



ENGLISH COLLEGE OF ADELAIDE

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 CRICOS Provider Code [00989E] CRICOS Provider Name: Japanese College of Adelaide P/L



APPLICATION FORM

Please remember to attach a scanned colour copy of your passport with your application form

PERSONAL DETAILS	
Family Name:	Given Names:
Title: Dr / Mr / Mrs / Ms / Miss Sex: M / F	Date of Birth (Day, Month, Year)
Country of Birth:	Nationality:
Address in home country:	
	Postcode:
Phone No: (home) (work) (mobile)	
Address in Australia:	
	State: Postcode:
Phone No: (home) (work) (mobile)	
Email address:	Current occupation:
EMERGENCY CONTACT	
Family Name:	Given Names:
Address:	
	Postcode:
Relationship:	Email address:
Phone No: (home) (work) (mobile)	
EDUCATION	
Highest educational qualification: (e.g. Elementary, High School, College, University Degree)	
Name of institution:	
Last year of English study (e.g. 2001):	Number of years of English study:
English level - self-evaluation: Beginner / Elementary / Intermediate / Advanced (Please circle one)	
English test completed: Type - IELTS / TOEFL / TOEIC / Other (please attach a scanned copy of your test)	
Score received:	Date received:
Reasons for studying English:	
COURSE DETAILS	
I wish to enroll for a: <input type="checkbox"/> Full-Time course (25 hrs per week) <input type="checkbox"/> Part-Time course <input type="checkbox"/> 14 hrs p/wk <input type="checkbox"/> 17.5 hrs p/wk <input type="checkbox"/> 20 hrs p/wk	
Course:	<input type="checkbox"/> General English <input type="checkbox"/> English for Direct Entry <input type="checkbox"/> Business English <input type="checkbox"/> English for Academic Purposes
Course commencement date:	Length of course:
Visa type:	Expiry date:
Passport number (please attach a scanned copy of your passport) :	
How did you hear about our college? <input type="checkbox"/> Agent (name:) <input type="checkbox"/> Exhibition <input type="checkbox"/> Magazine (name:) <input type="checkbox"/> Website (name:) <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Why did you choose to study at the English College of Adelaide?	
FURTHER STUDY IN AUSTRALIA	
Are you enrolled (or planning to enroll) in a course for further study after your course at ECA? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details. Institution Name:	
Course:	Course Commencement Date:
OTHER SERVICES REQUIRED	
ACCOMMODATION: Homestay Accommodation / Share Accommodation / Dormitory Accommodation (If you require Accommodation placement please complete Accommodation Form)	
AIRPORT PICKUP REQUIRED: YES / NO (Please advise ECA of flight details as soon as confirmed)	
OVERSEAS STUDENT HEALTH COVER (OSHC): If you study on a student visa, you are required to have OSHC for the duration of your visa. Do you require Single, Couple or Family OSHC? <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family Length of cover required: _____ months. Start date of OSHC cover: ____/____/____ (Date/Month/Year) *If Couple or Family OSHC is required, please give details of all members to be covered (Full Name, Date of Birth, Relationship, Sex). Please attach copies of family members passports.	

