KING'S OWN INSTITUTE*

DOMESTIC STUDENT APPLICATION FORM



Please complete this form if you are applying to study at King's Own Institute (KOI). ALL Sections MUST be completed.

Email your completed application form to admissions@koi.edu.au
Mailing address: King's Own Institute, Level 9, 11 York Street, Sydney NSW 2000, Australia Please use CAPITAL (BLOCK) letters and TICK OR CROSS the relevant boxes.

1. PERSONAL E	DETAILS	S								
Have you previous	sly studie	ed at KOI?		Yes	No	If yes, what was	your KOI Student	ID (if knowr	າ)	
Preferred title:	Mr	Mrs	Miss	Ms	Dr	Mobile number:				
Family name:						Gender:	Male	Female	Other	
Previous family name:		(If Ap				Date of birth:	D D	м м	Y Y	Y Y
Given name:						Nationality:				
Permanent addres	ss in hom	ne country	(required,	must ir	nclude po	stcode):				
Number S	Street Name ddress (o	nly if diffe	rent from y		vn, City or Subi rmanent a		State, Territory, Prov	rince or County		Postcode/ Country
Applicant's person	nal email:	:								
2. RESIDENCE Sertified copies of all			attached to y	our appl	ication forr	n				
Are you? Au	ustralian	citizen	New	<i>ı</i> Zealan	d citizen	Aboriginal	Torres Strait	Islander		
Are you a Permane	ent Resid	lent of Au	stralia?	Yes	No		5.			
If you are a Permar	nent Res	ident, wha	at is your Vi	isa Sub-	class?		Date granted:	М	M	Y Y Y
Country of birth:						Main language sp	oken at home:			
Do you want to ap	ply for F	EE-HELP?	Yes	No		If yes, please	e provide TFN:			
						If yes, pleas	e provide USI:			
For more information	n about F	EE-HELP vis	sit:	http	os://www.s	studyassist.gov.au/help	o-loans/fee-help			
3. EDUCATION	AL QUA	ALIFICAT	IONS (Certi	ified copi	es of all do	cuments must be attach	ned to your application	n form)		
Have you studied	at a high	school in	Australia?		Yes N	lo If yes, pleas e	e provide the deta	ils:		
Name of qualificatio	n		Institutio	on		State/ Postcode	Date commenced	Date con	npleted/left	ATAR or equivale: (if applicable)
							M M Y Y	M M	Y Y	
Do you have any o	other sec	condary o	r post-seco	ondary .	Australia	n or international e	ducational qualifi	cations?		Yes N
Name of qualification	n		Institution	า		Country	Date commenced	d Date com	pleted/left	Completed
							M M Y Y	M M	Y = Y	Yes N
							M M Y Y	M M	Y Y	Yes N

Please provide certified copies of ALL your results including AIAK-UAI or equivalent (e.g. IAFE) and any post school studies. Certified English translations are required for documents in another language. Certified copies must be stamped REMOVE and INSERT or signed by a Justice of the Peace, Commissioner for Declarations, an approved KOI education agent or the issuing authority/institution, and be stamped with the certifier's stamp including the certifier's printed name, title/position, signature and date of certification. All documents not in English must be accompanied by certified and translated English copies by an approved translator.

4. WHEN DO YOU WANT TO START YOUR COURSE

Year: Starting trimester: Trimester 1

March

Trimester 2

July

August (Intensive) September (Intensive)

November

Trimester 3

5. WHICH LOCATION DO YOU WANT TO STUDY?

Sydney

Newcastle

6. COURSE DETAILS (Please tick the box of the course you are applying for)

HIGHER EDUCATION DIPLOMA

Diploma of Accounting

Diploma of Information Technology

Diploma of Management

UNDERGRADUATE

Bachelor of Business (Accounting)

Bachelor of Business (Management and Finance)

Bachelor of Information Technology

PACKAGED COURSES

Master of Information Technology (packaged with **Graduate Certificate of Information Systems**) Specialisations: Data Analytics or Cybersecurity

Non-Award

Cross - Institutional

POSTGRADUATE

Graduate Certificate in Business

Graduate Certificate of Information Systems

Graduate Certificate of Information Technology

Graduate Certificate of TESOL Graduate Diploma of Business

Graduate Diploma of Information Systems

Graduate Diploma of Information Technology

Graduate Diploma of TESOL

Master of Professional Accounting (packaged with Graduate Diploma of Business) Master of Accounting

Master of Professional Accounting

Master of Arts (TESOL)

Master of Arts (TESOL) (Professional)

Master of Business Administration

Master of Information Systems

Specialisations: Information Security **Business Analytics**

Master of Information Technology

Specialisations: **Data Analytics** Cybersecurity

No specialisation (General)

7. CREDIT TRANSFER (exemption credits toward the completion of your course)

Do you want to apply for exemptions as a result of previous study?

Yes No

Please Note: Any credit applications made after a Letter of Offer has been issued will be subject to approval and may attract additional fees.

8. EMPLOYMENT STATUS

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-time Employee Part-time Employee Self Employed

Employed - Unpaid Worker in a Family **Employer Unemployed - Seeking**

Business

Full Time Work

9. REASON FOR STUDY

Of the following categories, Which BEST describes your main reason for undertaing this course/traineeship/apprenticeship?

To get a job To develop my existing business To start my own business

To get a better job or promotion It was a requirement of my job I wanted extra skills

For personal interest or self development To get into another course of study To try for a different career

Other Reasons (please specify)

10. HOW DID YOU HEAR ABOUT KING'S OWN INSTITUTE

Exhibitions Agent Web Family/friend Social Media Other

11. ANYTHING THAT MAY AFFECT YOUR STUDY? (Certified copies of all documents must be attached to your application form)

Is there anything that may affect your ability to study at KOI? Yes No

If **YES** - is your issue Medical (including pregnancy) Legal Other

If Yes – you must provide brief details below.

Full details including medical or other assistance needed and supporting documents should be attached to this application form. Please note that KOI has limited resources to provide study assistance in some instances.

Brief details:

CHECK THAT YOU HAVE ATTACHED ALL REQUIRED DOCUMENTS BEFORE SUBMITTING YOUR APPLICATION

12. DECLARATION AND SIGNATURE

If ALL necessary documents have not been submitted, the admissions process will be delayed.

KOI student application form with all fields accurately completed

A certified, notarised or attested copy of your Passport / Driver's Licence/ Birth Certificate

Certified, notarised or attested copies of all your academic documents

Have you kept a copy for yourself

- I understand that the information I provide on and with this form will be used to assess my application.
- · I declare that the information provided by me on this form is true and complete in every detail.
- I acknowledge that KOI reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.
- I authorise KOI to obtain further information about me from educational and other institutions which I have attended and from Australian Government Authorities such as the Department of Home Affairs (DHA) and the Department of Education and Training (DET).
- I authorise KOI to supply any relevant official KOI records to educational institutions to which I am seeking admission, to other relevant higher educational governing and examining bodies, and to relevant Australian Federal, State or Territory Government Departments such as the DET and DHA.
- I understand that once I am enrolled, KOI will communicate with me on a range of matters relating to my course of study at KOI.
- I consent to KOI utilising any contact details I have provided for communications, including communications on services or products offered by KOI.
- I acknowledge that KOI reserves the right to vary course fees, course content and structure and graduation requirements from time to time.

Signature:	Name:	Date: D D M M Y Y Y Y
Office Use Only		
Received by:		Date: