



Application form International students

Please print in BLOCK LETTERS

Please read carefully and send the completed application form and relevant documents to admissions@sibt.nsw.edu.au

Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other
Family name:
Given name/s:
Preferred name:
Date of birth: DAY / MONTH / YEAR
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country or region of citizenship:
Country or region of birth:
Passport number:
Which country are you applying from?
Do you currently hold an Australian Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, visa type:
Have you ever had a visa application rejected or visa cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please attach the decision record or notification correspondence.

Contact details

Applicant's contact details

Email address:
Mobile: Country code, Area code, Telephone
Home telephone: Country code, Area code, Telephone

Address in home country

Address:	
City:	
State/Province:	Post/zip code:
Country:	

Address in Australia (if known)

Address:	
City:	
State/Province:	Post/zip code:
Country:	

Parent/guardian's contact details

Family name:	
Given name:	
Relationship to applicant:	
Address:	
City:	
State/Province:	Post/zip code:
Country:	
Email address:	
Mobile: Country code, Area code, Telephone	
Home telephone: Country code, Area code, Telephone	

Academic program selection

Your SIBT pathway program

<input type="checkbox"/> Foundation program	
<input type="checkbox"/> Diploma of Arts	
<input type="checkbox"/> Diploma of Business Administration	
<input type="checkbox"/> Diploma of Commerce	
<input type="checkbox"/> Diploma of Engineering	
<input type="checkbox"/> Diploma of Information Technology	
<input type="checkbox"/> Diploma of Media and Communication	
When do you plan to commence your SIBT studies?	
<input type="checkbox"/> March <input type="checkbox"/> July <input type="checkbox"/> October	Year:

Your university degree

Do you intend to complete your degree at Western Sydney University, Sydney City Campus? <input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate course:
Major:

Academic qualification: highest level achieved

Name of qualification (e.g. Year 12, HKDSE or A-levels):
Name of school/institution:
In which country did you study this qualification?
Date of completion/Expected completion date: DAY / MONTH / YEAR
Language of instruction:
Will you be applying for recognition of prior learning (RPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide copies of relevant academic transcripts and a completed RPL Application Form (visit sibt.nsw.edu.au/exemptions).

Employment history

If you believe you have employment experience that is relevant to the program you are applying for, please attach a CV and references.

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 English test, eg Academic IELTS test (results attached).
<input type="checkbox"/> I have obtained a satisfactory mark or score in another examination or test acceptable to SIBT (eg 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 name:
Score:
If you are currently enrolled in an ELICOS School, please provide the name of the school and the course you are completing:

Students with a disability/health condition

Are you a prospective student with a health or learning disability that requires support services at SIBT? Yes No

If 'yes', our Student Counsellor will contact you to discuss your requirements.

Overseas Student Health Cover (OSHC)

Would you like SIBT to provide you with Allianz Overseas Student Health Cover (OSHC)?

Yes

If yes, the OSHC required is: Single Dual family Multi-family

No, I will arrange OSHC myself and will provide evidence of cover as a condition of my SIBT offer.

Other information

How did you first learn about SIBT? You may tick more than one.

Agent

Email communication

Referral by friend/relative

Advertising (print, radio, online)

Exhibition/information session

Social media

Online search

Application checklist

Check that you have:

completed all sections of the application form

read and understood the Conditions of Enrolment and Refund Policy at sibt.nsw.edu.au/policies

Check that you have attached:

certified copies of your academic qualifications*

evidence of your English language proficiency (if required)

certified copy of your passport or birth certificate

certified copy of your visa (if required)

any relevant employment documentation e.g. CV or resume (if required)

certified translations of any documents not in English

* A certified copy is signed by an authorised officer to acknowledge that it matches the original document exactly. Authorised officers include:

- staff of the SIBT office in Sydney
- an authorised SIBT agent (see sibt.nsw.edu.au/sibt-representatives)
- staff of the institution that issued the document
- a Justice of the Peace or Public Notary
- staff of an Australian Embassy, Consulate or High Commission

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 fraudulent, false or incomplete information may lead to my application being refused or my enrolment cancelled and relevant authorities may also be notified. I will notify SIBT immediately if there is any change to the information I have given in this application.

I have read and understood the relevant program information in the SIBT brochure and/or on the SIBT website at sibt.nsw.edu.au and I have sufficient information about SIBT to enrol.

I understand that the pathway may lead to future studies at another Institution, subject to their entry requirements.

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 SIBT, my OSHC membership can be transferred. I also agree that SIBT is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover.

I understand that if I have applied through an approved SIBT agent, all correspondence relating to my application will be forwarded to that agent.

I understand that SIBT fees may increase. I accept liability for payment of all fees as explained in the SIBT brochure, and I agree to abide by the Refund Policy as specified on the SIBT website sibt.nsw.edu.au. 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 read and understood the Enrolment Policy as specified on the SIBT website sibt.nsw.edu.au. I understand that SIBT may, 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 New South Wales.

I give permission for SIBT to obtain official records from an educational institution attended by me for the purpose of verifying the supporting documentation I have provided with my application, and to supply my contact details and any relevant official records to educational institutions (including ELICOS providers) to which I am eligible for admission.

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

I authorise SIBT to access the Visa Entitlement Verification Online (VEVO) system to check my visa details.

Privacy statement

I understand that information is collected by SIBT during my enrolment in order to meet its obligations under the Education Services for Overseas Students Act 2000 (ESOS Act) and the National Code of Practice for Providers of Education and Training to Overseas Students 2018. This is to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally.

I authorise SIBT to provide my personal information, including my contact details and enrolment details, to third parties in accordance with SIBT's and Navitas' Privacy Policies.

These third parties include:

- Navitas Limited and its affiliates (to communicate regarding pathways and services offered by Navitas Limited and its related companies),
- government departments (such as the Department of Home Affairs and the Department of Education and Training) and agencies involved in administering the ESOS legislation,
- external organisations (such as Tuition Protection Scheme or other tertiary education institutions) where disclosure is necessary to verify your previous qualifications and other supporting documentation provided with your application,
- contracted service providers which SIBT uses to provide services on its behalf here required by law.

In other instances information collected during my enrolment can be disclosed without my consent where authorised or required by law.

Do you grant SIBT permission to provide your parent or guardian referenced in this form with any information pertaining to your application to study, ongoing academic progress, results and attendance? Yes No

Applicant's signature: (must be the same signature as in your passport)

Date: DAY / MONTH / YEAR

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

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

Agent declaration

As the agent assisting this applicant, I declare that:

- I have assessed the applicant as a Genuine Temporary Entrant and a Genuine Student, confirming that studying the program indicated in their application is their primary purpose for coming to Australia and that they fully understand their obligations as an Australian student visa holder.
- I believe the applicant is academically qualified for the program they have applied for and has, or will have, the English proficiency level required to commence the program.
- I have verified to the best of my ability the authenticity of documents supplied with this application.

Agent's signature:

Date: DAY / MONTH / YEAR

Representative stamp

Application submission

This application form has been submitted in:

City:

Country:

Send application to:

E admissions@sibt.nsw.edu.au

Get in touch:

W sibt.nsw.edu.au T +61 2 9964 6555

E study@sibt.nsw.edu.au