



# Application Form for International Student

Complete all sections of this application in BLOCK LETTERS and ensure that you sign wherever necessary

## 1. PERSONAL DETAILS

Title:  Mr  Ms  Mrs  Miss  Other

First Name

Last Name

Middle Name

Gender  Male  Female  Other  
(As indicated on Passport)

D.O.B

Country of Birth

Nationality

Passport Number

Date issued

Date expiry

Do you hold a current Australian visa?  YES  NO

If yes, please provide code and category of visa

Visa Code/ Name

### Home Country Address

Town / City/ Suburb

State  Post Code

Country

Telephone

Mobile

Email

### Australian Address (If applicable)

Flat / Unit / Street No

Street Name

Town / City/ Suburb

State  Post Code

Telephone

Mobile

Email

### Mailing Address: (If it is different from Current Address)

Town / City/ Suburb

State  Post Code

Country

### Person to be contacted

#### 1. Overseas

Name

Relationship

Address

Mobile

Email

#### 2. Australia

Name

Relationship

Address

Mobile

Email



## 2. AGENT DETAILS (IF ENGAGING WITH AN AUTHORISED RECRUITING AGENCY)

Agent Company Name	
Address	
Please stamp here (including mailing address) – If applicable	
What country is the applicant in when completing this form?	
Councillor's name	
Email address	
Where should we send notification of your application:	<input type="checkbox"/> Agent <input type="checkbox"/> Home Contact <input type="checkbox"/> Current Contact

## 3. COURSE DETAILS

Course Code and Name	GDN – Graduate Diploma in Nursing	Student must attach certified transcripts of previous qualifications and must be over 18 years of age at the time of course commencement. Please note that timetable is subject to change.
Preferred Start Date		
Delivery Campus	Parramatta, NSW	
Delivery Mode	Full Time	
Delivery Method	On Campus	



#### 4. PREVIOUS QUALIFICATIONS ACHIEVED

(Including Bridging Preparatory Studies, English Language Programs, Tertiary Studies, Certificate/ Advanced Certificate /Trade/Traineeship or other studies, or Post-Secondary Qualifications)

Name of Program / Qualification	Start Date (mm/yy)	Completion Date (mm/yy)	Institution	Country	Language of Instruction

#### 5. EMPLOYMENT EXPERIENCE

Please supply this information in which case you must attach your Curriculum Vitae (VC)/Resume with letters of reference or other documentary evidence of your work experience.

Start Date	Finish Date	Full Time / Part Time	Occupation Title	Name of Employer

#### 6. ENGLISH PROFICIENCY

(Please supply the evidence of your English proficiency)

Is English your first language?  YES  NO

Have you completed tertiary studies in an English speaking country?  YES  NO

Do you hold a certificate of English proficiency? (eg. Academic IELTS, TOEFL).  YES  NO

Test Taken  Score

Listening  Reading  Writing  Speaking



## 7. AUSTRALIAN STUDY

Have you previously studied in Australia?  YES  NO

If yes, state relevant programs and trainings in the columns below: (Please specify the most current qualification 1st)

Programs	Institution	Start Date (mm/yy)	End Date (mm/yy)	Country	Evidence Attached?

Are you currently studying in Australia?  YES  NO

If yes, please indicate name of institution

Name of program

Completion Date

Are you applying for Advanced Standing (Credit Transfer/RPL)?  YES  NO

(If yes, please complete the Application for Advanced Standing Form which is available on IHM website with supporting evidence documents)

## 8. DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?  YES  NO

If yes, then please indicate the areas of disability, impairment or long-term condition and clarify accordingly: (Please select all that apply)

Hearing/Deaf  Learning  Vision  Physical

Mental Illness  Intellectual  Medical Condition  Acquired Brain Impairment

Other

(Please specify)

Would you like to receive advice on support services, equipment and facilities which may assist you?

YES  NO

If yes, please specify

## 9. STUDENT SERVICES

Do you require Overseas Student Health Cover?  YES  NO

Single  Dual Family Multi Family Duration

### Airport Pick-up:

Do you require airport pick-up?  YES  NO

### Accommodation:

Do you require assistance with accommodation?  YES  NO



## Terms and Conditions

As a condition of enrolment, the student agrees to abide by all IHM policies referred to their enrolment.

### PRIVACY STATEMENT

The Institute of Health & Management (IHM) will only use personal information collected for the purpose for which it was provided. This personal information will be kept confidential. IHM will take reasonable steps to protect all personal information from misuse and loss due to unauthorized access, alteration or disclosure. Under the Freedom of Information Act 1982, you are able to access your student file by placing a request in writing and providing adequate identification. You must allow 48 hours for access to be provided. IHM will also take reasonable steps to destroy or de-identify personal information if it is no longer needed. Upon signing this application form, you acknowledge and give consent for IHM to provide your information to a Government or legislative body, as required under law. In these circumstances, the minimum amount of information required or requested will be disclosed. You consent to IHM providing your personal information to the Australian Government, designated authorities and the Tuition Assurance Scheme's Manager. This information may include personal and contact details, course enrolment details and changes.

