



MARCUS OLDHAM

We mean business.

CRICOS Code 00306D

ACADEMIC FORM APPLICATION FORM INTERNATIONAL APPLICATION FOR ADMISSION TO A COURSE

Document ID: FORM-006A

Audit Elements:

Return form by mail to: Student Services Officer Marcus Oldham College Private Bag 116 Geelong MC 3221 Australia

Tel: 61 3 5243 3533 Fax: 61 3 5244 1263

Email: courses@marcusoldham.vic.edu.au

Marcus Oldham College is registered to provide the following two courses to international students.

Please tick the relevant box for the course for which you are applying

Bachelor of Business (Agriculture) OR Diploma of Equine Management Course CRICOS Codes 067447D/067448C Course CRICOS 062230F

PLEASE COMPLETE ALL SECTIONS USING CAPITAL LETTERS AND RETURN TO THE COLLEGE

I wish to commence the above course in the academic year 2.....

PERSONAL DETAILS

FAMILY NAME:

GIVEN NAMES:.....PREFERRED NAME:.....

CURRENT ADDRESS:.....

.....POST CODE.....

TELEPHONE:..... FAX:..... MOBILE:

EMAIL:.....

DATE OF BIRTH:day.....month.....year

SPONSOR DETAILS

Will your tuition fees be paid by an organisation? Yes No

Table with 2 columns: Question, Answer. Questions include: If yes, name the organisation; In which country were you born?; From which country are you submitting this application?; What is your country of residency?; Have you previously visited Australia?; What is the main language spoken at your permanent home residence?; English language requirements section with checkboxes for GCE 'O'level, IELTS, TOEFL, and Other.

ACADEMIC DETAILS

Please provide details of all formal secondary and tertiary studies that you have completed and those that you are currently undertaking. You are required to supply an original or certified *copy of your academic award/s and transcript/s for all tertiary studies and for the **final year results only** of your secondary schooling.

| Name of Qualification (e.g. O/A Level, HSC, Degree) | School/Institute/University (e.g. Asian Memorial Institute of Management, Chennai) | Year enrolled (e.g.2001) | Year completed (e.g. 2004) | Date results expected (if applicable) |
|--|---|-----------------------------|-------------------------------|--|
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* Certified means witnessed by a Marcus Oldham College representative, a notary Public, Commissioner for Declarations, Justice of the Peace, or the Academic registrar of the institution that issued the transcript.

INDUSTRY EXPERIENCE & EMPLOYMENT

BACHELOR OF BUSINESS (AGRICULTURE) - Applicants enrolling in this course are required to have completed a **minimum of one year of full time pre-entry** practical experience, preferably on a farm or related industry.

Position(s) Held, Most recent Employer, Location, Dates of Employment.

Please outline your previous experience in the agricultural industry. This information may be used to contact this employer for further details regarding the position held

Title of Position heldDates: From To

Employer Name & Address
 Postal Code

Telephone/Mobile Fax

Email

DIPLOMA OF HORSE BUSINESS MANAGEMENT - Applicants enrolling in this course should have some experience in the equine industry and/or riding experience.

Please outline your previous experience with horses and/or in the horse industry.

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Are you a member of any Horse Industry Organizations, e.g. Race Club, Trainers or Breeders Association, Equestrian Federation, Pony Club or similar? Yes No

How would you rate your level of horse handling and practical skills? (Please circle appropriate response)

HIGHLY SKILLED COMPETENT SOME EXPERIENCE LITTLE EXPERIENCE NO EXPERIENCE

What is your main area of interest in the horse industry?

Racing Breeding Equestrian Other

OTHER EMPLOYMENT

Please give brief details of any other employment, including Employer, Date(s) of Employment, Position(s) held

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INTERVIEW REQUEST (Please tick ✓ one box only)

I would like to be interviewed by telephone at the following number:

My preferred time is during business hours **OR** after hours

You will be contacted to arrange a mutually convenient time and day

PARENT/GUARDIAN DETAILS

Parent/Guardian 1

Name
 Address

 Ph.
 Fax
 Mobile
 Email

Parent/Guardian 2

Name
 Address

 Ph.
 Fax
 Mobile
 Email

Could you please provide the following information in relation to parents/guardians. This information is part of a reporting requirement by the Commonwealth Government Department of Education, Employment and Workplace Relations (DEEWR). This information will only be given to DEEWR. Thank you

Highest education level

Parent/Guardian 1

Secondary Completed year level in year **OR**
 Tertiary Course Year completed

Parent/Guardian 2

Secondary Completed year level in year **OR**
 Tertiary Course Year completed

ALUMNI

Has any member of your family (relation) attended Marcus Oldham College?
 If so would you please complete the details below to enable us to maintain our alumni records.

| Name | Relationship (e.g. father) | Course of study | Year completed |
|------|----------------------------|-----------------|----------------|
| | | | |
| | | | |

APPLICANTS DECLARATION AND SIGNATURE

I declare that the information I have provided is complete and correct. I have read and understood all instructions on this application.
 I understand if I do not complete all the questions on this form Marcus Oldham College may not be able to process my application.
 I understand that the information collected on this form is to enable Marcus Oldham College to assess my application, create a record on its student records system, undertake statistical analysis and meet statutory reporting requirements. This information will be accessed by Marcus Oldham staff strictly for these purposes and disclosed to State and Australian Government agencies where required by law and the [Fund Manager](#) of the ESOS Assurance Fund as required under the Education Services for Overseas Students (ESOS) Act 2000 and the [National Code 2007](#) of that Act.
 I acknowledge that Marcus Oldham College reserves the right to vary or reserve any decision regarding admission made on the basis of incorrect, incomplete or fraudulent information.
 I authorise Marcus Oldham College to obtain further academic information or official student records from any educational institution noted in this application or from any recognised qualifications assessment body necessary and/or, where my work experience is relevant, to verify my employment history for the purpose of making an informed decision about my application.

Sign: Date:

Marcus Oldham College will store your details disclosed on this form for the purpose for which it was collected. We will not disclose your personal information to a third party without your consent, unless we are required or authorised to do so by law or other regulation.

CHECKLIST

- Complete all sections of this form
 - If your academic transcripts are in a language other than English enclose certified* English translations
 - Enclose certified* copies of all previous qualifications including final year secondary school results and academic transcripts with grading system descriptions
 - Enclose a certified* copy of the personal details page of your passport – where held
- * Certified means witnessed by a Marcus Oldham College representative, a notary Public, Commissioner for Declarations, Justice of the Peace, or the Academic registrar of the institution that issued the transcript.