



Please fill in BLOCK letters. To avoid delays in processing your application, all sections MUST BE completed.

**STUDENT DETAILS**

**First Name / Middle Name:** \_\_\_\_\_

**Family Name (s):** \_\_\_\_\_

**Date of Birth (dd/mm/yy):** \_\_\_\_\_ **Gender:**  Male  Female  Other **Nationality:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **Passport No:** \_\_\_\_\_ **Visa Type:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb/Town /City:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Are you applying for your visa from:**  Onshore  Offshore **English Level:** \_\_\_\_\_

**COURSE DETAILS**

**General English (Beginner to Advanced)**  
From (dd/mm/yy): \_\_\_\_\_ To (dd/mm/yy): \_\_\_\_\_ Weeks: \_\_\_\_\_

**English for IELTS & Academic Purposes**  
From (dd/mm/yy): \_\_\_\_\_ To (dd/mm/yy): \_\_\_\_\_ Weeks: \_\_\_\_\_

**Cambridge English Exam Preparation**

**First B2** From (dd/mm/yy): \_\_\_\_\_ To (dd/mm/yy): \_\_\_\_\_ Weeks: \_\_\_\_\_

**Advanced C2** From (dd/mm/yy): \_\_\_\_\_ To (dd/mm/yy): \_\_\_\_\_ Weeks: \_\_\_\_\_

**Comments / Breaks:** \_\_\_\_\_

**Is this course part of a Study Pathway / Course Package?**  Yes  No

**Course:** \_\_\_\_\_ **English Requirement:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_ **Start date:** \_\_\_\_\_

**STUDY TIMETABLE**

**Full - Time Day - 5 days / Week**  
**CRICOS** 9:00am - 1:45pm (Mon to Thu) + 9:00am - 12:20pm (Fri)  
20 hours class/study time (may include elective sessions) + weekly activity options.

**Full - Time Day - 3 days / Week\*\***  
**CRICOS (EIAP only)** 9:00am - 4:30pm (Mon to Wed)  
20 hours class/study time (may include elective sessions) + weekly activity options.

**Full - Time Eve - 4 evenings / Week**  
**CRICOS** 4:30pm - 9:45pm (Mon to Thu)  
20 hours class/study time + weekly activity options.

\* Student visa holders must choose the full-time option (CRICOS), as per your student visa requirements.

\*\* Strong Intermediate and above levels only for 3 days per week timetable (Students not meeting the level requirement may be transferred to the 5 day classes until level is reached).

## OVERSEAS STUDENT HEALTH COVER

Do you require Language Links to purchase Overseas Student Health Cover (OSHC) on your behalf?  Yes  No

Cover Type:  Single  Couple  Family Months: \_\_\_\_\_ Start Date: \_\_\_\_\_

Note: OSHC is compulsory for student visa holders for total visa duration

## ADDITIONAL INFORMATION

Accommodation Required:  Yes, (placement fee applies)  No

From (dd/mm/yy): \_\_\_\_\_ To (dd/mm/yy): \_\_\_\_\_ Weeks: \_\_\_\_\_

> Homestay Details:  Full Board  Half Board  Room Only Room Details:  Single  Share/Double

Do you feel comfortable in accommodation with pets?  Yes  No

Any allergies / Medical Conditions / Dietary Requirements:  Yes  No

Comments: \_\_\_\_\_

Carer/ Guardian Required:  Yes  No Note: Students under the age of 18 must have a carer while they are in Australia

> Alternative Accommodation:  Hostel  University Student Residence  City Student Hub (Campus Perth/Boulevard/Other)

> Au Pair/ Demi Pair Placement Programme\*  Au Pair  Demi Pair \*Please request a Candidate Application Form

Airport Pick Up?  Yes  No

Pick Up Date(dd/mm/yy): \_\_\_\_\_ Flight Number: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date(dd/mm/yy): \_\_\_\_\_ Flight Number: \_\_\_\_\_ Time: \_\_\_\_\_

If booking accommodation - Please supply your flight / arrival details in Perth even if pick up is not required.

I understand that Language Links, its employees and representatives are not liable for any injury, accident or loss I may suffer or cause while I am living in the accommodation

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

If yes, please provide information \_\_\_\_\_

## METHOD OF PAYMENT (Select your preferred payment option)

Paying to Agent:  in Full  Payment Plan\*

Paying to College:  in Full ( Direct deposit, Cheque, Credit Card\*\* or cash)  
 Payment Plan\* (Direct Debit or Credit Card\*\*)

\* Set up fee applies (\$80). Please complete Direct Debit Request (DDR) Form if paying by instalments to the college.

\*\* For all card payments, the student will incur in a 2% surcharge.

## CHECKLIST for Submission

Passport Copy

Academic Documents  
(if applicable/Pathway students)

GTE / CV (if applicable)

## DECLARATION

I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the college withdrawing the offer. I agree to release and indemnify or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I acknowledge that I am bound by the statutes and regulations of the College and I agree to pay all fees charged directly to me arising from this enrolment. I also acknowledge that my information may be shared between the College and relevant regulatory authorities. This information includes personal details, course enrolment details, and the circumstances of any suspected breach of student visa conditions.

Name of Applicant

Signature

Date (dd/mm/yy)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For applicants under the age of 18

Name of Applicant

Signature

Date (dd/mm/yy)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Language Links? \_\_\_\_\_

Were you enrolled by an Education Agent?  Yes  No

If Yes, Name/ Stamp: \_\_\_\_\_