



CANNING  
COLLEGE

# International Application 2025-2026

CRICOS Provider Code: 00463B | RTO Code 2047

This application form is for international students applying to study onshore in Australia. For local student enrolments, please contact [Canning.Col.Info@education.wa.edu.au](mailto:Canning.Col.Info@education.wa.edu.au) or (+61 8) 9278 3500.

Applications received without transcripts and/or student's complete personal details cannot be processed.

All sections must be completed.

## PERSONAL DETAILS (in BLOCK LETTERS) (As stated in your passport)

Title	<input type="text"/>	Given Names	<input type="text"/>	Family Name	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Email	<input type="text"/>
				Telephone	<input type="text"/>
Date of Birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Nationality	<input type="text"/>				

## RESIDENTIAL ADDRESS (A Post Office Box Number is **NOT** acceptable)

Number and Street	<input type="text"/>		
Suburb/Town/City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Post Code / Zip Code	<input type="text"/>

## PROGRAM INFORMATION

Canning's Program Title	<input type="text"/>		
Intake year	<input type="text"/>	Intake month	<input type="text"/>
Would you like to package Canning College program with a preferred degree program at university?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Packaging is available with The University of Western Australia, Curtin University, Murdoch University or The University of Notre Dame Australia.			
University	<input type="text"/>	Program (include major)	<input type="text"/>

## EDUCATIONAL QUALIFICATIONS

Please provide details of all formal studies that you have completed and those that you are currently undertaking. You are required to include certified copies of your academic award(s) and transcript(s) together with this application.

Are you currently studying in Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide attendance record from your current institution.
Highest academic qualification	<input type="text"/>		
Institute attended	<input type="text"/>	Country/State	<input type="text"/>
Year enrolled	<input type="text"/>	Year completed	<input type="text"/>
		Date results expected (if applicable)	<input type="text"/>
Are you seeking credit or advance standing from previous studies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## ENGLISH LANGUAGE PROFICIENCY

Please provide proof of your English language proficiency including results from: IELTS, TOEFL, PTE, CAE, CEFR or your English grade from final high school results. Certified copies must be provided at the time of application.

What is the main language spoken at your permanent home residence?	<input type="text"/>
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### SPONSOR DETAILS

Will your tuition fees be paid by an organisation?

Yes ☐ No ☐

If yes, name of organisation

### VISA DETAILS

Are you currently in Australia?

Yes ☐ No ☐

If yes, what is your visa subclass number?

Are you in the process of applying for Australian permanent residency?

Yes ☐ No ☐

Have you ever been refused a visa, deported or removed from any country?

Yes ☐ No ☐

If yes, please provide details

Have you ever been or are you facing termination from an Australian institution?

Yes ☐ No ☐

If yes, please provide details

### EMERGENCY CONTACT DETAILS

Family Name

Given Names

Relationship to Student

Address

Mobile Number

Email Address

### MEDICAL / MENTAL / PHYSICAL DISABILITY NEEDS

Failure to disclose any medical issues may have a negative impact on your health care. The information below is used to assist the College in monitoring, supporting and improving services to students with medical/disability requirements.

Do you have a disability, impairment or long-term medical condition which may affect your studies or compliance with visa conditions?

Yes ☐ No ☐

Please indicate the type(s) of disability

Hearing ☐ Vision ☐ Learning ☐ Medical ☐ Mobility ☐ Other ☐

Please provide details

Do you want information on support services, equipment and facilities available that may assist you?

Yes ☐ No ☐

### DECLARATION

- I declare that all the information and supporting documents provided with this form are true and correct
- I understand the content of the program I am applying for
- I have access to sufficient funds to meet the tuition, travel and living cost of living in Australia for the duration of my studies

Student's signature:

Date:

Parent/Legal guardian's signature:

Date:

#### Contact Details

Director, International Operations

Canning College

Marquis Street, Bentley, Western Australia, 6102

Telephone: (61 8) 9278 3500

Email: [Canning.Col.Admissions@education.wa.edu.au](mailto:Canning.Col.Admissions@education.wa.edu.au)

Web: <http://www.canningcollege.wa.edu.au>

CRICOS Provider Code: 00463B

Date:

Agent stamp

Counsellor name:

Email Address: