Australian
Data and Cyber
Institute

INTERNATIONAL STUDENT APPLICATION FORM

This application form is for international students applying to study in Australia. Do not complete this form if you are an Australian/New Zealand citizen, Australian Permanant Resident, or a Permanent Humanitarian visa holder.

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

The Australian Data Institute Pty Ltd t/as Australian Data and Cyber Institute ("ADCI")

1.PERSONAL DETAILS (*in **BLOCK LETTERS***) (*As stated in your passport*)

☐ Mr ☐ Mrs. ☐ Miss ☐ Ms.	Given Name(s):	Family Name:
☐ Female	☐ Male	☐ Other ☐ Please specify
Date of birth (dd/mm/yy) _____/_____/_____		Contact Number:
Passport Number:		Expiry Date:
Country of Issue:		Marital Status:
Email Address:		

2. PERMANENT ADDRESS *(Address in home country. A Post Office Box Number is **NOT** acceptable)*

Number and Street:	
Suburb/Town/City:	State:
Country:	Post Code / Zip Code:

3. MAILING ADDRESS *(If different from permanent address)*

Number and Street:	
Suburb/Town/City:	State:
Country:	Post Code / Zip Code:

4. AUSTRALIAN ADDRESS *(If student has started in another Australian course proivder)*

Number and Street:	
Suburb/Town/City:	State:
Country:	Post Code / Zip Code:
Contact Number:	

5. COURSE PREFERRED *(Please nominate the course you wish to enrol in, mark one course only)*

☐ **Bachelor of Data Science**
☐ **Bachelor of Cyber Security**
Commencement Date: _____
Course Fees: (refer to https://adci.edu.au/fees-and-refunds/) $ _____
Please attach evidence that demonstrates you meet the published entry requirements for your chosen course (please refer to **ADCI** website: www.adci.edu.au for the detailed information).
☐ I confirm I have read and understood the course information and student information published on the ADCI website at https://adci.edu.au and specific information for international students wanting to study in Australia published at https://adci.edu.au/international-students/.

6. EMERGENCY CONTACT

Name:	Relationship to you:
Contact details (address):	
Email:	Phone:

7. EDUCATION QUALIFICATIONS

Please provide details of all formal studies you have completed and those you are currently undertaking. You are required to include certified copies of your academic award(s) and transcript(s) with this application.	
Are you currently studying in Australia? ☐ Y ☐ N	
Highest academic qualification:	
Institute attended:	
Country/State:	Year enrolled:
Year completed:	Date results expected (if applicable):
Are you seeking credit or advanced standing from precious studies? ☐ Y ☐ N	
If yes, please provide a separate application for Credit for Prior Learning together with the following evidence:	
1. Copies of subject outlines (information must include: learning outcomes, weekly structure, topic list, assessment details, contact hours / student workload;	
2. Verified copies of certificates and transcripts.	
3. If documents are in a language other than English, please also provide certified translated copies. Refer to ADCI's Credit for Prior Learning Policy on our website (https://adci.edu.au/policy/)	

8. VISA INFORMATION

Do you hold a current Australian Temporary entry permit or visa? ☐ Y ☐ N	
If so, please provide a copy along with the following details:	
Visa Type: _____	Visa Expiry Date: _____
Visa Grant Number: _____	
What is the name of your current education provider: _____	
What is the name of the course you are currently enrolled in? _____	
Do you have an Australian Government USI (Unique Student Identifier)? ☐ Y ☐ N	
For more information visit www.usi.gov.au	

Are you applying for an Australian student visa with any dependents (e.g., spouse or children)?		Y		N		N/A

If yes, please provide a copy of the documents along with the following details:

Full Name:_____ Relationship with Applicant:_____

Passport Number:_____ Qualification:_____

Occupation: _____

Have you, or your spouse or any dependents ever been refused a visa to Australia?		Y	N
Have you, or your spouse or any dependents ever visited Australia and breached any visa conditions?		Y	N

9. ENGLISH LANGUAGE PROFICIENCY

Is English your first Language?	Y	N	What is your first language?	
Have you studied at secondary level with English as the language of instruction?		Y	N	
Do you have an English Language Score?	Y	N	If yes, please provide the copy along with details below	
Language test:	Band/Score:		Test date:	

10. DISABILITY ASSISTANCE

Do you have a disability which may affect your learning? E.g. vision, hearing, mobility, learning difficulties, medical or other conditions? Y N

If yes, please attach relevant details. Answering this question will not affect your application; the information you provide will assist us in assessing how we can best cater for your needs.

11. SUPPORTING DOCUMENTATION

ease provide certified copies of supporting documentation:

1. Certified copies of your academic transcript(s) and certificate(s) (if documents are in a language other than English, please also provide certified translated copies)
2. Evidence of English Language proficiency
3. Copy of your passport
4. Copy of your Confirmation of Enrolment (if you are currently studying in Australia)

12. ADCI PRIVACY NOTICE AND CONSENT (Please tick all boxes)

The information collected in this form is required to facilitate your enrolment and will be handled and stored in line with **ADCI's Privacy and Personal Information Procedures. ADCI** reserves the right to verify any of the details you have provided on this form in order to assess your application.

Some information requested on this form is collected to comply with the reporting requirements of the Higher Education Support Act 2003 and will be disclosed to the Commonwealth Department responsible for the administration of the Act as well as other information regarding your studies with the Institute. If you access Commonwealth Assistance while enrolled with **ADCI**, information about you and the study you undertake will be provided to the Australian Taxation Office.

☐ I confirm that I am 18 years of age or older and consent to ADCI in connection with and for the purposes of my application and study:

☐ collecting, storing, using, transferring, disclosing and otherwise handling my personal information (including sensitive information):

☐ providing my personal information to any other data controllers or data processors for processing my personal information (including sensitive information);

☐ disclosing my personal information (including sensitive information) to relevant authorities or required by applicable laws and regulations.

13. DECLARATION (Please tick all boxes)

☐ I have read, understood and agree to be bound by the terms and conditions of enrolment detailed in the enrolment information and policies available online at www.adci.edu.au.
☐ I declare that the information I have submitted is a true and complete record of all academic results I have received.
☐ I declare that I have read the instructions on this application form and that, to be best of my knowledge, the information provided by me is true and complete in every way.
☐ I acknowledge that ADCI may vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me.
☐ I give permission to ADCI to verify or obtain records from other educational institutions that I have attended.

Student signature	**Date**

Submit your application to ADCI's authorised representative or send directly to the address given below.

Contact Details
Australian Data and Cyber Institute
level 3, 251 Adelaide Terrace
Perth, Western Australia 6000
Email: admin@adci.edu.au
Web: http://www.adci.edu.au
CRICOS Provider Code: 04102F
TEQSA Provider Code: PRVI4332

Agent's stamp/details:

Company Name:
Counsellor's Name:
Email address:
Contact Number: