

International Student Application Information

Thank you for contacting the IKON Institute about our courses. To apply for a place in one of our course offers, please complete and sign the attached forms and return them to the IKON Institute as soon as possible prior to your course start date. Our courses are very popular and fill quickly. Applications that meet entry requirements are allocated in order of receipt, so please ensure you send in your application as early as possible to secure your place. Please ensure you read the Terms and Conditions of Enrolment and IKON Student Policies available on the IKON website carefully so that you are fully informed of your rights and responsibilities.

Steps to help you apply:

1. Complete all the following application forms and attach required evidence to support your application.

- Application for Enrolment Form – ensure ALL questions are answered to avoid your application being delayed or rejected
- Copy of photo identification
- Bachelor Applicant Questionnaire – you will be provided a link after submitting this form
- Terms and Conditions of Enrolment – please read carefully so you are fully informed of IKON’s withdrawal policy and your refund rights then sign
- Agreement to Pay Fees Form
- Attach required supporting evidence to show you meet the course entry requirements
 - Academic results/certificates
 - proof of IELTS or equivalent test for students whose secondary education was not in English
 - supporting documentation such as a resume detailing relevant work experience (if applicable)

2. Submit your completed application form

Scan and email your completed application forms to: admissions@ikoninstitute.com.au

3. What happens next?

- 1) An Administration Officer will email you to confirm receipt of your application forms.
- 2) We will review your Application for Enrolment. If your application has been approved we will email you a Letter of Offer. If your application is not approved we will advise you in writing.
- 3) Upon receiving your signed Letter of Offer, we will contact you to ensure you are fully informed about the course expectations and feel ready to commence the course. You will then receive a Confirmation of Enrolment email detailing orientation dates and course information.

If you have any queries about your course or the application process, please don’t hesitate to contact the institute, we are only too happy to help.

Leading education in mental health and wellbeing

International Student Application Form

Course Code and Course you are enrolling in (please write):			
Commencement Date:		CAMPUS:	
Personal Details Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr Other: _____			
Given name:	Middle name:	Residential Address:	
Family name:	Preferred name:	Suburb:	
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	State:	Postcode:
Email:		Postal Address (if different from above):	
Phone:		Suburb:	
Country of birth:		State:	Postcode:
Emergency Contact Details			
Contact 1 Name:		Relationship:	Phone:
Contact 2 Name:		Relationship:	Phone:
Employment Status Of the following categories, which best describes your current employment status? (Tick ONE box only)			
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Self Employed – not employing others	<input type="checkbox"/> Employer
<input type="checkbox"/> Employed – unpaid worker in family business	<input type="checkbox"/> Unemployed – seeking part time work	<input type="checkbox"/> Unemployed – seeking full time work	<input type="checkbox"/> Unemployed – not seeking employment
Applicant Visa history			
Country visa applied	Category of visa	Date of application	Outcome of visa
English language proficiency			
Language spoken at home:		Proficiency in spoken English: <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
<input type="checkbox"/> English is my first language			
<input type="checkbox"/> I have taken an English proficiency test - ensure you attach the test results with your application			
Name of test: _____			
Results: _____ Test date: _____			

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Disabilities	
Do you have a disability, impairment or long-term medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, would you like to meet with our staff to discuss support services, equipment and facilities, which may assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate areas of impairment: <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other:	
Your Education	
SECONDARY EDUCATION Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your highest completed school level? <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school	POST-SECONDARY EDUCATION Have you SUCCESSFULLY completed any of the following qualifications <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, then tick any applicable boxes: Year completed: _____ <input type="checkbox"/> Postgraduate qualification <input type="checkbox"/> Graduate Certificate/Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Other:
Which year did you complete that school level?	Name of highest tertiary qualification achieved:
Secondary School you attended:	Tertiary institution where qualification was completed:
Your Parents' Education*	
What is the highest level of education COMPLETED by your parent/guardian? (tick one)	
Parent/Guardian 1: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No parent/guardian	Parent/Guardian 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No parent/guardian
<input type="checkbox"/> Postgraduate qualification (eg. Grad Dip, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post-school qualification (eg. Diploma, apprenticeship) <input type="checkbox"/> Completed year 12 schooling <input type="checkbox"/> Completed Year 10 schooling but not Year 12 <input type="checkbox"/> Didn't complete Year 10 schooling <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<input type="checkbox"/> Postgraduate qualification (eg. Grad Dip, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post-school qualification (eg. Diploma, apprenticeship) <input type="checkbox"/> Completed year 12 schooling <input type="checkbox"/> Completed Year 10 schooling but not Year 12 <input type="checkbox"/> Didn't complete Year 10 schooling <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
*The Australian Government Department of Employment, Education and Workplace Relations require this information for statistical purposes.	
Reason for study	
Please tick ONE box only	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest and/or self development <input type="checkbox"/> Other:	
Are you seeking Recognition For Prior Learning (RPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please attach an application for RPL with supporting evidence.</i>	
A Department of Communities and Social Inclusion and/or national criminal history check may be required for you to undertake your work placement and successful complete the course.	
Do you expect to have any disclosable court outcomes recorded on either of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Funding source	
Who will sponsor your further studies in Australia including boarding and accommodation? Please tick appropriately (you may tick more than one)	
<input type="checkbox"/> Self <input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Siblings <input type="checkbox"/> Bank loan <input type="checkbox"/> Other	
Do you require OSHC (Overseas Student Health Cover)? If yes, please advise cover required:	
<input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Multi Family Cover	

International Student Application Form

Declaration and application checklist:

Ensure all documents supplied are certified copies and are submitted with the application at the time of submission.

- Academic results/certificates
- Proof of English Proficiency
- Application for RPL (if applying for recognition of prior learning)
- Supporting documentation such as a resume detailing relevant work experience (if applicable)
- Copy of photo identification

Declaration agreement

Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National Code 2007; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

- I. I have read, understood and consent to the Terms and Conditions of Enrolment and IKON Institute's Policies, Procedures, the Code of Practice and the Student Orientation Handbook at <http://www.ikoninstitute.edu.au>.
- II. I understand all courses need to meet the minimum number of enrolments before a Confirmation of Enrolment is issued.
- III. I declare that the information I have provided in my application is true and accurate and the evidence I have provided is authentic.
- IV. I authorise the institute to verify my academic and professional qualifications, and work experience.
- V. I understand at the time of enrolment I will be required to supply originals of all documents provided at the time of this application.
- VI. I hereby certify that the information provided on this form, and on all documents submitted may be made available to Commonwealth and State agencies and the Fund Manager of ESOS Assurance Fund, pursuant to obligations under ESOS Act 2000 and National Code. I understand that the institution is required under section 19 of the ESOS Act 2000 to inform the Department of Education, Employment and Workplace Relations of changes to my enrolment and any breach of a student visa condition relating to attendance or unsatisfactory academic performance.

The above mentioned information is true to the best of my knowledge and belief.

Signed (applicant):

Dated:

Agreement to Pay Fees

(Student's full name):

Of (street address):

Suburb:

Postcode

hereby apply to enrol in the following course (please write):

- I. I agree to pay the course fees in full at the beginning of each trimester as invoiced from IKON Institute
- II. I agree to keep IKON informed if there are any changes in my financial situation that would affect this agreement

Signed (applicant):

Dated: