



SHERIDAN
INSTITUTE OF HIGHER EDUCATION

AGENT REPRESENTATIVE STAMP:

Please use BLOCK/CAPITAL letters or fill in DIGITALLY. Indicate with "N/A" where questions are not applicable and tick boxes where appropriate.

PERSONAL DETAILS						
Title:	Family Name:					(as shown on passport)
Given Name:			Preferred Name:			
Date of Birth:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Country of Birth:		Nationality:		Passport No:		
Religion:			Medical/Disability Support Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CONTACT DETAILS						
OVERSEAS DETAILS						
Address:			Suburb/Town:			
Postcode:			State/Country:			
Email:			Phone:			
DETAILS IN AUSTRALIA						
Address:			Suburb/Town:			
Postcode:			State/Country:			
Email:			Phone:			
EMERGENCY CONTACT IN AUSTRALIA (If you do not have an emergency contact in Australia, please provide an alternative from offshore)						
Contact Name:			Phone:			

ENROLMENT DETAILS – UNDERGRADUATE STUDIES						
Undergraduate Course:			Major:			
Intake Date:	Semester 1 2022 28 Feb 2022 <input type="checkbox"/>	Semester 2 2022 01 Aug 2022 <input type="checkbox"/>	Semester 1 2023 27 Feb 2023 <input type="checkbox"/>	Semester 2 2023 31 July 2023 <input type="checkbox"/>	Semester 1 2024 26 Feb 2024 <input type="checkbox"/>	Semester 2 2024 29 July 2024 <input type="checkbox"/>
I am enrolling through one of Sheridan's formal pathway providers:						<input type="checkbox"/> Yes <input type="checkbox"/> No
Pathway Institution:						
Pathway Course/s:						

ENROLMENT DETAILS – POST GRADUATE STUDIES

Postgraduate Course: _____

Intake Date:	Semester 1 2022 28 Feb 2022 <input type="checkbox"/>	Semester 2 2022 01 Aug 2022 <input type="checkbox"/>	Semester 1 2023 27 Feb 2023 <input type="checkbox"/>	Semester 2 2023 31 July 2023 <input type="checkbox"/>	Semester 1 2024 26 Feb 2024 <input type="checkbox"/>	Semester 2 2024 29 July 2024 <input type="checkbox"/>
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Postgraduate Studies requires evidence of 3-5 years of professional/industry work experience based on your previous qualifications. Please include a resume along with the following details of a suitable referee.

Referee Name: _____ Business Email: _____

Organisation & Position: _____

Business Phone Number: (Landline Only) _____

Current Course of Study:	N/A <input type="checkbox"/>	Completion Date:
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I will be making an Application for Credit Transfer based on previous studies. *(Please attach CT Form + evidence)* Yes No

Student Interview:	Onshore – Face to Face <input type="checkbox"/> ZOOM <input type="checkbox"/>	Offshore – ZOOM <input type="checkbox"/>
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Current Visa Type:	<input type="checkbox"/> N/A	Expiry Date:
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Currently living in Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No	Country where new student visa application will be made:
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Will your visa application include dependents? N/A Partner/Spouse Children Number of Children: _____

Overseas Student Health Cover (OSHC):
(Length of OSHC must include at least 1 month before and after the Confirmation of Enrolment dates. Do not organise until you have been granted a Letter of Offer from Sheridan)

I will organise My agent will assist Sheridan to organise through their preferred provider

ENGLISH LANGUAGE PROFICIENCY (English Tests < 2 years old)

Is English your first language? Yes No If no, which language do you speak: _____

Have you completed an English Test? N/A No IELTS TOEFL PTE Result: _____

Have you completed high school in Australia or completed post-secondary studies in English? Yes No

ACADEMIC QUALIFICATIONS (Original or certified copies, documents not in English must be translated)

Qualification (secondary, vocational, tertiary)	Institution	Start Date	End Date	Completed
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

MARKETING – How did you find out about Sheridan Institute?

