



Simplified Student Visa Framework (SSVF) International Student Application Form

RTO Code: 31915
CRICOS Code: 03320D
T: 1300 827 188

Instructions:

Future Academy requires prospective International students to prove that they are Genuine Temporary Entrants (GTE) based on the standards set by the Department of Immigration and Border Protection (DIBP). This application proves that the student has the financial capacity and the commitment for studying in Australia. Future Academy may also require applicants to attach various certified documentation to support their application. Please provide true and accurate information, as false information will result in a rejection of your application.

Complete all sections of this form clearly using **BLOCK** letters and black or blue pen. Please submit this to Future Academy along with the supporting documents.

For more information visit: www.futureacademy.edu.au

EDUCATIONAL AGENT / REFERRAL DETAILS

Are you applying through a Future Academy registered agent?

Yes Agent Name: _____ No

Are you an onshore or offshore student?

Onshore Offshore

Which country are you submitting this application in?

PERSONAL DETAILS

Given name: _____ Family name: _____

Date of Birth: ____/____/____ Gender: Male Female

Country of Birth: _____ Passport number: _____

Nationality: _____ USI: _____
(Unique Student Identifier)

Address in **HOME COUNTRY**: _____ Post Code: _____

Phone: _____ Home: _____ Work: _____

Address in **AUSTRALIA**: _____ Post Code: _____

Phone: _____ Home: _____ Work: _____

Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Home: _____

Work: _____



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SELECT YOUR PREFERRED COURSE		
<input type="checkbox"/> General English (09309IM) Number of weeks : _____ Start Date: ____/____/____		
Course Code	Course Name	Campus
BSB51915	Diploma of Leadership and Management <input type="checkbox"/>	<input type="checkbox"/> New South Wales <input type="checkbox"/> Queensland <input type="checkbox"/> Western Australia
BSB61015	Advanced Diploma of Leadership and Management <input type="checkbox"/>	<input type="checkbox"/> New South Wales <input type="checkbox"/> Queensland <input type="checkbox"/> Western Australia
CHC50113	Diploma of Early Childhood Education and Care <input type="checkbox"/>	<input type="checkbox"/> New South Wales <input type="checkbox"/> Queensland <input type="checkbox"/> Western Australia
Preferred Intake: <input type="checkbox"/> 11 January, 2016 <input type="checkbox"/> 11 April, 2016 <input type="checkbox"/> 11 July, 2016 <input type="checkbox"/> 10 October, 2016 <input type="checkbox"/> 9 January, 2017 <input type="checkbox"/> 10 April, 2017 <input type="checkbox"/> 10 July, 2017 <input type="checkbox"/> 9 October, 2017 <input type="checkbox"/> 8 January, 2018 <input type="checkbox"/> 9 April, 2018 <input type="checkbox"/> 9 July, 2018 <input type="checkbox"/> 8 October, 2018		
Of the following categories, which BEST describes your main reason for undertaking this course? <input type="checkbox"/> To get a job <input type="checkbox"/> To start my business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try a different career <input type="checkbox"/> It was a requirement of my job		
ARE YOU CURRENTLY IN AUSTRALIA?		
If you are in Australia, tell us whether you have one of these visas or visa exemptions: <input type="checkbox"/> Partner Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Visiting Scholar Visa <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Tourist / Working Holiday Visa Issuing Country of Passport: _____ Visa Number: _____ Passport Number: _____ Visa Expiry Date: ____/____/____		
PREVIOUS VISA HISTORY		
Have you even been denied entry to Australia or any other country? <input type="checkbox"/> Yes (attach details of official correspondence) <input type="checkbox"/> No Have you breached the conditions of a visa for Australia or any other country? <input type="checkbox"/> Yes (attach details of official correspondence) <input type="checkbox"/> No		



OVERSEAS STUDENT HEALTH COVER (OSHC)

Do you have current Overseas Student Health Cover (OSHC)? Yes (If YES, please specify below) No

Name of Insurance Provider(Company): _____

If NO, what type of OSHC will you require?

Single Couple Family

A complete list of OSHC providers is available upon request.

EDUCATION

Are you currently studying in Australia?

