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 D	PETAILS								
Have you previously studied at KOI? Yes No					If yes, what was your KOI Student ID (if known)				
Preferred title:	Mr Mrs	Miss I	Ms [Or	Mobile number:				
Family name:					Gender:	Male	Female	Other	
Previous family name:	(If App				Date of birth:	D D	М М	Y Y	Y Y
Given name:					Nationality:				
Permanent address in home country (required, must include postcode):									
Number s Current mailing ad	treet Name dress (only if differ	rent from yo		City or Suburb	dress	State, Territory, Pr	ovince or County		Postcode/ Country
Applicant's persona	al email:								
2. RESIDENCE STATUS Certified copies of all documents must be attached to your application form									
Are you? Au	stralian citizen	New 2	Zealand	citizen	Aboriginal	Torres Stra	it Islander		
Are you a Permane If you are a Perman			Yes a Sub-cla	No ass?		Date granted:	D M	М	Y Y Y
Country of birth: Main language spoken at home:									
Do you want to apply for FEE-HELP? Yes No If yes, please provide TFN:									
If yes, please provide USI: For more information about FEE-HELP visit: https://www.studyassist.gov.au/help-loans/fee-help									
3. EDUCATIONAL QUALIFICATIONS (Certified copies of all documents must be attached to your application form)									
Have you studied a	nt a high school in	Australia?	Ye	es No	If yes, please	provide the det	ails:		ATAD an a maint
Name of qualification	1	Institution	Ì		State/ Postcode	Date commend	ed Date cor	npleted/left	ATAR or equivale (if applicable)
2						M M Y		Y Y	
Do you have any other secondary or post-secondary Australian or international educational qualifications? Name of qualification Institution Country Date commenced Date completed/left Completed									
Name of qualification	l	Institution			Country	Date commenc		•	Completed Yes N
						M M Y		Y Y	Yes N
						M M Y			Yes N
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Please provide certified copies of ALL your results including ATAR-UAI or equivalent (e.g. TAFE) 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 Trimester 2 Trimester 3

> July November March August (Intensive) December

September (Intensive)

Master of Arts (TESOL)

Master of Information Technology

Specialisations:

5. WHICH LOCATION DO YOU WANT TO STUDY?

Sydney Newcastle

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

POSTGRADUATE HIGHER EDUCATION DIPLOMA

Diploma of Accounting **Graduate Certificate in Business** Master of Accounting

Diploma of Information Technology **Graduate Certificate of Information Systems** Master of Professional Accounting Diploma of Management

Graduate Certificate of Information Technology

Master of Arts (TESOL) (Professional) **Graduate Certificate of TESOL**

UNDERGRADUATE Master of Business Administration **Graduate Diploma of Business** Bachelor of Business (Accounting)

Master of Information Systems **Graduate Diploma of Information Systems** Bachelor of Business (Management and Finance) Specialisations:

Graduate Diploma of Information Technology Information Security **Bachelor of Information Technology Business Analytics**

Graduate Diploma of TESOL

PACKAGED COURSES Master of Professional Accounting

Master of Information Technology **Data Analytics** (packaged with Graduate Diploma of Business) (packaged with **Graduate Certificate of Information Systems**) Cybersecurity

Specialisations: Data Analytics or Cybersecurity No specialisation (General)

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

Cross - Institutional

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

Non-Award

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.
- $\bullet \ \ lacknowledge \ that \ KOI \ reserves \ the \ right \ to \ vary \ course \ fees, course \ content \ and \ structure \ and \ graduation \ requirements \ from \ time \ to \ time.$

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