

INTERNATIONAL STUDENT APPLICATION FORM

Please Note:

The trading name for the Lincoln Institute of Higher Education (LIHE) is Lincoln Education Australia (LEA). To avoid delays in processing your application, complete ALL the details including your email address. LEA will contact you after processing your application. For more information refer to LEA website https://example.com/horses/lea/.

PERSONAL DETAILS								
Title: Mr/Ms/Miss/Mrs/Othe		Date of b	oirth:	1.1			Gender:	Male Female Other
Family Name:	iown on passport)		dd Given Nar	mm nes:	УУУ!	У	Previous name:
Country of Birth:			Citize	enship:				(if-applicable)
Marital Status				Married				Unmarried
				Marrieu				Onmanied
Passport Number:		Expiry	Date:				Country of Issu	e:
Email:		• •				Mobile	Number:	
At the time of application are you in Austra	lia?	Yes,	No		If Yes, v	what year	did you first arriv	ve in Australia:
Current Residential Address								
Address:								
Suburb:	State:				Country:			Postcode:
Permanent home address in home countr	y (if different f	rom abov	re)					
Address:								
Suburb:	State:				Country:			Postcode:
Emergency Contact Details								
Name: Relationship:								
Phone Number: Email:								
Address:								
Suburb:	State:				Cou	ıntry:		Postcode:
AUTHORISED AGENT DETAILS (IF APPLICABLE)								
Agency Name:				Con	tact Person	n:		
Email:			Tele	Celephone Number:				
IMMIGRATION HISTORY AND VISA STATUS								
Have you applied for or are you holding any type of Australian visa? No. Yes,								
If yes Visa Type:and Expiry Date:								
Are you applying or intending to apply for any type of Australian visa within the next 12 months? No. Yes, Visa Type:								



Are you currently in Australia? If Yes, please provide your current resi	dential address in Australia:	No. Y	es
When did you first arrive in Australia: Have you ever had a visa refused, canc	n Australian Education Institution before	?	
COURSE SELECTION			
☐ Bachelor of Business and Ir CRICOS Course Code: 112 For Course Fees please refer to website. Please note that LEA	283H o LEA Fees and Charges on LEA	CRICOS Course C	and Information Systems ode: 112284G oplication Fee is not refundable.
INTAKE DATE			
☐ March	☐ July		Year:
MODE OF STUDY Full time			
ENGLISH LANGUAGE PROF	ICIENCY		
s English your main language?	☐ Yes ☐ No	If no, what is your main lar	nguage spoken at home:
Have you completed any secondary or t	ertiary studies with English as the mediur	m of instruction?	Yes No
Please indicate if you have taken any of	the following:		
English tests:	EFL PTE Oth	er: Test Date:	
Provide Test Reference Number:			
Overall Score: Reading:	Speaking:	Listening:	Writing:
ndicate if you have an English test on:			
ndicate if you are waiting for the Engli	sh test result and would provide the result	t on:	
Please refer to the LEA website for furth	ner information.		



EDUCATION BACKGROUND			
Hove you studied High Cohool in Austral	io) No Voc mlosco	muovido dotoilo bolovu	
Have you studied High School in Austral Institution/School	ia? No Yes, please Name of Qualification	Location	Year Completed
institution/ school	Name of Qualification	Location	real completed
Do you have any secondary or post- sec Australian or international education qu	•	Yes, please provide details below	
Institution/School	Name of Qualification	Location	Year Completed
If you have studied in Australia and have	e a Unique Student Identifier (USI num	ber), please provide:	
RECOGNITION OF PRIOR LEA	ARNING		
Do you wish to apply for Recognition of	f Prior Learning?	Yes	□No
If you have studied or are currently studegree at LEA. Please refer to the LEA Are you applying for Recognition of Pr If yes, please fill Recognition of Prior I Application form.	website for further information, includrior Learning?	ling Recognition of Prior Learning Pol	icy and Flowchart.
OVERSEAS STUDENT HEALT	TH COVER (OSHC)		
Do you have Overseas Student Health C	lover? No Yes,	Current Provider:	
Compulsory Health Cover: It is an Austr covered by Overseas Student Health Covaustralia/insurance for details).			
If you do not yet have OSHC, LEA can	arrange visa-length cover with our pref	erred and recognised OSHC provider l	Вира.
SUPPORT SERVICES			
Do you have a disability, impairme No Yes	ent or long-term medical condition,	which may affect your studies?	
If yes, what is the type of impairmen	nt that may affect your studies?		
Hearing Vision L	earning Mobility Medical	Other:	
ADDITIONAL QUESTIONS:			
Have you visited or studied in Austr	alia previously? (If yes, Please prov	vide information as below)	



Have you or your family member ever been refused a visa for entry into Australia or any other country? If yes, which country; and for what reason? Please provide a copy of rejection letter and more information as below:

Do you have any medical or health conditions or issues which may affect your studies, or prevent you from obtaining a student visa? (Please refer to homeaffairs.gov.au/Trav/Visa/Heal for a list of medical and health conditions of concern to the Australian Government. Also, note that health insurance in Australia will not extend to a pre-existing medical condition.) (If yes, please provide more information about your condition and whether you require additional support or advice from LEA after your arrival in Australia.)

