

APPLICATION FORM

Please complete all sections using BLOCK LETTERS and blue or black pen



METRO
INSTITUTE

Agent Details: _____

PART A PERSONAL DETAILS

Given name _____ Family name _____ USI # if known _____

Gender _____ Date of birth ____/____/____ Passport # _____

Nationality _____ Country of birth _____ Visa Type _____

I give permission for Metro Institute to refund any fees to my nominated agent or third-party representative? Yes No

PART B CONTACT DETAILS

Current address _____

Telephone _____ Mobile _____ Email _____

Home country contact if different _____

PART C COURSE SELECTION

ELICOS - General English (Beginner to Advanced) Course Duration: _____ Weeks Start Dates: _____

BSB40120 - Certificate IV in Business BSB50420 – Diploma of Leadership and Management

BSB50120 - Diploma of Business BSB60420 – Advance Diploma of Leadership and Management

2024 Intake Dates: 22January 26February 15April 20May 22July 26August 14October 18November

PART D EXTRA REQUESTS

Do you require homestay? Yes No If yes, how many weeks? _____

Do you require an airport pickup? Yes No If Yes, Contact Metro Institute for an Application Form

Do you require Metro Institute to arrange your Overseas Student Health Cover?

Yes No If yes, please type: Single Family

Do you wish to apply for credit transfer or RPL? Yes No If yes, please fill out the RPL Application Form

You will need to supply your own laptop/computer, tablet compatible with Australian power and with Microsoft Office 365

PART E ADMISSION ELIGIBILITY

What evidence of upper-intermediate English language proficiency are you able to provide?

IELTS or equivalent test Australian Certificate/Diploma Native speaker

Metro Institute English Placement Test ELICOS Other _____

What is the highest level of education you attained?

Qualification _____ Awarding institution _____ Year of award _____

Institution _____ Country _____ Year of completion _____

Have you studied in Australia before? Yes No If yes, how long have you been in Australia? _____

Australian Certificate Australian Diploma/Advanced Diploma ELICOS Bachelor/Master Other

PART F SPECIAL NEEDS

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

If yes, please provide details so we can best support you: _____

PART G VISA LODGEMENT

Where will you be lodging your student visa application based on your Metro Institute enrolment?

Inside Australia Outside Australia

Do you have a current Australian visa? Yes No

If yes, visa type: _____ Expiry date ____/____/____

PART H SUPPORTING DOCUMENTATION

Please confirm you have attached the following documents, certified and accompanied by English translations if applicable:

- Passport including photo page and signature page
- Evidence of English language proficiency
- Academic certificates/transcripts (translation needed if not in English)

PART I STUDENT STATEMENT

Have you ever had a visa application refused or visa cancelled for Australia or any other country? Yes No

Have you ever been reported to Australia's Department of Home Affairs for failing to meet visa conditions?

Yes No

Have you ever been convicted of a criminal offence in Australia or any other country? Yes No

By submitting this form I agree that all information provided in the application is complete and correct. I understand that Metro Institute may refuse my application or cancel my enrolment if any information is found to be incorrect or misleading.

By submitting this form I agree that Metro Institute will independently verify the information supplied by me in this form and request further information or documentation as required. I authorise my authorised agent to act on my behalf in all matters relating to this application and associated fee matter and visa application.

I understand that a non-refundable \$200 enrolment fee is payable upon submission of this form to Metro Institute. I declare that I have successfully received all the current and accurate information about Metro Institute. I confirm that I have reviewed the Fees, Cancellation and Refund Policy which is included on the website at www.metroinstitute.edu.au

Student name: _____ Student signature: _____ Date: ____/____/____

SUBMITTING YOUR APPLICATION

Please submit your application to email sydney@metroinstitute.edu.au. You will receive a response within two business days. Please note that Metro Institute may request additional information from you in support of your application.