

APPLICATION FORM

PROMOTION CODE:

STUDENT INFORMATION

Family Name:	First Name(s):
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (dd/mm/yyyy):	
Country of Birth:	Nationality:
Mother Tongue:	
Full Address:	
City:	Postcode:
Country:	
E-mail:	
Telephone:	
English Level:	
Type of Visa:	Passport No:

SCHOOL & COURSE INFORMATION

School Location:	
Course Name:	
Number of Weeks:	Start Date:

CONTACT DETAILS IN AUSTRALIA

Address in Australia:	
Telephone/mobile number:	

ACCOMMODATION

Would you like any support from Kaplan in finding accommodation in Australia?:

- Yes, please provide me with some different accommodation options.
- No, I will organise my own accommodation.

REASONS FOR STUDYING ENGLISH

<input type="checkbox"/> To study at Kaplan Business School	
Campus Location:	
Program:	
<input type="checkbox"/> To study at another Australian institution	
Name of the University/college	
Program	
<input type="checkbox"/> For study in my home country	
<input type="checkbox"/> For work in my home country	
<input type="checkbox"/> Other:	

KAPLAN REPRESENTATIVE INFORMATION

Partner Name/Contact Person:	
Country:	
E-mail:	
Telephone:	Fax:
For all partner bookings, please confirm who will be responsible for the total payment of this booking by selecting an option below	
<input type="checkbox"/> Partner <input type="checkbox"/> Student <input type="checkbox"/> Partner and Student (Provide details including amounts):	
Partner Signature:	

MEDICAL CONDITIONS

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

If yes, please provide medical documentation from a relevant treating professional detailing the impact of your condition on your ability to meet academic demands. Please see our Terms and Conditions (Application Process / Health Declaration)

OVERSEAS STUDENT HEALTH COVER (OSHC)

Would you like Overseas Student Health Cover? Yes No (Mandatory for student visa)

PAYMENT

At this time, I wish to pay: The application fee The full fees

Payment method:

Credit card (Please contact us to arrange payment to pay online)

Bank transfer (We will send you transfer details)

I am sponsored by:

DECLARATION

I confirm that I have read, understood, and agreed to Kaplan's privacy policy which can be found at www.kaplan.edu.au/privacy-policy.

Signature

Date:

Please return the completed form to the Kaplan International Languages or to your local representative.