

# APPLICATION FOR ADMISSION

## International Students - Undergraduate

### STUDENT DETAILS

Please print clearly in BLOCK letters. Tick boxes where appropriate

Family Name				Given Names			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (day/month/year)
Home Telephone			Mobile			Fax	
Email <input type="text"/>							
Permanent Home Address							
Suburb		State		Postcode		Country*	
Postal Address (If same as permanent home address write 'As above')							
Suburb		State		Postcode		Country*	
Address while studying (If same as permanent home address write 'As above')							
Suburb		State		Postcode		Country*	

\* If not Australia

### EMERGENCY CONTACT DETAILS

Parents/Next of Kin				Relationship to that Person			
Home Telephone			Mobile			Fax	
Home Address							
Suburb		State		Postcode		Country*	

\* If not Australia

### COURSE SELECTION

Location	Brisbane <input type="checkbox"/>	Sydney <input type="checkbox"/>	Start Date (day/month/year)	
Course 1 (e.g. Bachelor of Business)			Length	
Course 2			Length	
Course 3			Length	

### ENGLISH LANGUAGE

If the language of instruction in previous education was not English, all students must demonstrate an acceptable level of English proficiency to gain admission to the Martin academic programs. Please provide evidence of your English language proficiency by submitting your English language test results in the last two years.

### ACADEMIC IELTS (SCORE)

Overall	Listening	Reading	Writing	Speaking
Other (please supply)				

For all other tests accepted by the Admissions Department, please refer to martin.edu.au

### CITIZENSHIP/VISA DETAILS

Supporting Documentation should be attached to this enrolment form

Are you an Australian citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you hold a permanent humanitarian visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Temporary Entry Permit (Student Visa)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a permanent resident visa? (excluding Humanitarian Visa)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

### VISA DETAILS

Do you have a current Australian Visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide a copy of your current visa
Are you applying for a Student Visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Visa Type	Visa Subclass	Visa Expiry Date	

## PASSPORT DETAILS

Passport Number	Passport Expiry Date
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Please provide a copy of your current passport

## QUALIFICATIONS

Please list ALL your educational qualifications (incomplete and complete). You must supply properly verified or original documentation of all your academic transcripts. If more space is required provide details on an attachment.

### SECONDARY COLLEGE/SCHOOL

Year Completed	Level Completed	Name of Institution

### POST SECONDARY STUDIES

Year(s) Attended	Qualification	Name of Institution	Complete
[eg. 2013]	[eg. Diploma of Business]	[eg. Martin]	Yes / No
[eg. 2014]	[eg. Advanced Diploma of Business]	[eg. Martin]	Yes / No

## ACCOMMODATION

Do you require assistance with accommodation? Yes  No

What type of accommodation do you require?

Length of stay (weeks)

Homestay: Single  Student Hostel: Single  Twin Share

Accommodation start date

## AIRPORT TRANSFERS

Do you require an airport transfer? Yes  No

Flight details including date, time and flight number should be sent to the International Admissions Centre as soon as possible to arrange the airport collection

## OVERSEAS HEALTH COVER (OSHC) DETAILS

Do you currently hold an OSHC policy? Yes  No  If yes, please provide the following details

Are you currently enrolled in another institution in Australia? Yes  No  If yes, please provide a Letter of Release if relevant

Name of OSHC provider
OSHC Membership Number
OSHC Expiry Date

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy

Please select type of cover you wish to receive: Single  Dual Family (2 people)  Multi Family (more than 2 people)

## DISABILITY

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

If YES, please indicate the area/s of impairment: Hearing/Deaf  Physical  Intellectual  Learning  Mental Illness

Other  Acquired Brain Impairment  Vision  Mobility  Medical Condition

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes  No

## DECLARATION AND SIGNATURE (This application must be signed; otherwise it will not be accepted)

I wish to be considered for admission to the course(s) I have shown on this application form. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Martin. I authorise Martin, where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application.

Martin is bound by the Privacy Act (1988) of the Commonwealth of Australia. It collects and uses any personal information provided to itself in accordance with the Act. The type of information it collects, the use of the information and the disclosure of that information without any prior approval is set out in the Privacy Policy which can be found at martin.edu.au. By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

- Note:
- Information provided may be made available to Commonwealth and State agencies and the Director of the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and the National Code.
  - Any school-aged dependants accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school.

**Please send your application to  
Martin Admission Centre**

Level 24  
201 Elizabeth Street  
Sydney NSW 2000  
admissions@martin.edu.au

Signed (Student)	Date
Signed (Parent, Legal Guardian*)	Date

\*if applicant is under the age of 18

Enrol online  
**Visit:** martin.edu.au  
**Call** 1300 762 129 or +61 2 9543 1876