

Office Use Only:

Application Fee Waived? Yes No

Signature: _____ Date: / /



APPLICATION FORM

SECTION A: YOUR DETAILS

Title: Mr Mrs Miss

First Name: _____

Last Name: _____

Date of Birth:

Gender: Female Male Other
 Non-binary Prefer not to disclose

Do you identify yourself as:

Aboriginal Torres Strait Islander
 None

Nationality: _____

Country of Birth: _____

For International Applicants

Passport Number: _____

Passport Expiry Date:

Visa Type: _____

Main language spoken at home: _____

Do you have a disability, impairment or long-term condition that will affect your studies? No Yes

SECTION B: CONTACT DETAILS

Please include your permanent address.

Address: _____

City: _____

State/Province: _____

Country: _____

Postcode: _____

Email: _____

Mobile Number: _____
(include country code)

Home Number: _____
(include country code)

SECTION C: EMERGENCY CONTACT

First Name: _____

Last Name: _____

Relationship to you: _____

Contact Number: _____
(include country code)

Email: _____

SECTION D: PREVIOUS EDUCATION AND EMPLOYMENT

Please include originals or certified copies of your academic documents and/or professional accreditations.

Highest Education Qualification: _____

Completed Date:

Name of Institute: _____

Do you wish to apply for Credit for Prior Learning? Yes No

If yes, please fill up the CPL Application Form available on the website.

Office Use Only:

Enrollment Fee Waived? Yes No

Signature: _____

Date: / /



APPLICATION FORM

SECTION E: COURSE SELECTION

Choose Course:

Bachelor of Information Technology

Preferred Intake Date:

SECTION F: ENGLISH PROFICIENCY

Is English your first Language?

Yes No

Have you taken any of the following English Proficiency Tests:

IELTS TOEFL CAE
 CPE PTE Academic Others

Test Date:

dd/mm/yyyy

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 admin@shea.edu.au 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

*Terms and Conditions Apply

Skyline Higher Education Australia Pty Ltd

ABN: 31 654 630 592

TEQSA Provider ID: PRV14377

CRICOS Provider Code: 04214J

Provider Category:
Institute of Higher Education

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