

APPLICATION FORM

SECTION A	A: YOUR DET	AILS		Email:			
				Mobile Number: (include country code)			
Title :	Mr Mr	s Miss		Home Number:			
First Name:							
Last Name:				SECTION C: EM	ERGENCY	CONTACT	
Date of Birth: dd/mm/yyyy				First Name:			
Gender :	Female	Male	Other	Last Name:			
	Non-bina	ry Pre	fer not to disclose	Relationship to ye	ou:		
Do you ident	ify yourself as:			Contact Number: (include country code)			
Aboriginal Torres Strait Islander				Email:			
None							
				SECTION D: PR	EVIOUS ED	OUCATION AND)
Nationality				EMPLOYMENT			
Country of Birth: Please include originals or certified copies of your academic docume							locuments
For International Applicants and/or professional accreditations.							
Passport Nu				Highest Education Qualification:	1		
Passport Ex	piry Date:		nm/yyyy	Completed Date:		dd/mm/yyyy	
Visa Type:				Name of Institute	:		
Main langua							
Do you have	e a disability,			Do you wish to ap Credit for Prior Le		Yes	No
impairment or long-term condition that will affect your studies?							
SECTION B: CONTACT DETAILS							
Please include your permanent address.							
Address:							
City:							
State/Province:							
Country:							
Postcode:							
*Terms and Conditions Apply CRICOS Provider Code: 04214J Image: www.shea.edu.au Skyline Higher Education Australia Pty Ltd Provider Category: Institute of Higher Education Image: www.shea.edu.au ABN: 31 654 630 592 Institute of Higher Education Level 3, 136 Chalmers Street TEQSA Provider ID: PRV14377 😒 +61 2 9096 3750 Surry Hills NSW 2010, Australia							

Νο

Date: /

Yes



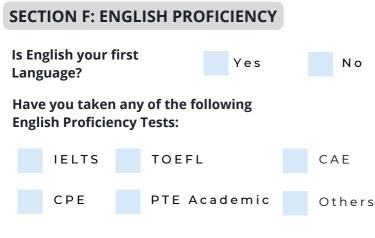
APPLICATION FORM

SECTION E: COURSE SELECTION

Choose Course:

Bachelor of Information Technology

Preferred Intake Date:



Test Date:

d/mm/vvvv

SECTION G: OVERSEAS REPRESENTATIVE

Name of Overseas Representative (Agent):

Counsellor:	
Country:	
Email:	
Phone:	

SECTION H: DECLARATION

I certify that the information on this form is current and correct. I acknowledge that I have read and understood Skyline Higher Education Australia policies and procedures. I consent to the collection, processing storage, use, and disclosure of my personal information to the extent set out in Skyline Higher Education Australia's Privacy Policy. I understand that I can contact Skyline Higher Education Australia at **admin@shea.edu.au**

By instructing an Education Agent to complete this Application Form on my behalf, I understand that the Agent is acting on behalf of me and it is my responsibility to read and understand Skyline Higher Education Australia Policies and Procedures.

I authorise Skyline Higher Education Australia to verify the authenticity of my qualifications and/or work experience and/or life experience, and I understand Skyline Higher Education Australia may inform other organisations or regulatory agencies if any of the information in my application is not accurate.

By submitting this application, i agree and declare that the above information is true and correct.

Name of Student:

Signature of Student:	
Date:	dd/mm/yyyy

If you need any help in completing this application form, please contact Skyline Higher Education Australia at <u>admin@shea.edu.au</u> or Skyline Higher Education Australia Agent in your country.

SECTION I: SUBMITTING APPLICATION

Please submit your application with all the supporting documents at the below email or postal address:

Email Details: admissions@shea.edu.au

Postal Address:

Level 3, 136 Chalmers Street, Surry Hills, NSW 2010, Sydney, Australia

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e admin@shea.edu.au Level 3, 136 Chalmers Street

Surry Hills NSW 2010, Australia