Yes (attach documentation of all results and qualifications received to date) No

Have you SUCCESSFULLY completed any other qualifications? Yes – indicate below No

- | | | |
|--|--|---|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate IV (Advanced/Tech). | <input type="checkbox"/> Undergraduate Degree |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Diploma | <input type="checkbox"/> Postgraduate |
| <input type="checkbox"/> Certificate III (Trade Certificate) | <input type="checkbox"/> Advanced Diploma | |
| <input type="checkbox"/> Other Certificate: _____ | | |

Name of Qualification

Institution: _____ State: _____

Country: _____ Date Commenced: ____/____/____ Date completed: ____/____/____

Institution: _____ State: _____

Country: _____ Date Commenced: ____/____/____ Date completed: ____/____/____

Institution: _____ State: _____

Country: _____ Date Commenced: ____/____/____ Date completed: ____/____/____

STATEMENT OF PURPOSE

Please answer the questions below and attach it with this application. This section helps us identify the details of your circumstances.

1. Why did you choose to study in Australia rather than somewhere else (e.g your country)?
2. Why did you choose to study in Future Academy rather than other institutes/providers?
3. What course are you applying for? Why did you choose to undertake the selected course?
4. Describe what you intend to do after the completion of your course.
5. Describe your educational and employment background in no more than 100 words.



DISABILITIES

Do you have a disability for which additional assistance is required? Yes (please specify below) No

*tick all the apply

- Hearing / Deaf Acquired Brain Impairment Vision
 Intellectual Mental Illness Medical Condition
 Learning Physical

Other – please specify: _____

ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No

Do you speak a language other than English at home?

- Yes, (please specify below) No, English only

What is the language you speak most often? _____

How well do you speak English?

- Very well Well Not well Not at all

Have you taken, or will you be taking an English test? Yes No

What was the name of the test:

- IELTS Other – please specify: _____

Date of test: ____/____/____ Test Score: _____

(please attach a copy of your results)

EMPLOYMENT HISTORY

If applicable, list your employment history below:

Employer	Position / Duty	From (M/Y)	To (M/Y)



FINANCIAL FUND

Do you have the financial capacity to support you and your dependents (if applicable) for the total period of your stay in Australia to meet your course progress?

Please visit the DIBP website (www.border.gov.au) for more info.

Please indicate your financial source:

- Self-funded Parents Relatives Bank loan Employer scholarship

Do you have any dependents? (If yes, please provide their details below)

Name	D/O/B	Relationship with applicant
	/ /	
	/ /	
	/ /	

Please declare if you have the funds for the following expenditures:

Expenditure	Per person	Estimated amount (AUD)	Do you have the funds?
Travel	Applicant	Return airfare to Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dependents	One Return airfare to Australia per person	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
College fees (tuition, material & enrolment fees)	Applicant	Course Fees for one academic year	<input type="checkbox"/> Yes <input type="checkbox"/> No
	School-age children (5-18yrs)	Approx \$6000	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Cost of living	Applicant	\$18,610 per year	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Partner	\$6,515 per year	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	First child	\$3,720 per year	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	Each other child	\$2,790 per year	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Overseas Student Health Cover (OSHC)	Single	Approx \$437 per year	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Couple	Approx \$1,222 per year	
	Single-parent	Approx \$1,744	
	Family	Approx \$2,022 per year	



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DOCUMENT CHECKLIST

Please make sure you have every box ticked off for timely processing of an application:

- Completed the application form, ensuring all details are **valid, true** and **up-to-date**
- Provided **certified true copy** of the main applicant's **passport** and also every dependent who is included in the application
- Provided details of **academic history record** and submitted **certified true copies of transcripts and attainments**
- Provided certified true copy of **English language proficiency (IELTS)**
- Provided certified true copy of completion of **Australian Year 12** or any **equivalent qualifications** (onshore students)
- Provided **statement of purpose of study** giving the reasons for undertaking intended course
- Provided signed **Financial Declaration form** by the student and the agent. Offshore students must submit **certified true copy** of the **bank account balance** or **funding sources** such as bank loan letter or Australian sponsor funding source detail support letter

Please note that Future Academy Pty Ltd cannot issue any offer letter without the above documents.

