

HOW TO APPLY

If you need assistance with your application, please contact us or send an email to **admissions@agi.edu.au**. Visit **agi.edu.au** for more information.

Thank you for choosing the Australian Global Institute (AGI) as your program provider. We promise to always try and exceed your expectations and deliver a program that is an awesome experience for you and us.

Before starting the application process, please ensure you have read the course information page, course guide, privacy policy and terms and conditions of enrolment.

There are two ways to apply:

- Direct application by completing the AGI International student application form
- Applying through one of our agents.

Application process:

1

Select your course, campus location and intake date

Read the course information page, download our brochure and refer to the timetable to select your intake date.



Review entry requirements

Ensure you meet the course entry requirement and English proficiency outlined on each qualification page. If you decide to complete AGI English entrance test, we will be in contact with you and have a chat to determine your English level.



Complete the application form

Fill in the AGI International Student application form, download this form at the end of page.



Email your application and required documentation

Send your application signed and dated (by student only) along with copies of your passport, current visa (if you have one), English language proficiency test results or equivalent and academic qualifications. If applying for Credit Transfer or RPL ensure you send supporting documents, this may reduce course length.

Please ensure copies of all documents are provide in English. Application form and supporting documentation need to be sent to admissions@agi.edu.au with the email subject: *International student application form*.



Acceptance of Letter of offer

If your application has been successful a Letter of Offer will be issued including course details, tuition fees, refund policy and our terms and conditions of enrolment.

If you are happy with the offer, sign and return it to admissions@agi.edu.au with the subject: Acceptance of offer form



5

Pay fees and receive your COE

Once payment is received according to Letter of Offer, we will issue an electronic Confirmation of Enrolment (COE) which will allow you to start your visa application



Apply for your student Visa

Visit the department of Home affairs (<u>https://www.homeaffairs.gov.au/</u>) for visa options or prepare your application through one of our agents.

LET'S GET READY TO START YOUR ADVENTURE WITH US!

ENTRY REQUIREMENTS

- Students must be 18 years of age and over at the time of study.
- Completed Secondary studies equivalent to an Australian Year 11 qualification or equivalent vocational competency.
- Interview: On-campus or phone/Skype interview before enrolment to determine course suitability (English level appropriateness, interests, intentions), identify relevant electives, costs, RPL and elective prerequisites.
- English proficiency: To an "Intermediate" level. Determined by one or combination of: Intermediate Level of English OR IELTS Test Score of 5.0. Other recognized English Language tests such as: TOEFL iBT Test Score of 56, PTE Academic Test Score of 42, Cambridge English: FCE, OET Pass Grade, all tests to be no more than 2 years old, or Previous English study to intermediate level (must supply evidence acceptable to AGI) or satisfactorily complete our AGI English entrance test or demonstrate intermediate level English in AGI interview or Completion of Year 10 (Australia) or equivalent (New Zealand, USA, UK, Canada).
- Previous activity experience and interest: Experience in recreational, sports or fitness activities preferred but not essential. Demonstrated in interview, references, resume and copies of licenses (e.g., recreation, sport, health and fitness, SCUBA licenses or participation, swimming)
- SCUBA stream: Swimming ability is required (200m, plus tread water for 10 mins), plus a pre-SCUBA questionnaire to be completed, based on answers a medical may be required at your expense, medical is required before commencing Dive Master program (student cost).

Note: Students can apply for Recognition of Prior Learning or Direct Credit. This may reduce the time. Academic transcripts or proof of work experience may be required. See the website or contact AGI for details.



CHECKLIST

- A copy of your current passport (identification page)
- A copy of current Overseas Student Health Cover (If applicable)
- Statement of Purpose (SOP)
- A copy of your current visa (If you hold one)
- Attached evidence of English language proficiency or equivalent
- Attached certified copies of your academic qualifications (English translation)
- A signed and dated Application Form (as per passport signature page)

Please send your completed application and supporting documents to:

Australian Global Institute

Email: admissions@agi.edu.au

| Part 1: Personal Details Please ensure the information match your passport details |) | | | | OFFICE USE ONLY |
|--|--------------------------|---|------------------|-------------------|-----------------------|
| Personal Details | | | | | |
| Title: Mr Mrs | 🗌 Ms 🗌 D | r | | | |
| Family name (as in passport): | | | | | |
| Given name(s): | | | | | |
| English name (If you use one): | | | | | |
| Date of birth (DD/MM/YY): | | Gender: | Male | Eremale | Other |
| Current age: | | First languag | e: | | |
| Citizenship (as in passport): | | Country of bi | irth (as in pass | port): | |
| If you are not single, will your spouse/ parts If yes, please provide their names and the | neir relationship to you | | ia with you? | Yes No | |
| Name: | Relationship: | | | Current age: | |
| Name: | Relationship: | | | Current age: | |
| Address in the home country (Must be applicant details, not agent) Address: Country: Phone: Mobile Telephone: | | Address in A (If you are already Address: Country: Phone: Mobile Telepho | r in Australia) | urb: Postcode: | |
| Email (mandatory): | | · . | | | |
| | | | | | |



Please complete all sections in CAPITAL letters.