Are you sponsored by the government in your home country or another country? If yes, who is your sponsor?

Do you have anything you would like to address to the University about this application?

CHECKLIST

I have	:
	Completed all sections of the application form
	Attached certified copy of proof of citizenship/residency (passport, visa, birth certificate, citizenship certificate)
	Attached certified copies of academic transcript(s) and certificate(s) translated into English (if applicable)
	Attached certified copied of English Language Proficiency Test
	Read and signed the student declaration
	Attached any other forms and associated certified documents requested in this application form
	Paid the application fee

I declare that the information provided in this application form is true and correct, and the academic records provided are a true record of my academic results.

PRIVACY STATEMENT:

LEA is subject to the NSW Privacy and Personal Information Protection Act 1998 (PPIPA) and Health Records and Information Privacy Act 2002 (HRIPA). LEA collects your information on this application form for the primary purpose of meeting its obligations under the Education Services for Overseas Students Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (National Code) and purposes of administering student and prospective student admissions and enrolment.

The information you provide in your application is recorded on LEA's database and may be disclosed to the following types of organisations:

- Government departments (such as the Department of Home Affairs and the Department of Education, Employment and Workplace Relations) and agencies involved in administering the ESOS legislation.
- External organisations (such as other tertiary education institutions) where disclosure is necessary to verify your previous qualifications and other supporting documentation provided with your application.
- LEA-owned entities.
- Contracted service providers which LEA uses to provide services on its behalf or conduct risk assessment for the purpose of establishing Genuine Temporary Entrant status against the criteria set out by the Department of Home Affairs.



· Where required by law.

You are able to gain access to any personal information and health information that LEA holds about you, subject to any exceptions in relevant legislation.

For further information please consult Privacy Policy - lincolnau.nsw.edu.au at LEA website.

- 1. I have read and understood the privacy statement above.
- 2. I declare that the information provided in this application form is true, correct and complete, and the academic records provided are a true record of my academic results
- 3. I authorise Lincoln Education Australia to obtain enrolment and academic information from any of my previous or current education providers
- 4. I understand that Lincoln Education Australia may vary or reverse any decision regarding admission or enrolment based on incorrect, incomplete or fraudulent information provided by me.
- 5. It is an offence to submit fraudulent documentation in support of my application. If fraudulent documentation is detected:
 - my application will be rejected.
 - if an offer has been made, it will be withdrawn; and
 - if a visa has been issued to me, the Department of Home Affairs will be notified; and
 - other relevant authorities (such as the NSW Police and the Independent Commission Against Corruption) may also be notified
- 6. I understand that all documents I submit with my application become the property of LEA and will not be returned.
- 7. I confirm that I have read and fully understand the International | Entry requirements for the course as outlined on the LEA website.
- 8. I will notify LEA immediately if there is any change to the information I have given in this application.
- 9. I have read the Student Handbook and other relevant information and understood the structure, content and modes of study of the course I am applying for in this application.
- 10. LEA may check my visa status on the Department of Home Affairs Visa Entitlement Verification Online facility.
- 11. Should I be found ineligible for admission to the nominated course/s on this application, I authorise LEA to assess my eligibility for a suitable alternative course/s or pathway course.
- 12. I have accessed information regarding the costs associated with living in Australia for me and any dependents accompanying me at: https://www.studyinaustralia.gov.au/english/live-in-australia/living-costs
- 13. I have accessed information regarding the costs related to studying at LEA website
- 14. I have sufficient funds to finance my studies including tuition fees, ancillary costs and living expenses for me and any dependents accompanying me to Australia.

Name:		
Signature:		

Applicants must personally complete the declaration above.

Third parties are not permitted to agree on the applicant's behalf.

Please return form to:

Date:

Lincoln Education Australia Level 2, 191 Thomas Street,



Sydney NSW 2000 AUSTRALIA

Email: admissions@lincolnau.nsw.edu.au

AGENT INFORMATION (IF APPLICABLE)

Agent Name: Branch/Country: Email Address: Phone Number:

Agent Declaration:

I have a good understanding of the university's admissions requirements and procedures: I have assessed the applicant accordingly.

- I have made every effort to verify the authenticity and validity of the documents I am submitting on behalf of the applicant that support this application.
- I have taken care to verify and provide accurate personal information pertaining to the applicant.
- I confirm the applicant has agreed to submit this application via our office. The applicant has signed the application form.
- I declared I will forward all correspondence as applicable to this application to the applicant. I
 understand, at times, the university will contact the applicant directly.
- I understand if the applicant submits an application via another agent, I will not be notified by the
 university. It will be the responsibility of the student to notify me of their change of agent. The
 University has the right to accept the students change of agent request without my knowledge and
 can withdraw this application.

Name of the Admissions Officer:

Signature and Date:

The University only accepts paper-based application forms under certain circumstances. Please complete your personal information and submit your application via the University's online application system.