

Request for disability support

Do you have a disability that may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please specify: <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mobility
<input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Other (please specify): _____
Please attach relevant information so that ECC can arrange assistance if possible.

International students only

English proficiency

(Please tick and attach documentary evidence where applicable)	
<input type="checkbox"/> English is my first language	
<input type="checkbox"/> English was the language of instruction during my secondary school studies and I gained a satisfactory pass in final-year English (results attached).	
<input type="checkbox"/> I have taken an IELTS or TOEFL test (results attached).	
<input type="checkbox"/> I have obtained a satisfactory mark or score in another examination or test acceptable to ECC (e.g. completion of at least the first year of a post-secondary/tertiary course at a college or university where the language of instruction was English).	
IELTS (Academic) or TOEFL score:	
Other English test:	Score:
Are you currently enrolled in an ELICOS school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', please provide name of school: _____	

Overseas Student Health Cover (OSHC)

ECC will provide all international students with an OSHC policy provided by Allianz Global Assistance, unless advised otherwise

Would you like ECC to arrange OSHC for you with Allianz Global Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of cover
<input type="checkbox"/> Single - covering only the Overseas Student
<input type="checkbox"/> Dual Family - covering the Overseas Student, and either one adult spouse or recognised de facto partner or one or more children or step-children under the age of 18 years who are not married
<input type="checkbox"/> Multi Family - covering the Overseas Student and more than one dependent, which can only include one adult spouse or recognised de facto partner and one or more dependent children
If you already have OSHC, please provide details of your cover below:
OSHC provider name:
OSHC number:
OSHC expiry date: DAY / MONTH / YEAR

Visa

Which type of visa will you be applying for?
<input type="checkbox"/> Student <input type="checkbox"/> Tourist <input type="checkbox"/> Working Holiday Visa
<input type="checkbox"/> Other (please specify): _____

Sponsored students only

Name of sponsoring organisation:
Type of sponsorship (e.g. tuition fees, living expenses):

Other information

How did you first learn about ECC? You may tick more than one.
<input type="checkbox"/> Exhibition/seminar
<input type="checkbox"/> Newspaper/magazine
<input type="checkbox"/> Recommended by a friend/relative – if so, is your friend/relative a ECC student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Recommended by an education agent
<input type="checkbox"/> Internet, please specify: _____
<input type="checkbox"/> Other (please specify): _____

Declaration

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to my application being refused or my enrolment cancelled. I have read and understood the relevant program information in this brochure and/or on the ECC website and I have sufficient information about ECC to enrol. I understand that the pathway may lead to future studies at ECU, subject to ECU's entry requirements.

I understand that ECC fees may increase. I accept liability for payment of all fees as explained in the ECC brochure and/or website, and I agree to abide by the Refund policy as outlined in edithcowancollege.edu.au/policies. I have read the information about living expenses on page 9 and I understand that living expenses in Australia may be higher than in my own country. I confirm that I am able to meet these expenses. I have understood and I accept the Enrolment Terms of Offer at edithcowancollege.edu.au/policies. I understand that ECC may, by written notice, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Commonwealth of Australia or the State of Western Australia. I give permission for ECC and ECU to obtain official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to. I authorise ECC to provide my personal information, including my contact details and enrolment details, to third parties in accordance with ECC's Privacy policy. These third parties include ECC representatives (agents) acting on my behalf; ECU (to facilitate progression from ECC to the next stage of my studies); sponsors and Navitas Limited and its affiliates (to communicate pathways and services offered by Navitas Limited and its related companies).

International students only: I understand that it is my responsibility to maintain valid Overseas Student Health Cover (OSHC). I also understand that if I am no longer enrolled at ECC, my OSHC membership can be transferred. I understand that if I have applied through an approved ECC/ECU agent, all correspondence relating to my application will be forwarded to that agent. In the circumstances of any suspected breach of my student visa conditions, I authorise ECC to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, and the Tuition Protection Service (TPS).

Health Protection: I give permission for ECC to obtain records and information from my current OSHC provider (if applicable). I also agree that ECC is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover.

I understand that any conditions concerning an offer of admission will be contained in my letter of offer from ECC, which I will be required to read and sign.

Applicant's signature:

(must be the same signature as in your passport)

Date: DAY / MONTH / YEAR

If you are under 18 years of age, your parent or guardian must also sign this application form.

Parent's/guardian's signature:

Date: DAY / MONTH / YEAR

*Unsigned applications cannot be processed. Agents cannot sign on an applicant's behalf.

Application submission

This application form has been submitted in:

City: Country:

Postal address for applications

Admissions Office
Edith Cowan College
Edith Cowan University, Building 31 Joondalup Campus
270 Joondalup Drive Joondalup WA 6027 Australia

T +61 8 6279 1100 F +61 8 6279 1111
E info@edithcowancollege.edu.au W edithcowancollege.edu.au

Or through a ECC representative:

Representative's stamp