

(Off-shore application)

ALL SECTIONS MUST BE COMPLETED. Form must be filled in BLOCK letters in English and write N/A (not applicable) if section does not apply to you

SECTION 1: PERSONAL DETAILS	5						
Given name/First Name:			Fami	Family name/Last Name:			
Title: Mr/Mrs/Miss/Ms	Date of birth:				Country of birth:		
Gender:	Your marital sta	atus:				Nationality:	
Contact details							
Address in Australia:			Add	ress in ho	me count	ry:	
Emaile							
Email: Mobile: Telephone:							
Emergency contact number				relephone	e. 		
Name of the contact:					Relations	shin :	
Address of your emergency cor	ntact:				Relations	siip .	
Address of your emergency cor	itact.						
Mobile:	Telephone:	()			Fax:	.()	
		. ,					
Email:							
Passport details				l e	vnim, data		
Passport number:				E	xpiry date	:	
Country of citizenship: Other Information							
	airport pick up?	Voc	No	/rofor t	to hiht nov	wadu ay for carvica charges	
Do you require HIBT to arrange airport pick up? Do you require HIBT to arrange homestay?			No	(refer to hibt.nsw.edu.au for service charges) (refer to hibt.nsw.edu.au for service charges)			
SECTION 2 : COURSE PREFEREN	,	163 1	NO	(refer to	J HIDLHISW	.edu.au for service charges)	
BUSINESS	ICES	Du	ıration			ACCOUNTING	Duration
DOSINESS		Du	iiatioii		•	ACCOUNTING	52 weeks
Certificate IV in Busine	ess	30 w	vooks			ate IV in Accounting	JZ WEEKS
CRICOS Code: 086993J		30 weeks			CRICOS Code: 088166F		52 weeks
Diploma of Business		60 weeks		Diploma of Accounting		JZ WEEKS	
CRICOS Code: 087275J		00 W	VEEKS		CRICOS Co	de : 088167E	
							52 weeks
Advanced Diploma of CRICOS Code: 087535E	Business	120	weeks			ed Diploma of Accounting	
CRICUS CODE: U8/535E					CKICOS CO	ae: 088168D	
Address Level 2 422 425 Oct					A DAL.	40.454.570.344	

 Address:
 Level 2, 133-135 Oxford Street
 ABN:
 49 151 579 341

Bondi Junction NSW 2022 CRICOS 03360G

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Seeking to study at HIBT						
Course Name & CRICOS code:						
1.						
2.						
3.						
Expected Course(s) Duration						
Commencement date: Expected completion date:						
Are you applying for Credit transfer and Recognition of prior learning? Yes No (if yes, you must attach supporting						
documents such as official transcripts or statement of attainment)						
English language proficiency	English language proficiency					
English is my first languag	ge					
English was the language	of instruction during	my secondary or post-secondary stu	udies			
I have taken an English pr	oficiency test					
- '						
Name of test:						
		Test Date:				
SECTION 3: PREVIOUSLY COMPLE	TED EDUCATION QU	ALIFICATION(S)				
Qualification(s)	Educ	cation provider/country	Year	Result		
Qualification(3)	Edde	completed	expected			
			completed	Схрестей		
Work experience (if any)						
Name of company Role		renou en	пріоуец			
Applicant visa history						
Country visa applied Category of visa Date of application		Outcome of	Outcome of visa			
Funding source				_		
Who will sponsor your studies in	Australia including bo	arding and accommodation? Please	tick appropriately			
Self Parents Spouse Siblings Bank loan Others						
If others, please specify:						

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Medical history

Please state any information that we should know about any medical conditions you have or medications that you are taking.

Student's Visa been previously refused or cancelled from any country including Australia?	Yes No If yes, please provide details and copies of any documentation:		
Previously travelled overseas?	Yes No If yes, where, when and for what reason?		
Previously applied and been refused admission to	Yes No If yes, what was the reason for this rejection? Which		
an Australian education provider?	institute? What course did you apply for?		

SECTION 4: DECLARATION AND APPLICATION CHECKLIST

Ensure certified copies of the following documents are attached at the time of submission:

Academic transcripts and certificates

Proof of English proficiency

Proof of work experience (if applicable)

Official transcript or statement of attainment (if applying for credit transfer)

Statement of purpose

Genuine Temporary Entry Form (GTE Form)

Declaration agreement

i. I declare that all information provided in this application is complete and correct. I understand that Failure to provide incorrect information or documentation in relation to this application may result in cancellation of my enrolment.

ii. I authorise the Hamro College to verify my academic and professional qualifications, and work experience

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- iii. I confirm that I have read the HIBT's student handbook and information available on www.hibt.nsw.edu.au and fully understand the requirements of the course
- iv. I understand the conditions of enrolment and the payment of fees and refund conditions. I also understand this written agreement and agree to abide by them as a student at Hamro College.

The above mentioned information is true to the best of my knowledge and belief.

Name of applicant [*]	Signature of applicant	Date:		

Send application to:

Level 2, 133-135 Oxford Street Bondi Junction NSW 2022 sydney@hibt.nsw.edu.au
02-80652990

 Address:
 Level 2, 133-135 Oxford Street
 ABN:
 49 151 579 341

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^{*}Note: Student must be at least 18 years of age at the time of arrival in Australia.