| Are you currently in Australia? Yes If yes, state your visa type (e.g. student, tourist, etc) visa subclass number and expiry date: visa type: Subclass no.: Expiry date (DD/MM/YY): Have you or your immediate family members had visa grants and/or visa refusals to Australia for the last 5 years? Yes No Have you or any immediate family members had any visa refusals to other countries? Yes No fyes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach capy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Single Couple Family | | |
|---|---|---|
| If 'Yes', please provide details: Part 2: Visa-related Information (please attach copy of your current vise (f applicable) Passport number: Expiry date (DD/MM/YY): Are you currently in Australia? Yes No If yes, state your visa type (e.g. student, tourist, etc) visa subclass number and expiry date: visa type: Subclass no: Expiry date (DD/MM/YY): Have you or your immediate family members had visa grants and/or visa refusals to Australia for the last 5 years? Yes No Have you or any immediate family members had any visa refusals to other countries? Yes No Have you or any immediate family members had any visa refusals to other countries? Yes No fyes for either of the above questions, please provide details below: (What visa type and country?) No Part 3: Oversecas Student Health Cover (OSHC) (if you are abready in Australia, attach copy of OSHC) No Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Member Number: Expiry date (DD/MM/YY): Dolou have OSHC? Yes No (If yes, please provide details) DSHC Member Number: Expiry date (DD/MM/YY): Dolou have OSHC for you? What type | Disability/Allergies | |
| Part 2: Visa-related Information (Press attack copy of your current visa (f applicable) Passport number: | | condition which may affect your studies? \Box Yes \Box No |
| Passport number: Expiry date (DD/MM/YY): Are you currently in Australia? Yes If yes, state your visa type (e.g. student, tourist, etc) visa subclass number and expiry date: visa type: | If 'Yes', please provide details: | |
| Passport number: Expiry date (DD/MM/YY): Are you currently in Australia? Yes If yes, state your visa type (e.g. student, tourist, etc) visa subclass number and expiry date: visa type: | | |
| Passport number: Expiry date (DD/MM/YY): Are you currently in Australia? Yes If yes, state your visa type (e.g. student, tourist, etc) visa subclass number and expiry date: visa type: | | |
| Are you currently in Australia? Yes If yes, state your visa type (e.g. student, tourist, etc) visa subclass number and expiry date: visa type: Subclass no.: Expiry date (DD/MM/YY): Have you or your immediate family members had visa grants and/or visa refusals to Australia for the last 5 years? Yes No Have you or any immediate family members had any visa refusals to other countries? Yes No fyes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach capy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Single Couple Family | Part 2: Visa-related Information (Please attach copy | of your current visa if applicable) |
| Are you currently in Australia? Yes If yes, state your visa type (e.g. student, tourist, etc) visa subclass number and expiry date: visa type: Subclass no.: Expiry date (DD/MM/YY): Have you or your immediate family members had visa grants and/or visa refusals to Australia for the last 5 years? Yes No Have you or any immediate family members had any visa refusals to other countries? Yes No fyes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach capy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Single Couple Family | Passport number: | Expiry date (DD/MM/YY): |
| If yes, state your visa type (e.g. student, tourist, etc) visa subclass number and expiry date: visa type: Subclass no.: Expiry date (DD/MM/YY): Have you or your immediate family members had visa grants and/or visa refusals to Australia for the last 5 years? Yes No Have you or any immediate family members had any visa refusals to other countries? Yes No f yes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach copy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) OSHC Provider Name: DSHC Member Number: Description: Descrip | | |
| Have you or your immediate family members had visa grants and/or visa refusals to Australia for the last 5 years? Yes No Have you or any immediate family members had any visa refusals to other countries? Yes No fyes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach copy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: DSHC Member Number: DSHC Member Number: Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No | | iber and expiry date: |
| Have you or your immediate family members had visa grants and/or visa refusals to Australia for the last 5 years? Yes No Have you or any immediate family members had any visa refusals to other countries? Yes No fyes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach copy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: DSHC Member Number: DSHC Member Number: Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No | Visa type: Subclass no : | Expiry date (DD/MM/YY): |
| Australia for the last 5 years? Yes Have you or any immediate family members had any visa refusals to other countries? Yes If yes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach copy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) OSHC Provider Name: DSHC Provider Name: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Expiry date (DD/MM/YY): | | |
| Have you or any immediate family members had any visa refusals to other countries? Yes No f yes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (if you are already in Australia, attach copy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Single Couple Family | Have you or your immediate family members had visa grants and/o | or visa refusals to |
| f yes for either of the above questions, please provide details below: (What visa type and country?) Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach copy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) OSHC Provider Name: DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Single Couple Family | Australia for the last 5 years? Yes No | |
| Part 3: Overseas Student Health Cover (OSHC) (If you are already in Australia, attach copy of OSHC) Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: | | |
| Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: Expiry date (DD/MM/YY): DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No | f yes for either of the above questions, please provide details below | v: (What visa type and country?) |
| Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: Expiry date (DD/MM/YY): DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No | | |
| Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: Expiry date (DD/MM/YY): DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No | | |
| Note: The Australian Government requires all persons entering Australia on a Student Visa to have Overseas Student Health Cover (OSHC). Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: Expiry date (DD/MM/YY): DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No | | |
| Do you have OSHC? Yes No (If yes, please provide details) DSHC Provider Name: | Part 3: Overseas Student Health Cover (| OSHC) (If you are already in Australia, attach copy of OSHC) |
| DSHC Provider Name: DSHC Member Number: DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Single Couple Family | Note: The Australian Government requires all persons entering Australia | a on a Student Visa to have Overseas Student Health Cover (OSHC). |
| DSHC Member Number: Expiry date (DD/MM/YY): Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Single Couple Family | Do you have OSHC? 🛛 Yes 🗌 No (If yes, please provide deta | nils) |
| Would you like AGI to arrange OSHC for you? What type of cover do you require? Yes No Single Couple Family | OSHC Provider Name: | |
| Yes No | OSHC Member Number: | Expiry date (DD/MM/YY): |
| | Would you like AGI to arrange OSHC for you? W | Vhat type of cover do you require? |
| DSCH Start Date: | Yes No | Single Couple Family |
| | OSCH Start Date: | |



Please complete all sections in CAPITAL letters.

OFFICE USE ONLY

Part 4: Course Selection

| CRICOS CODE | COURSE NAME | INTAKE DATE | CAMPUS |
|-------------------|--|-------------|--------|
| 102498J | CERTIFICATE III IN OUTDOOR LEADERSHIP | | |
| 108944K | CERTIFICATE IV IN OUTDOOR LEADERSHIP | | |
| 102498J & 108944K | CERTIFICATE III & IV IN OUTDOOR LEADERSHIP (Package option) | | |

Part 5: Previous Scuba Diving Experience (If applicable, supporting documents required)

| Please specify your swimming ability: |
|--|
| Do you have previous scuba diving experience? 🗌 Yes 🗌 No |
| If yes, please list your experience: |
| |
| |
| |

| Do you hold any scuba diving certifications? Yes No (If yes, please attach copies) | |
|---|--|
| If yes, please specify licensing provider and what level: | |
| Level: | |

Part 6: Education Background (Supporting documents required)

Secondary or post-secondary qualifications

Please provide details and documentation of your secondary and post-secondary qualifications

| NAME OF QUALIFICATION (e.g, High School/Certificate/Diploma) | SCHOOL/INSTITUTION | COUNTRY | YEAR COMPLETED |
|---|--------------------|---------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |



Please complete all sections in CAPITAL letters.

