

Please complete this application in BLOCK LETTERS

| EDUCATION AGEN | NT DETAILS | |
|-----------------------------|--|----------------|
| Do you have an edu | ucation agent? Yes No | |
| Company Name | | |
| Consultant's Name | | NA - I-: I |
| | | Mobile: |
| PERSONAL DETAIL | LS | |
| Family name | Given | name |
| Gender | | of birth |
| Nationality | | ry of birth |
| Passport No. | Visa es be holding when you commence your studies? | xpiry date |
| • | king Dother Bridging (if so which one?) | |
| | in Australia? Yes No | |
| | | , Aboriginal |
| | | |
| Mobile No. Email | Тегері | hone No. |
| | | |
| Address of your us | sual residence in your home country | |
| Property name | 0 | |
| Flat/unit | | ot number |
| Street name State/territory | Postcod | /locality/town |
| Country | 1031000 | |
| Postal address – if | f different from above | |
| | | |
| Property name Flat/unit | Street/I | ot number |
| Street name | - | /locality/town |
| State/territory | Postcod | ** |
| Country | | |
| Address or intende | ed address in Australia (if known) | |
| Property name | | |
| Flat/unit | Street/I | ot number |
| Street name | | 'locality/town |
| State/territory | Postcod | le |
| Emergency contac | ct details | |
| Family Name | Given | Name |
| Mobile No. | Teleph | none No. |
| Relationship | | |
| Family member co | ontact details in home country | |
| Family Name | Given | Name |
| Mobile No. | | none No. |
| Relationship | | |

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HEALTH COVER

Overseas Student Health Cover (OSHC) must be arranged for the duration of your visa as a condition of your student visa. CIC can arrange health cover with Allianz Global Assistance (our preferred provider) on your behalf for the duration of your visa.

If you pay the full OSHC amount up-front, you are protected against any increases in the OSHC fees for the duration of your visa.

If you complete your studies earlier than expected, you may be entitled to a refund from Allianz Global Assistance. Health insurance is your responsibility and current cover must be maintained by students for the duration of their stay in Australia. Do you want CIC to arrange OSHC for the duration of your visa in Australia? \Box No \Box Yes If YES, please select one of the following coverage types: \Box Single \Box Dual \Box Family If NO, reason given for not commencing a new Allianz Global Assistance membership \square You already have current OSHC membership for the duration of your visa. Provider Membership number: OSHC expiry date: ☐ You will organise OSHC membership yourself (Evidence will be required on admission) **HIGHER EDUCATION PROGRAMS CRICOS (VIC) No. 01718J Undergraduate Programs** Intake Dates ☐ Bachelor of Business (Accounting) **CRICOS Course Code 072490C** ☐ 31 May 2021 ☐ Bachelor of Business (Management) **CRICOS Course Code 072493M** ☐ 16 August 2021 ☐ Bachelor of Business (Marketing) ☐ 25 October 2021 **CRICOS Course Code 072491B** ☐ Non-award study ☐ 17 January 2022 ☐ 28 March 2022 ☐ 6 June 2022 ☐ 22 August 2022 ☐ 31 October 2022 Postgraduate Programs **Intake Dates** ☐ Graduate Certificate of Business ☐ 26 July 2021 **CRICOS Course Code 105841H** ☐ Graduate Diploma of Business **CRICOS Course Code 105840J** ☐ 15 November 2021 ☐ Master of Business **CRICOS Course Code 105839B** ☐ 14 March 2022 ☐ Master of Business Administration **CRICOS Course Code 105838C** ☐ 25 July 2022 ☐ 14 November 2022 Are you seeking Advanced Standing (Credit Transfer)? \square Yes \square No If YES, please complete the details below, along with your relevant supporting documents (certified academic transcripts and unit outlines). Subject code and name you are applying for CIC unit/subject code 1. 2.

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3.

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| Subject code | and name yo | u are app | lving for | | | CIC unit/subject code | | |
|---|---------------------------------|-------------|--|-------------------|----------------|---|--|--|
| 4. | | | , 5 | | | , | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| | | | | | | | | |
| Previous Institution/s in which studies were undertaken | | | | | Year completed | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| | | | | | | | | |
| STUDY REAS | | which DEG | ST doscribos vour | main roacon fo | or un | dertaking this course? | | |
| Of the following | ing categories, | WITICIT DES | or describes your | illalli reason ic | n un | der taking this course: | | |
| ☐ To get a j | ob | | ☐ To get a better job/promotion | | 1 | ☐ To develop my existing business | | |
| ☐ To start my own business | | | \square It was a requirement of my job | | b | \square To get into another course of study | | |
| ☐ To try for a different career | | | ☐ I wanted extra skills for my job | | | ☐ For personal interest or self-development | | |
| Other rea | ason – please s | pecify _ | | | | | | |
| | | | | | | | | |
| SCHOOLING | AND EDUCATI | ON | | | | | | |
| What is your | highest qualifi | ication ac | hieved? | | | | | |
| In which cou | ntry was this q | ualificatio | n achieved? | | | | | |
| | | | | | | | | |
| Additional qu | ualifications ac | hieved | | | | | | |
| | | | | | | | | |
| Please list all | previous studi | ies in Aus | tralia whether suc | ccessfully comp | olete | d or not | | |
| Start date | Start date End date Provider Co | | | Cou | purse | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| LANGUAGES | | | | | | | | |
| | | or than 5 | nglish at home? | ☐ Yes ☐ | No | | | |
| | | | nglish at home? | □ 162 □ | INU | | | |
| ii YES, piease : | specify languag | ge/s | | | | | | |

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| How well do you speak English? \Box Very well | I ☐ Well ☐ Not well ☐ Not at all |
|---|--|
| What is your certified English language level? | |
| ☐ IELTS ☐ TOEFL | PTE Other |
| Are you currently or planning to study English w | hilst in Australia? |
| If YES, please specify at which college | |
| SPECIAL NEEDS | |
| Do you consider yourself to have a permanent a | and significant special needs requirement? |
| If YES, please indicate which: | |
| \square Hearing/Deaf \square Physical | ☐ Intellectual ☐ Learning |
| ☐ Medical condition ☐ Mental illness | s 🗆 Vision |
| Other (please specify): | |
| | |
| EMPLOYMENT | |
| Of the following categories, which BEST describe | es your current employment status? |
| ☐ Full-time employee | Part-time employee |
| ☐ Employer | ☐ Not employed – not seeking employment |
| \square Employed – unpaid worker in a family busin | ness Self-employed – not employing others |
| ☐ Unemployed – seeking part-time work | ☐ Unemployed – seeking full-time work |
| | |
| MARKETING | |
| How did you hear about CIC? | |
| ☐ CIC website ☐ Newspaper/Magazine | \square Facebook \square Exhibition/Fair \square Education agent |
| \square Other (please specify): | |
| | |
| DOCUMENTS ATTACHED TO THIS APPLICATIO | N |
| \square Certified academic transcripts | \square Advanced Standing application form (if applicable) |
| \square Copy of Australian Visa (if applicable) | \square IELTS Certificate or equivalent proof of English |
| Clear colour copy of your passport (in cases holographic imagery obscures the passport pholographic please provide a clear colour passport photo) | |

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STUDENT DECLARATION

Enrolment Application

| l, | ackn | owledg | ge that I | have read an | d | | |
|---|--|--------|-----------|--------------|---|--|--|
| and understand the information provided above. I also acknowledge that I have read CIC's student prospectus, website, marketing material and received full information from CIC's Educational Agent (for enrolment through an educational agent) before making the decision to enrol in the course. The information and documents provided by me are true, genuine and correct in all respects. | | | | | | | |
| Student | ent signature: Date: | | _/ | / | | | |
| SUBMIT APPLICATION | | | | | | | |
| MELBOURNE CAMPUS | | | | | | | |
| Email: | : admissions@cic.vic.edu.au | | | | | | |
| Post: | Admissions, CIC Higher Education, Level 4, 108 Lonsdale Street, Melbourn | ne VIC | 3000 | | | | |

This form aligns with CIC Higher Education (CIC) Admissions Policy and Procedure

Please refer to the policy and/or procedure on the CIC website www.cic.vic.edu.au for more information

Privacy Statement

CIC Higher Education collects personal information about you for the purposes of enrolling you into your chosen course(s) or program(s) of study. It is essential that you supply us with current and accurate details in order to process your enrolment. We may also collect and use your information to improve our products and services. CIC will ensure that your personal information is always stored securely and will not be traded improperly. Any disclosure of your data and personal information will be done in strict adherence to CIC's Privacy and Personal Information Policy and the Privacy and Data Protection Act 2014 (Vic). Please contact our student services if you have any concerns or make a privacy complaint at info@cic.vic.edu.au

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