

Course Name:

ECAC application form

Please complete this form and attach certified copies of all documents required, otherwise your application cannot be considered. Have you attached certified copies of?

Current Passport

Qualifications

Proof of English

Student Details											
Title:		First Name:			Fa	mily Name:					
Nickname:		not riamo.				rimy riamo.					
Date of Birth:	Birth place:					Ag	ie:	Gen	ıder:	Male	Female
Country of Birth:					Na	tionality:	,				
Address (Overseas):						-					
Telephone:					М	obile:					
Email:											
Address in Australia											
Passport number			Expir	y Date			Domestic (Or	shore	Offshore
Course Details										·	
Course name						CRICOS	S Code			Start Da	to
	a IV/ in I	Puoiness				09434				Otart Da	
BSB40215 Certificate IV in Business						094349D					
BSB50215 Diploma of Business						094348E					
BSB42415: Certificate IV in Marketing and Communication											
BSB52415: Diploma of Marketing and Communication						09435					
BSB61315: Advanced Diploma of Marketing and Communication						094353	3G				
BSB51415: Diploma of Project Management						09435	1K				
BSB51918: Diploma of Leadership and Management						098722	2M				
Campus											
Sydney Br	isbane	Melbour	ne								
Education History											
University/Institution:											
University/Institution: Course name				Start Date				Completi	on Date	5 .	
										-	
English Proficiency	′										
Is English your first lang	guage?	Yes	No								
If yes, go to the next section. If no, provide English proficiency score and attach documentation											
IELTS (Score) TOEFL (score)						PTI	E (score)			
What is your fist langua	ige?										
If you have studied in A	ustralia	a, please provide d	etails.								
Institution/University:						USI nun	nber:				

If you do not have an English Language ranking equivalent to IELTS 5.5 and you wish to apply for ECA College vocational course you may be required to undertake a learning needs assessment at ECA College which may require the undertaking of an English language preparatory course.

Number of weeks:

Year:



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Disability

Do you consider yourself	f to have a disability	, impairment or long-ter	m condition?	Yes	No	
If yes, ndicate the areas	of disability, impairn	nent or long-term condit	tion. (You may ind	dicate m	ore than one are)
1- Hearing/ Deaf	2- Physical	3- Intellectual	4- Learning		5- Mental illnes	s

6- Acquired Brain Impairment 7- Vision 8- Medical Condition

Other

Agent Details				
Did an Agent assist you with the enrolment Agency Name	YES	NO	Agent Stamp	
What is the name of the counsellor?				
Email				

Visa Background

Do you have any previous visa refusals for Autralia or any other country? YES (please attach evidence) NO Have you visited Australia previously (including if you are still in Australia)? YES (please attach evidence) NO

Visa and Insurance details

Put (x) in the box for	the Visa you are c	urrently holding or wil	I travel on:		
Student	Visitor (tourist)	Working Holiday	Other Visa ex	piry date:	
If you are travelling	on a Student Visa, t	he Australian Govern	ment requires you to	have Overseas Studen	t health Cover (OSHC).
Do you have OSHC	: YES	NO	Cover required:	Single	Family
If you require family	cover, please list yo	our dependant(s) nan	ne(s)		
Name:			Male	Female	DOB:
Name:			Male	Female	DOB:
Name:			Male	Female	DOB:

For payment methods please refer to the following page.



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Payment of Colleges Fees: Payment Methods

NEXPAY PAYMENT OPTION

NEXPAY simple, competitive, fast & in your own currency https://portal.nexpay.com.au/eca/login

CREDIT CARD:

Credit Card Online Payment method available in our website via the following link Pay Fees

Note: 1% Credit Card Surcharge will be applied.

BANK DEPOSIT

If you elect to pay your tuition fees and your OSHC premium electronically, you can do so by transferring your money to the Education Centre of Australia Pty Ltd T/A ECA College account:

Account Name: Education Centre of Australia Pty Ltd T/A ECA College

Bank Name: HSBC Bank Australia Limited

Branch: 183 Oxford St, Bondi Junction Branch, Sydney NSW 2022 Australia

BSB: 342-078

Account Number: 050127004 Swift Code: HKBAAU2S

Transaction Reference: Please use your Student Number as the transaction reference. Upon receipt of fees, you will be issued with the college's Electronic Confirmation of Enrolment form and proof of payment of Health Insurance so that you can apply for a student visa. Further information regarding enrolment and orientation will also be sent to you at this time.

APPLICANT DECLARATION

I (Applicant Name)	have fully read and understood the college terms and condition					
SIGNATURE:	Date:		_/	_		