Website Social Media Print Media School/Institution Education Agent Exhibition/Seminar Colleague

Friend/Family Church Other (Specify) _____ Details: _____

APPLICATION CHECKLIST – Please attach all critical documents to one email and return for assessment

- | | |
|---|--|
| <input type="checkbox"/> International Student Application Form | <input type="checkbox"/> Resume (Postgraduate Enrolments Only) |
| <input type="checkbox"/> Genuine Student Evaluation Form (GSE Form) | <input type="checkbox"/> Current Student Visa or other Australian Visa (if applicable) |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Current COE/s (if applicable) |
| <input type="checkbox"/> Academic Documents (in English & Certified) | <input type="checkbox"/> Application for Credit Transfer (if applicable) |
| <input type="checkbox"/> English Proficiency Document (if applicable) | |

The above documents are required as part of Sheridan's enrolment process. Please also review the DOHA Document Checklist Tool for your specific immigration requirements. www.immi.homeaffairs.gov.au/visas/web-evidentiary-tool

APPLICANT DECLARATION – If you have any questions about this declaration please contact your agent or Sheridan

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|--------------------------|--|
| <input type="checkbox"/> | The information and evidence that I have supplied is true and correct. I acknowledge that Sheridan reserves the right to make the necessary enquiries to verify the information provided by me, including discussing with my agent, contacting previous training providers and employers. |
| <input type="checkbox"/> | I hereby authorise and request all parties to release information on my academic standing/records to Qualification Check Ltd for the purpose of verification in accordance with GDPR. I understand that this information is to be retained but will remain confidential within Qualification Check Ltd and its clients and be used only for background screening purposes. I agree to provide any assistance or documentation required to complete and process any searches or applications. I confirm that my name and associated personal data may be passed to an institution or to an agent outside the EEA either: (a) to undertake the verification and there is a risk that such agent and/or institution may not be subject to the same legal framework as Qualification Check Ltd; and/or (b) for Qualification Check to share it with its subsidiaries and/or agents to assist with the processing of checks, and I confirm that I understand that there is a risk that the institution and/or agent may not be subject to the same local jurisdictional legal framework as Qualification Check Ltd. |
| <input type="checkbox"/> | I understand that it is an offence to provide false or misleading information when applying for admission or courses credits. I acknowledge that my application will be forfeited should this be found and that Sheridan reserves the right to provide these details to other institutions, agents and other authorities (including state and federal law enforcement agencies) should the institute deem it appropriate. |
| <input type="checkbox"/> | I acknowledge and agree that the information supplied by me may be provided to Australian Commonwealth & State agencies when required by law, including where required for compliance with the Education Services for Overseas Students Act 2000 (ESOS Act). |
| <input type="checkbox"/> | I have completed genuine & sufficient research into my selected course, its content and units, the Institution, the application process, my Health Cover, the Sheridan Institute Refund Policy and the conditions associated with a Student Visa. |
| <input type="checkbox"/> | I am aware that I am required to have sufficient financial capacity in order to cover my course fees and the cost of living for myself and my dependents while studying in Australia. I am aware that the satisfactory payment of fees is a condition of the student visa and enrolment at Sheridan. |
| <input type="checkbox"/> | I have had an opportunity to peruse the Rules, Policies and Procedures as set out in the Sheridan Institute Policy Library and if I am admitted agree to abide by them. (https://www.sheridan.edu.au/index.php/home/policy-library) |
| <input type="checkbox"/> | I understand that I am required to update any changes to my personal details to Sheridan within 7 days. |
| <input type="checkbox"/> | I am aware that I will be required to take part in an interview with the admissions team prior to a Letter of Offer being issued. |
| <input type="checkbox"/> | I am aware that Sheridan is a Christian faith based institution under the governance of Australian Baptist Education. I understand that the Institute has no religious requirements for admission and is welcoming of students from all faiths or none to complete their chosen degree. I am aware that for undergraduate studies I will be required to complete up three faith based units in order to complete my course. |

Student Signature:

Date:

AGENT DECLARATION

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I am satisfied that this application meets the requirements expected by Sheridan and I have made every effort to authenticate the associated documents provided by the applicant. |
| <input type="checkbox"/> | I have assessed that the student is genuinely making this application with the intention of course completion and I have reviewed the student's responses to the Genuine Student Evaluation Form and believe they meet Sheridan's standards and expectations. |
| <input type="checkbox"/> | All aspects of this application have been provided and completed in full by the student. |

Education Agent's Name:

Education Agent's Signature:

Date:

PLEASE PROVIDE GENUINE SIGNATURES RATHER THAN DIGITAL SIGNATURES WHERE POSSIBLE