Student Application Form

STUDENT DETAILS		
Family Name:	Nationality:	Country of Birth:
Given Name(s):		Date of Birth (day/month/year):
English Name (if any):		Passport Number:
Mobile number:		Gender (shown on your passport):
Address:		
Email:		

COURSES	
Start Date:	Total Duration (Subject to approval):
Shift (Subject to availability): Day ☐ Afternoon ☐	Preferred Course(s): General English ☐ English for Academic Purposes ☐

YOUR FUTURE STUDIES AFTER BOSTON INSTITUTE	
Are you planning on studying further after completing your studies at Boston Institute?	Yes ☐ No ☐
If yes, what is the name of the college you wish to enter after completing your studies at Boston Institute?	
What course do you wish to study there?	
When do you wish to commence your course there?	

PROOF OF ENGLISH: Please attach proof of your exam results (if any)	
Name of the Previous English language college (if any)	
What is the highest level completed there?	

VISA	
Do you have a valid visa to study in Australia?	Yes ☐ No ☐
Are you going to apply for a student visa in Australia or outside of Australia?	In Australia ☐ Outside of Australia ☐

OVERSEAS STUDENT HEALTH COVER /AIRPORT PICKUP SERVICE	
Do you currently have OSHC?	Yes ☐ No ☑
If yes, when does it expire? And who is your insurer?	_____/_____/_____ Insurer:
If no, would you like Boston Institute to arrange your OSHC?	Yes ☐ No ☑

ABN: 99 654 736 688
Address: Level 4, 60 York Street, Sydney, NSW 2000
Phone: 02 9836 6427
Website: www.bostoninstitute.nsw.edu.au | Email: info@bostoninstitute.nsw.edu.au | CRICOS Code: 04068C

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AGENCY INFORMATION (If applicable)	
Name of agency	Contact Person
Email	Contact Number

I acknowledge and agree that:

- The information provided in this application form to study at Boston Institute is accurate to my knowledge, and
- An offer made to me will be subject to the terms and conditions set out in the Offer Letter.

Student's signature: _____ Date (date/month/year):_____/_____/_____

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