

- If you are under the age of 18 upon commencement of course, please complete Ozford CAAW form
- Please email complete application form together with supporting documents to enrolment@ozford.edu.au
- Please write clearly in black or blue ink using CAPITAL letter in English

How did you find out about Ozford? (please tick)

☐ Search Engine
 ☐ Agent /Student Representative
 ☐ Referral
 ☐ Expo/Seminar
☐ Social Media *Please tick one
 () Facebook
 () Instagram
 () LinkedIn
 () YouTube
 () Other: _____

Section A: Personal Details

Family Name Date of Birth
 Given Names Gender ☐ Male ☐ Female ☐ Indeterminate
 Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widow

Permanent Address in Home Country:

Street No Town/City
 State/Province Postcode Country:
 Telephone Mobile
 Email

Address in Australia:

Street No Street
 Suburb State Postcode:
 Telephone Mobile
 Email

Parents Contact Details:

Father Full Name Telephone
 Mother Full Name Telephone
 Email:

Emergency Contact Details:

Full Name Telephone
 Email Relationship

Section B: Citizenship and Other Information

Nationality Country of Birth First Language
 Passport No Please provide certified copy of the identification page of your passport.

- Do you currently hold any type of Australian visa? ☐ Yes ☐ No
 If yes, type of visa Expiry date:
- Are you applying for Australian visa? ☐ Yes Type of visa: ☐ No
- Which immigration office will you lodge your visa?
- Have you been refused an entry visa to any country? ☐ Yes, please provide evidence. ☐ No
- Have you ever breach any visa conditions in any country? ☐ Yes, please provide evidence. ☐ No
- Have you been convicted of any crime or any offence in any country? ☐ Yes ☐ No

7. Do you have a known disability (eg. Intellectual, hearing, vision) or medical conditions or require additional special assistance which may affect your study, visa application and other aspects while studying in Australia?

☐ Yes, please complete Medical Condition Form

☐ No

8. Are you including any dependents with you visa application?

☐ Yes, please provide evidence.

☐ No

Section C: Course Information

Please select one or more course(s) listed below. For entry requirements for courses, please refer to our website:

www.ozford.edu.au for more information.

OZFOR ENGLISH LANGUAGE CENTRE (CRICOS provider number: 02501G)

Course name	Duration	CRICOS No.
<input type="checkbox"/> GENERAL ENGLISH	2 weeks minimum	048142A
<input type="checkbox"/> ENGLISH FOR SECONDARY SCHOOL PREPARATION	2 weeks minimum	048143M
<input type="checkbox"/> ENGLISH FOR ACADEMIC PURPOSES	10 weeks	060426K

Start Date:

D	D	M	M	Y	Y	Y	Y
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Number of weeks:

*for more information please visit: <http://www.ozford.edu.au/ozford-english-language-centre/>

OZFOR COLLEGE (CRICOS provider number 02427A, Registered School No. 2016)

Course Level	CRICOS No.	Term 1	Term 2	Term 3	Term 4
<input type="checkbox"/> YEAR 10	045402K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VCE YEAR 11	045402K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> VCE YEAR 12	045402K	<input type="checkbox"/>			

Start Date :

D	D	M	M	Y	Y	Y	Y
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2024 High school Intakes

12 Feb, 15 Apr, 15 Jul, 07 Oct

*for more information please visit: <http://www.ozford.edu.au/high-school/>

OZFOR INSTITUTE OF HIGHER EDUCATION (CRICOS provider number 03429B)

Course Level	CRICOS No.
<input type="checkbox"/> DIPLOMA OF BUSINESS	088194B
<input type="checkbox"/> BACHELOR OF BUSINESS	088192D
<input type="checkbox"/> BACHELOR OF BUSINESS (ACCOUNTING) * CPA/CA accredited	088193C
<input type="checkbox"/> BACHELOR OF INFORMATION SYSTEMS	113296F
<input type="checkbox"/> GRADUATE DIPLOMA IN INFORMATION TECHNOLOGY	115640A
<input type="checkbox"/> GRADUATE DIPLOMA IN MANAGEMENT	107424J
<input type="checkbox"/> GRADUATE CERTIFICATE IN INFORMATION TECHNOLOGY	115638F
<input type="checkbox"/> GRADUATE CERTIFICATE IN MANAGEMENT	108433M
<input type="checkbox"/> MASTER OF INFORMATION TECHNOLOGY	115641M
<input type="checkbox"/> MASTER OF BUSINESS ADMINISTRATION	107422M
<input type="checkbox"/> MASTER OF PROFESSIONAL ACCOUNTING	107423K

Start Date:

D	D	M	M	Y	Y	Y	Y
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2024 Degree Intakes

12 Mar, 29 Apr, 5 Aug, 23 Sept, 2 Dec

Section D: Credit Transfer or Recognition of Prior Learning (RPL)

Do you wish to apply for credit transfer or RPL?