OFFICE

USE ONLY Part 7: Employment Background (Complete only if applicable) EMPLOYER POSITION FINISH COUNTRY **START** Part 8: Recognition of Prior Learning (supporting documents required) 🗌 Yes 🗌 No Are you applying for Recognition of prior learning or Credit transfers? If "Yes", please attach translated copies of the course, subject outlines, subject descriptors and other relevant information for each subject or unit. Part 9: English Language Proficiency (supporting documents required) Please tick the appropriate box and attach your results. English is your first language □ I have undertaken an English test: Score: IELTS TOEFL PEARSON OTHER Completed English course (ELICOS) in Australia (attach evidence) Name of English language course: Name of English language centre: Start date (DD/MM/YY): Completion date (DD/MM/YY):

Part 10: Student Identifier

If you are undertaking nationally recognized training delivered by a registered training organization (RTO) in Australia, you need to have a Unique Student Identifier (USI). You must supply a valid USI before commencement of your course. To obtain a USI you can apply for it at https://www.usi.gov.au/students/get-a-usi

Do you have a USI? 🛛 Yes 🗌 No

If yes, please provide USI number:



Please complete all sections in CAPITAL letters.

OFFICE USE ONLY

Part 11: Further Studies in Australia

Are you planning further studies in Australia after you finish this course? (e.g., package visa application)

| If yes, at which institution: | | | | | |
|-------------------------------|--|--------------------|--|--|--|
| Institution Name: | | Commencement Date: | | | |
| Course Details: | | | | | |

Part 12: Agent Details (If applicable)

| Agency name: | Counsellor nam | e: |
|------------------|-------------------|----|
| Office location: | Counsellor email: | |

Part 13: Statement of Purpose (Please attach SOP)

Please attach to this application a Statement of Purpose (SOP) covering the following points:

1. Why have you chosen AGI over other education providers in your home country/ Australia?

2. How AGI course will help you to achieve your career goals?

3. If you already hold a qualification in the same/ similar area of the course you wish to study, explain how AGI course will enhance your acquired knowledge.

4. If you have undertaken previous studies or work not related to the course you are selecting on this application, please explain your change of career path

Part 14: How did you hear about Australian Global Institute?





Please complete all sections in CAPITAL letters.

STUDENT DECLARATION

✓ I declare the information and documents provided in this application are current and correct

| \checkmark | I have read the Application process and understand my application for enrolment will be processed once AGI |
|--------------|--|
| | has received all the required documentation |

- I acknowledge AGI will be collecting, processing, and storing my personal information as part of this application in accordance with AGI Privacy Policy
- ✓ I have been provided access to information regarding the program including entry requirements, fees, refund and cancellation policy and understand AGI conditions of enrolment
- ✓ I declare that I am applying to be a genuine temporary entrant to Australia and as a genuine student and that I have read and understood the conditions relating to these requirements (immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/genuine-temporary-entrant)
- ✓ I am aware of the tuition and living costs in Australia and have the financial capacity to meet such costs for the duration of my course.
- ✓ I understand if my application is successful an offer letter will be issued and my acceptance is subject to the terms and conditions set out in the letter of offer.

| Student Full Name: | Date: |
|--|-------|
| Signature of applicant (as per passport signature page): | |
| | |
| | |
| | |

Once AGI has received your application, we'll follow up with you to walk you through the next steps. We're looking forward to helping you on your journey and can't wait to see you!

CONTACT US

If you have any questions or require assistance with your application visit **agi.edu.au** or contact us on: Email: **admissions@agi.edu.au Ph. +61 7 3096 0566** Mob. +61 450 443 415