

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 DETAILS

Have you previously studied at KOI?		Yes	No	If yes, what was your KOI Student ID (if known)	
Preferred title:	Mr	Mrs	Miss	Ms	Dr
Family name:		Gender:		Male	Female
Previous family name:		Date of birth:		Other	
(If Applicable)		D D		M M Y Y Y Y	
Given name:		Nationality:			
Permanent address in home country (required, must include postcode):					
Number		Street Name		Town, City or Suburb	
				State, Territory, Province or County	
				Postcode/ Country	
Current residential address (only if different from your permanent address in your home country – do not include agent's contact details)					
Applicant's personal email address:					

2. AGENT DETAILS (If applicable)

Agent name:	Telephone:
Email:	Contact person:

3. OVERSEAS (INTERNATIONAL) STUDENTS ONLY

VISA INFORMATION – (Certified copies of all documents must be attached to your application form)

Country of birth :	Passport No:
Have you applied for OR do you hold any type of Australian visa:	Yes No If yes, visa type:
Visa granted date:	Visa expiry date:
D D M M Y Y Y Y	D D M M Y Y Y Y
Year of first arrival to Australia:	
Are you applying or intending to apply for any type of Australian visa within the next 12 months?	Yes No If yes, visa type:
Which Australian Immigration (Department of Home Affairs) office issued/ is assessing your visa:	

Administrative Appeals Tribunal (AAT)

Are you involved in an AAT case?	Yes No	If Yes, please attach the details to this application.
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3.1 OVERSEAS STUDENT HEALTH COVER

Are you currently covered by Overseas Student Health Cover (OSHC) ?	Yes No
If yes – who is your OSHC provider:	
OSHC provider company name	Membership Number
	Expiry Date
If no – do you want KOI to arrange OSHC health cover?	
Yes	Single
Family	Single parent
Couple	No – I agree to arrange my own OSHC with a provider of my choice.

Compulsory Health Cover: It is an Australian Government Requirement that all overseas (international) students studying in Australia on a student visa are covered by Overseas Student Health Cover (OSHC) for the duration of their visa (see <https://www.health.gov.au/resources/collections/overseas-student-health-cover-oshc-resources> for details). Payment of OSHC must be made if you accept an offer of study from KOI. If you are accompanied by family and children, you must have the compulsory family policy for OSHC. If you do not yet have health cover, KOI can help arrange visa-length cover with our preferred OSHC provider Australian Health Management (AHM) (www.ahmoshc.com.au).

3.2. ENGLISH LANGUAGE PROFICIENCY (Certified copies of all documents must be attached to your application form)

Is English your first language Yes No If **NO**, provide your current English Language proficiency

IELTS PTE TOEFL CAE Other Result:

Date taken: D D | M M | Y Y Y Y

Main language spoken at home:

4. WHEN DO YOU WANT TO START YOUR COURSE?

Year:	Starting trimester:	<u>Trimester 1</u>	<u>Trimester 2</u>	<u>Trimester 3</u>
		March	July	November
			August (Intensive)	December (Intensive)
			September (Intensive)	

4.1. WHICH LOCATION DO YOU WANT TO STUDY?

Sydney Newcastle

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

ACCOUNTING COURSES

070368K Diploma of Accounting
070366A Bachelor of Business (Accounting)
076831K Master of Accounting
076835F Master of Professional Accounting

BUSINESS AND MANAGEMENT COURSES

070369J Diploma of Management
070367M Bachelor of Business (Management and Finance)
076833G Graduate Certificate in Business
087650B Graduate Diploma of Business
113883J Master of Business Administration

INFORMATION SYSTEMS COURSES

111587M Graduate Certificate of Information Systems
112953H Graduate Diploma of Information Systems
112952J Master of Information Systems
Specialisations:
Information Security
Business Analytics

INFORMATION TECHNOLOGY COURSES

108617C Diploma of Information Technology
098239M Bachelor of Information Technology
0100971 Graduate Certificate of Information Technology
0100970 Graduate Diploma of Information Technology
0100969 Master of Information Technology
Specialisations:
Cybersecurity
Data Analytics
No Specialisation (General)

PACKAGED COURSES

0100969 Master of Information Technology
(packaged with Graduate Certificate of Information Systems)
076835F Master of Professional Accounting
(packaged with Graduate Diploma of Business)

TESOL COURSES

083136G Graduate Certificate of TESOL
083135J Graduate Diploma of TESOL
083134K Master of Arts (TESOL)
117331J Master of Arts (TESOL) (Professional)

Non-Award Cross - Institutional

6. 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 Transfer applications made after a Letter of Offer has been issued will be subject to approval and may attract additional fees.

7. EDUCATIONAL QUALIFICATIONS (Certified copies of all documents must be attached to your application form)

Have you studied at a high school in Australia? Yes No *If yes, please provide the details:*

Name of qualification	Institution	State/ Postcode	Date commenced	Date completed/left	ATAR or equivalent (if applicable)
			M M Y Y	M M Y Y	

Do you have any other secondary or post-secondary Australian or international educational qualifications?

Yes No

Name of qualification	Institution	Country	Date commenced	Date completed/left	Completed
			M M Y Y	M M Y Y	Yes No
			M M Y Y	M M Y Y	Yes No
			M M Y Y	M M Y Y	Yes No

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 certified's stamp including the certified'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.

8. 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.

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

9. DECLARATION AND SIGNATURE

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

Offshore (i.e. currently outside Australia)

KOI student application form with all fields accurately completed
A certified, notarised or attested copy of proof of English
A certified, notarised or attested copy of your passport
A certified, notarised or attested copies of all your academic documents

If applicable:

A certified, notarised or attested copy of change of name documents

Onshore (i.e. currently in Australia)

KOI student application form with all fields accurately completed
A certified, notarised or attested copy of proof of English
A certified, notarised or attested copy of your passport
A certified, notarised or attested copies of all your academic documents

If applicable:

A copy of your current Confirmation of Enrolment (CoE)
A certified, notarised or attested copy of change of name documents

- 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, Skills and Employment (DESE).
- 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 DESE and DHA.
- I understand that if I have chosen to arrange my own Overseas Student Health Cover (OSHC), I will provide evidence when enrolling.
- 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:

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9.1 To be completed by Agent (not applicable for direct applicant)

The above mentioned information is verified and true to the best of my knowledge and belief. Branch Manager or authorised officer:

Signature: _____ Name: _____ Date:

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Office Use Only

Received by: _____

Date:

D	D	M	M	Y	Y	Y	Y
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