

## SYDNEY BUSINESS INSTITUTE SYDNEY BUSINESS INSTITUTE BUSINESS INSTITUTE INSTITUTE SYDNEY BUSINESS INSTITUTE INTERNATIONAL STUDENT APPLICATION **FORM**

PERSONAL DETAILS	
Family Name:	Given Names:
Date of Birth (dd/mm/yyyy):	Gender: Male Female
Citizenship:	Country of Birth:
Are you a citizen or permanent resident of Austra	lia?
Mailing Address:	
	Postcode:
International Students only	
Passport No.:	
Visa No.:	
Do you have OSHC (Overseas Students Health Cover)?	No Yes
Permanent Address in Home Country:	
·	Postcode:
Telephone No.:	Mobile No.:
E-mail:	
TRAINING PROGRAM SELECTI	ON
I wish to enroll in the:	ON
Diploma of Leadership and Manage	
	nd Management (CRICOS Code: 114741D) (52 Weeks)
Diploma of Information Technolog	y (CRICOS Code: 114740E) (104 Weeks)
Commencement Dates	
I wish to begin on:	
	od 7 . 110005
6 January 20	
5 January 202	6 April 2025
English Language Proficiency Result	
Please attach relevant documents showing you	ur current English language level:
☐ IELTS score ☐ PTE score	e Other (please specify)

## **EDUCATION BACKGROUND DETAILS**

Highest level of education completed.	Attach certified	photocopies of completed certificates with transcripts.
Name of Qualification	Year	Name of Institute

## REFUND OF TUITION FEES

Enrolment Fee	Non-refundable		
Tuition Fees			
Visa refused prior to course commencement Withdrawal at least 28 days (prior to agreed start date)	Full refund less enrolment fee of \$350 75% refund of tuition fees less administration fee of \$350		
Withdrawal less than 28 days (prior to agreed start date)	50% refund of tuition fees less administration fee of \$350		
Withdrawal after the agreed start date	No refund		
Visa cancelled due to actions of the student	No refund		
Visa extension is refused	Return of unused tuition fees		
Withdrawal from study - current students	Refund of unused tuition fees (of the following term/s)* *Deferment, Suspension or Cancellation of Enrolment Application Form must be received at least 28 days prior to the commencement of the following term/s		
Compulsory Health Insurance (Student visa holders	Refer to OSHC provider		
Airport Pick-up	Full Refund if service cancelled prior to flight arrival		

## **AGREEMENT**

I have read and understood the prospectus and the conditions of enrolment set out in the application form. I have read and agree to the attached fee schedule. I acknowledge and agree to the conditions of enrolment relating to Refund of Tuition Fees.

I declare that all information given is true and complete. I authorise Sydney Business Institute to obtain further official records if necessary from any educational institution I have attended.

Student Signature:	Date:	Day/	Month/	Year.
Parent Signature:	Date:	Day/	Month/	Year
For student under the age of 18, a parent's sign	ature is required			
Please note that applications cannot be processed without a signat	ture on this form.			
OFFICE USE ONLY				
Date: Stude	ent Number:			
Accept Reject Other Placement Offer Letter Sent	Assessed by:			

Information collected on the 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 condition of their visa and their obligation under Australian immigration laws generally. The authority to collect the information is contained in the Education Services for Overseas 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. Information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.