

KING'S OWN INSTITUTE*

Success in Higher Education



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 1, 31 Market St, Sydney NSW 2000. 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 Mobile number:

Family name: Gender: Male Female Other

Previous family name: (If Applicable) Date of birth: 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 Country Postcode/ Country

Current mailing address (only if different from your permanent address)

Applicant's personal email:

2. RESIDENCE STATUS

Certified copies of all documents must be attached to your application form

Are you? Australian citizen New Zealand citizen Aboriginal Torres Strait Islander

Are you a Permanent Resident of Australia? Yes No

If you are a Permanent Resident, what is your Visa Sub-class? Date granted: D D | M M | Y Y Y Y

Country of birth: Main language spoken at home:

Do you want to apply FEE-HELP? Yes No If yes, please provide CHESSN:

For more information about FEE-HELP visit: <https://www.studyassist.gov.au/help-loans-and-csps/fee-help>

3. 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 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: March July November

4.1 COURSE DETAILS *(Please tick the box of the course you are applying for)*

Diploma of Accounting	Diploma of Management	Bachelor of Business (Accounting)
Bachelor of Business (Management & Finance)	Bachelor of Information Technology	Graduate Certificate in Business
Graduate Diploma of Business	Master of Accounting (Standard)	Master of Professional Accounting
Graduate Certificate in TESOL	Graduate Diploma in TESOL	Master of Arts (TESOL)
Graduate Certificate of Information Technology	Graduate Diploma of Information Technology	Master of Information Technology

Non-Award Cross - Institutional Subject(s): _____

5. 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.

6. 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
Employer	Employed - Unpaid Worker in a Family Business	Unemployed - Seeking Full Time Work

7. REASON FOR STUDY

Of the following categories, Which BEST describes your main reason for undertaking 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
To get into another course of study	For personal interest or self development	To try for a different career

Other Reasons (please specify) _____

8. HOW DID YOU HEAR ABOUT KING'S OWN INSTITUTE (KOI)

Exhibitions	Web	Agent	Family/friend	Social Media	Other
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9. 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

10. 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: | |

Office Use Only

Received by:

Date:

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