

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 (dd/m				Gender:	Male F	emale	Other
First Name:			Last name:				
Nationality:	Birthplac	ce:					
Are you: Australian Citizen	Per	mane	nanent Resident Other:				
Current Address:							
Suburb:			State:			Postcode:	
Telephone number: Email address:							
Are you of: Aboriginal Origin  Torres Strait Island Origin					n		
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-HE	ELP :	STARTUP	-HELP
ENGLISH LANGUAGE PROFICIENCY							
Have you completed any secondary or tertiary	•		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



	IT INFORMATION	

Year of arrival in Australia:

The Highest level of education of your parents? Parent 1 Parent 2

The Highest level attended and completed: Year 9 Year 10 Year 11 Year 12 Other

SCHOOL LEFT INFORMATION

Year Left School Student Number

School Name

City/Town/Suburb Postcode State

**HEP INFORMATION** 

Year

Student Number Credit Provider Code

## **EDUCATIONAL BACKGROUND**

Institution/School	Name of Qualification	Location	Year 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.

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 No

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## DISABILITY INFORMATION

DISABILITY	NFORMATION				
Do you have a di □ No o Yes		or long term medical condition, which may affect you	r studies?		
Please indicate th	ne nature of the disa	ability, impairment or condition:			
☐ Hearing	☐ Learning	☐ Medical			
□ Vision	☐ Mobility	☐ Other:			
	ly for reasonable ad www.cihe.edu.au/po	justment upon commencing your studies at CIHE, plea blicies	se refer to the Student Assessment Policy		
APPLICATION	N CHECKLIST				
Before submitting	this application, I h	ave:			
Comple	eted all sections of th	is application form			
	ed certified copies of citizenship certificat	proof of citizenship/residency. This may include copies e.	s of your passport, birth 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 <a href="https://www.cihe.edu.au/policies">https://www.cihe.edu.au/policies</a> Read and signed the student declaration				
redu di	na digned the didde	it desidation			
STUDENT DE	ECLARATION				
I declare	e that the informatio	n provided in this application is true and correct, and the	ne academic records provided are a true record of		
my acad	demic results.		·		
	ise Crown Institute on providers.	of Higher Education to obtain enrolment and academic	information from any of my previous or current		
		titute of Higher Education may vary or reverse any decudent information provided by me.	cision regarding admission or enrolment based on		
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 no	tify CIHE immediate	ly if there is any change to the information I have provi	ded in this application.		
Name:		Signature:	Date:		
Please retur	rn this application	form, along with supporting documentation, to:			
Crown Instit	tute of Higher Educ Highway	cation			

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

North Sydney, NSW, 2060