

PERSONAL DETAILS					
Have you previously studied at the Crown Institute of Higher Education (CIHE)? No Yes Student ID number:					
Title: Mr/ Ms / Miss/ Mrs / Other:	Date of birth: (dd/mm/yyyy)		Gender: Male	Female Other	
First Name: Last name:					
Nationality:	Birthplace:	3:			
Are you: Australian Citizen	Permar	ent Resident	Other:		
Current Address:					
Suburb:	uburb: State: Pr			Postcode:	
Telephone number:					
Are you of: Aboriginal Origin Both Aboriginal and Torres Strait Island Origin Torres Strait Island Origin None of the above					
USI Number:					
COURSE SELECTION					
Campus Location NSW ACT					
INTAKE DATE					
March (Semester 1) July (Semester 2) November (Summer Session) Year:					
MODE OF STUDY					
Full time Part time					
HELP Loans Access (For more information , please visit - https://www.studyassist.gov.au/help-loans)					
HECS-HELP FEE	E-HELP	SA-HELP	OS-HELP	STARTUP-HELP	
ENGLISH LANGUAGE PROFICIENCY					
Have you completed any secondary or tertiary	studies in English?	Yes No			

If no, please provide an explanation and evidence of how it is you meet the level of English proficiency required (please refer to the Domestic Students Admission Information Sheet):

Crown Institute of Higher Education Pty Ltd

ABN 22 611 573 301 TEQSA Provider ID: PRV 14301 CRICOS Provider No: 03744B 116 Pacific Highway, North Sydney, 2060 P 9955 0488 F 9955 3888



# DOMESTIC STUDENT APPLICATION FORM

OF	HIGHER	EDUCATION	

TERTIARY COLLECTION OF STUDENT INFORMATION (TCSI)

Year of arrival in Australia:						
The Highest level of education of your pa	arents? Parent 1			Parent 2		
The Highest level attended and complete	ed: Year 9	Year 10	Year 11	Year 12	Other	
SCHOOL LEFT INFORMATION						
Year Left School	Stu	udent Numb	er			
School Name						
City/Town/Suburb	Postcode			S	state	
HEP INFORMATION						
Year						
Student Number		Credit Pr	ovider Code			
EDUCATIONAL BACKGROUND						
Institution/School	Name of Qualificatior		Loca	ation		Year completed
Institution/School	Name of Quantication	•	LUCA			rear completed

## WORK EXPERIENCE

Employer	Location	Years Employed	Position

#### CREDIT FOR PRIOR LEARNING

If you are currently studying or have previously studied at another academic institution you may be eligible to apply for credit towards your degree at CIHE.

No

For more information, please refer to the Credit for Prior Learning Policy at www.cihe.edu.au/policies-1

Do you wish to apply for credit for prior learning? Yes

Crown Institute of Higher Education Pty Ltd ABN 22 611 573 301 TEQSA Provider ID: PRV 14301 CRICOS Provider No: 03744B 116 Pacific Highway, North Sydney, 2060 P 9955 0488 F 9955 3888



### **DISABILITY INFORMATION**

Do you have a disability, impairment or long term medical condition, which may affect your studies?

□No oYes

Please indicate the nature of the disability, impairment or condition:

□ Hearing	□ Learning	□ Medical
□ Vision	□ Mobility	□ Other:

If you wish to apply for reasonable adjustment upon commencing your studies at CIHE, please refer to the Student Assessment Policy and Procedure at www.cihe.edu.au/policies

#### APPLICATION CHECKLIST

Before submitting this application, I have:

Completed all sections of this application form

Attached certified copies of proof of citizenship/residency. This may include copies of your passport, birth certificate, visa, or citizenship certificate.

Attached certified copies of applicable academic transcripts and certificates. These must be translated into English if applicable.

Read the Student Selection and Admissions Policy and Procedure, available at https://www.cihe.edu.au/policies

Read and signed the student declaration

### STUDENT DECLARATION

- I declare that the information provided in this application is true and correct, and the academic records provided are a true record of my academic results.
- I authorise Crown Institute of Higher Education to obtain enrolment and academic information from any of my previous or current education providers.
- I understand that Crown Institute of Higher Education may vary or reverse any decision regarding admission or enrolment based on incorrect, incomplete, or fraudulent information provided by me.
- I understand that all documents I submit with my application become the property of CIHE and will not be returned.
- I confirm that I have read and fully understand the requirements of the course as outlined on the CIHE website (www.cihe.edu.au).
- I will notify CIHE immediately if there is any change to the information I have provided in this application.

Name:

Signature:

Date:

Please return this application form, along with supporting documentation, to:

Crown Institute of Higher Education 116 Pacific Highway North Sydney, NSW, 2060

Or via email, to: admissions@cihe.edu.au

Crown Institute of Higher Education Pty Ltd ABN 22 611 573 301 TEQSA Provider ID: PRV 14301 CRICOS Provider No: 03744B 116 Pacific Highway, North Sydney, 2060 P 9955 0488 F 9955 3888