Confirmation of Enrolment (CoE) may only be issued if the following documents have been submitted:

- Evidence of minimum payment – receipt from bank
- Signed Student Agreement to confirm acceptance an enrolment offer with agree term and condition which attached to the offer letter

All non-English documents must be translated to English and are to be emailed to: cricos@futureacademy.edu.au or sent to **6 Fetherstone Street, Bankstown NSW 2200 Australia.**

Student Declaration

- I certify that the information supplied in this application and the supporting documentation are true and correct. I have read and agreed to the terms and conditions of enrolment including fees and refund policy. I understand that any incorrect information or withholding of information or documentation may result in cancellation of enrolment by Future Academy Pty Ltd.
- I understand that by submitting this application, I am giving written consent for Future Academy Pty Ltd to independently verify the information on this application to other departments such as the DIBP.
- I declare that I have provided all items in the document checklist above
- I declare that I am Genuine Temporary Entrant (GTE) and a genuine student.
- I have read understood the policies available at <http://www.futureacademy.edu.au>

Student Signature:		Date:	____/____/____
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Printed Name:	
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Agent Declaration (if applicable)

- As an agent of Future Academy Pty Ltd, I take full responsibility for verifying any of the information provided by the applicant in this application on behalf of Future Academy and that the college may take action under that agreement, including the cancellation of the agreement for any false or misleading information or breach of the policies and procedures.

Agent Signature:		Date:	____/____/____
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Printed Name:	
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SSVF Student Financial Declaration Form

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This form must be satisfactorily completed for a Confirmation of Enrolment (CoE) to be issued by Future Academy Pty Ltd. Future Academy Pty Ltd reserves the right to request additional evidence to support any claims made in this form, as required, before and/or following the issuance of a Confirmation of Enrolment (CoE).

Student Applicant Declaration

Student Name:	Passport Country/No. :
Proposed Enrolling Course:	
Agent Name (if applicable):	

- I declare that I have a genuine intention to study the course for which I have applied, and that I have or intend to apply for access to sufficient funds to cover tuition fees, Overseas Student Health Cover (OSHC), and living expenses for the duration of my studies.
- I confirm that I have reviewed the following information on the Australian Department of Immigration and Border Protection (DIBP) website:
 - DIBP information about simplified student visa framework (SSVF)
 - DIBP information on the Genuine Temporary Entrant requirements
 - DIBP information on student visa living costs and evidence of funds requirements, including the information about Overseas Student Health Cover
 - DIBP information on work conditions for student visa holders.
- I confirm that the funds I will have access to for the full duration of my course studies for the travel expend, tuition, living, and health insurance as per stated detail page 2 of my enrollment application.

My anticipated total expenses will be: AUD\$ _____	
which will be funded from the following sources:	
<input type="checkbox"/> Personal or Family savings	Amount AUD(\$):
<input type="checkbox"/> Bank Loan	Amount AUD(\$):
<input type="checkbox"/> Sponsorship	Amount AUD(\$):
<input type="checkbox"/> Other	Amount AUD(\$):
Name of Bank/Sponsor/Other source (if applicable):	
Relationship of Family member to applicant (if applicable):	



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- I declare that the funds stated herein are genuine and are to be used for no other purpose than to support me and my dependents (if any) for the duration of my stay in Australia for study in my course.
- I declare I have sufficient funds to support the remainder of my stay in Australia for myself and my dependents (if any).
- I am fully aware that any false or misleading statement may result in automatic denial of my admission request or subsequent cancellation of my enrolment at the College; any may affect the validity of my visa.
- I am able and willing to provide within reasonable time period evidence in connection with the claims made in this form if requested by the College to do so.

Signature over printed name of applicant:	Date:
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Witness/Agent Declaration

I confirm that this "Student Financial Declaration Form" has been signed in my presence:

Signature over printed name of witness/agent:	Date:
Witness/agent contact details:	
Email:	_____
Phone No.	_____

OFFICE USE ONLY	Received by	_____
	Position	_____
	Signature	_____
	Date:	____/____/____