation	
How did you know about ACIS?	Do you want ACIS to arrange your accommodation?	
<input type="checkbox"/> Friends <input type="checkbox"/> Through Agents <input type="checkbox"/> Website <input type="checkbox"/> Newspapers / Magazines <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Homestay <input type="checkbox"/> Share Accommodation • How many weeks? () weeks • Start Date(dd/mm/yyyy) _____/_____/_____	