☐ Yes

☐ No

If you have ticked yes, please provide the **credit application form** together with official transcript.

Section E: English Proficiency

Please check English entry requirements and additional requirements for the course for which you are applying.

Please provide proof of English proficiency result. Only results achieved within two years of the test date will be accepted.

<input type="checkbox"/> IELTS	Results:	<input type="text"/>	Date:	<input type="text"/>
<input type="checkbox"/> PTE	Results:	<input type="text"/>	Date:	<input type="text"/>
<input type="checkbox"/> TOEFL	Results:	<input type="text"/>	Date:	<input type="text"/>
<input type="checkbox"/> Other, please provide evidence.				

Section F: Academic History

Please check academic entry requirements and additional requirements for the course for which you are applying. Additional requirements such as a statement of purpose or an interview may be required.

Secondary Studies (High school)

Name of Qualification	<input type="text"/>	Institution	<input type="text"/>
Date of Completion:	<input type="text"/>	Country	<input type="text"/>

Post-secondary Studies (Diploma, Bachelor, Master degree etc) Please list most recent qualification first

Name of Qualification	<input type="text"/>	Institution	<input type="text"/>
Date of Completion	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Country	<input type="text"/>
Name of Qualification	<input type="text"/>	Institution	<input type="text"/>
Date of Completion	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Country	<input type="text"/>
Have you enrolled with Ozford before?	<input type="checkbox"/> Yes, student ID: <input type="text"/>	<input type="checkbox"/> No	
Are you currently enrolled with any education provider?	<input type="checkbox"/> Yes, please provide evidence. <input type="text"/>	<input type="checkbox"/> No	

Section G: Employment History

Are you currently employed? ☐ Yes ☐ No

If yes, please list most recent employment first

Company	<input type="text"/>	Position	<input type="text"/>
Date of commencement:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	End date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Company	<input type="text"/>	Position	<input type="text"/>
Date of commencement	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	End date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Section H: Other Services

1. Do you require airport pick up service? ☐ Yes ☐ No

2. Do you require assistance with accommodation? ☐ Yes ☐ No

3. Do you require Overseas Student Health Cover (OSHC)? ☐ Yes ☐ No

If yes, please tick one ☐ Single Cover ☐ Couple Cover ☐ Family Cover

Current OSHC expiry date: (if applicable)

I authorise the person below to act on my behalf (if applicable)

Company name:
Counsellor name:
Email:
Telephone:
Office location: Suburb: _____ City: _____ State: _____ Country: _____

Section I: Declaration

I/We declare that the information provide on this form is true, correct and up-to-date. I/we agree to abide by the terms and conditions of enrolment including the refund policy, which I/we have read and understood. By paying the fees I/we agree to the terms and conditions of enrolment including refund policy. Refer to <http://www.ozford.edu.au/international-terms-and-conditions-of-enrolment/> and/or <http://www.ozford.edu.au/higher-education/international-students-terms-and-conditions/> for more information.

I /We acknowledge that the provision in incorrect information or the withholding relevant information related to my application may invalidate my application and Ozford may refuse to assess my application or withdrawn an offer.

I/We declare that I am a Genuine Temporary Entrant and that I have read and understood the requirements, rights and responsibilities of a Genuine Temporary Entrant as defined on the Australian Government website <https://www.homeaffairs.gov.au/trav/stud/more/genuine-temporary-entrant/> I understand that if Ozford is of the opinion that I am not a Genuine Temporary Entrant, Ozford may refuse to assess my application or may withdraw any offer issued or cancel my enrolment.

I/We agree to abide by the regulations, policies and procedures of Ozford.

I/We have read the above conditions and understand and accept them in full.

<p>Student's signature: _____</p> <p>Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p>	<p>For student under 18 years of age only</p> <p>Parent's signature: _____</p> <p>Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p>
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