



Student Application Form

(Domestic Student)

ALL SECTIONS MUST BE COMPLETED. Form must be filled in BLOCK letters in English and write N/A (not applicable) if section does not apply to you.

SECTION 1: PERSONAL DETAILS

Given name/First Name:		Family name/Last Name:	
Title: Mr /Mrs /Miss /Ms	Date of birth:	Country of Birth:	
Gender:	Your marital status:	Nationality:	

Contact details

Address in Australia:	Address in home country:
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Email:	
Mobile:	Telephone:

Emergency contact number

Name of the contact:	Relationship :	
Address of your emergency contact:		
Mobile:	Telephone: ()	Fax: ()
Email:		

Passport details

Passport number:	Expiry date:
Country of citizenship:	

Other Information

Do you require the Institute to arrange airport pick up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require the Institute to arrange homestay?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 : COURSE PREFERENCES

Name of Course	Duration	Name of Course	Duration
<input type="checkbox"/> BSB50120 Diploma of Business	52 weeks	<input type="checkbox"/> HLTAID009 Provide Cardiopulmonary Resuscitation	8 hours
<input type="checkbox"/> CPP20218 Certificate II in Security Operations	9 weeks	<input type="checkbox"/> HLTAID011 Provide First Aid	8 hours
<input type="checkbox"/> CPCWHS1001 Prepare to Work Safely in the Construction Industry	8 hours	<input type="checkbox"/> HLTAID012 Provide First Aid in an education and care setting	8 hours

Seeking to study at Thomas Institute Pty Ltd

Course Name code:
1.



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Expected Course(s) Duration:			
Commencement date:		Expected completion date:	
Are you applying for Credit transfer and Recognition of prior learning? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, you must attach supporting documents such as official transcripts or statement of attainment)			
English language proficiency			
<input type="checkbox"/> English is my first language			
<input type="checkbox"/> English was the language of instruction during my secondary or post-secondary studies			
<input type="checkbox"/> I have taken an English proficiency test			
Name of test: _____			
Results: _____ Test Date: _____			
SECTION 3: PREVIOUSLY COMPLETED EDUCATION QUALIFICATION(S)			
Qualification(s)	Education provider/country	Year completed	Result expected
Work experience (if any)			
Name of company	Role	Period employed	
Applicant visa history			
Country visa applied	Category of visa	Date of application	Outcome of visa
Funding source			
Who will sponsor your studies in Australia including boarding and accommodation? Please tick appropriately.			
<input type="checkbox"/> Self	<input type="checkbox"/> Parents	<input type="checkbox"/> Spouse	<input type="checkbox"/> Siblings
		<input type="checkbox"/> Bank loan	<input type="checkbox"/> Others
If others, please specify: _____			
Medical history			
Please state any information that we should know about any medical conditions you have or medications that you are taking.			



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Student's Visa been previously refused or cancelled from any country including Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and copies of any documentation:
Previously travelled overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, when and for what reason?
Previously applied and been refused admission to an Australian education provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the reason for this rejection? Which institute? What course did you apply for?

SECTION 4: DECLARATION AND APPLICATION CHECKLIST

Ensure certified copies of the following documents are attached at the time of submission:

- ☐ Academic transcripts and certificates
- ☐ Proof of English proficiency
- ☐ Proof of work experience (if applicable)
- ☐ Official transcript or statement of attainment (if applying for credit transfer)
- ☐ Statement of purpose
- ☐ Genuine Temporary Entry Form (GTE Form)

Declaration agreement

- i. I declare that all information provided in this application is complete and correct. I understand that failure to provide incorrect information or documentation in relation to this application may result in cancellation of my enrolment.
- ii. I authorise the Institute to verify my academic and professional qualifications, and work experience
- iii. I confirm that I have read the Institute's student handbook and information available on <https://theknox.edu.au/> and fully understand the requirements of the course
- iv. I understand the conditions of enrolment and the payment of fees and refund conditions. I also understand this written agreement and agree to abide by them as a student at the Institute.

The above mentioned information is true to the best of my knowledge and belief.

Name of applicant*	Signature of applicant	Date:

*Note: Student must be at least 18 years of age at the time of arrival in Australia.

Send application to:

The Knox Academy Australia

Email: admission@theknox.edu.au

Address: 5/ 9 Montgomery Street, Kogarah, NSW 2217, Australia

National Provider No 41234 | ABN: 86605715722

Thomas Institute Pty Ltd

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