### FEE REFUND POLICY AND PROCEDURE

Refunds for students withdrawing from a course or unit of study will be processed initially by the Student Administration and Registration Services Manager in accordance with this policy, and finalized by the Finance and Resources Manager.

All applications for a refund must be made in writing using the Refund Application Form and submitted to the Student Administration and Registration Services Manager and will be approved or declined within fourteen (14) days. Students will be advised of the refund decision in writing and approved refunds will be paid to the student via Electronic Funds Transfer within fourteen (14) days of the decision outcome.

Where IHM cancels a course, a full refund will be offered. IHM will seek to reschedule the course and offer an alternative place to the student.

The student is not obliged to accept the alternative course offer and may make an application for a full refund in writing using the Application for Refund form.

Full refunds including enrolment fee will be offered when:

- The course does not start on the agreed/advertised start date
- The course is ceased after it starts but before it is completed

### No refund provided

Where a student withdraws from a course later than the census date, no refund will be provided to the student.

At the time of enrolment any Credit Transfer (CT)/ Recognition of Prior Learning (RPL) will be discussed & granted after the student provides sufficient evidence. If the CT allows shortening of the duration of the course, pro-rata fees will be calculated and offered to the student. Once the student accepts the offer, there will be no further reduction of the fee.

### ENTRY REQUIREMENTS

Institute of Health & Management (IHM) outlines strict entry requirements and guidelines for all its programs. All such details including English language requirements are listed in the IHM brochure or website under the section entitled 'course

entry requirement'. To apply for IHM programs you must comply with these entry requirements at the time of application and enrolment.

### DISCLAIMER

Institute of Health & Management (IHM) undertakes many activities of recreational as well as academic value to its students. You permit IHM to take pictures/videos of such activities and use them for IHM's promotional purposes. These pictures and videos or any such material created involving you remains the property of IHM and IHM does not owe any monetary benefits for any promotional material that has been created.

### RIGHTS AND RESPONSIBILITIES

By attending IHM, you acknowledge that the Institute is committed to protecting an individual's right to privacy in accordance with the Privacy Act and the applicable state legislation. Your information may be made available to Commonwealth and State agencies and the Fund Manager of the Education Services for Overseas Student Assurance Fund, pursuant to obligations under the Education Services for Overseas Student Act and the National Code. This agreement and the availability of the complaints and appeals processes do not remove your right to take action under Australia's Consumer Protection Laws.

### IN SIGNING THE IHM APPLICATION FORM YOU UNDERSTAND AND AGREE TO THE FOLLOWING

- a. You have read and accept IHM's Terms and Conditions of Enrolment and Refund Policy.
- b. You have the financial capacity to meet tuition fee commitments and agree to pay all fees as they are due.
- c. You will abide by the rules and regulations of IHM.
- d. The information provided within all application documentation and the accompanying documentation is true and correct.
- e. IHM is obliged by law to keep confidential student records on file for administrative purposes only.
- f. A copy of IHM's Privacy Policy can be viewed on the IHM website.
- g. IHM has permission to forward any relevant information regarding academic results, attendance and course progress at the Institute to parents/ guardians/representing agents and employers/Human Resource departments in which industry training may be arranged.
- h. If you instruct an agent to complete this application on your behalf, you do so on the understanding that the agent is acting for you. However, this does not negate your responsibility to abide by IHM's terms and conditions - as such it remains your responsibility to read and understand the Terms and Conditions of enrolment.
- i. Information provided may be made available to Commonwealth and State agencies and the Fund Manager of the Education Services for Overseas Student Assurance Fund, pursuant to obligations under the Education Services for Overseas Student Act 2000 and National Code 2007. This information includes contact and personal details, course enrolment details and changes to the circumstances of any suspected breach by the student of student visa conditions
- j. I have read and understood the Course Brochure/Pamphlet.

I agree with the terms and conditions stated above

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## STUDENT CHECKLIST

- Completed all sections of the application form
- Read and understood the terms & conditions
- Signed the application form
- Attached testamur and transcribed certified copies of your academic qualifications
- Attached evidence of English language proficiency (**IELTS, OET or equivalent**)
- Attached copies of valid passport with current valid visa
- Attached Current Nursing Registration Certificate
- Attached reference letter from current employer

## ABOUT IHM

How did you hear about IHM?

- Online Please Specify
- Friend/ Relative Please Specify
- Magazine/Advertisement
- Other Please Specify

I agree that IHM may take my photo or video footage and collect details of achievements and feedback that may be used for promotional purposes.

- Agree  Do not agree

### IHM / IHNA Student Details

Have you previously studied at IHM/ IHNA?

(If yes, please specify student ID)  YES  NO

### Feedback:

**Can you suggest any improvements to our pre-enrolment information, application/enrolment process?**

Please email the completed application form to [enquiry@ihm.edu.au](mailto:enquiry@ihm.edu.au)

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