

Agent URN

Representative's Stamp

International Application for Admission

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate. ☒

STUDENT DETAILS

Title	Family Name	Given Names
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age
Country of Birth		Date of Birth (day/month/year)
		Nationality
Are you a Citizen or Permanent Resident of New Zealand? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If yes, please provide a copy of your current passport or Visa. Students must complete year 13 at a NZ secondary School, or, be 18 years of age or over

Home Address	
City	State/Province
Country	Postcode
Home Telephone	Mobile
Email	

FAMILY MEMBER CONTACT DETAILS (IF UNDER 18)

Name	Relationship to Student
Home Address	
City	State/Province
Country	Postcode
Home Telephone	Mobile
Business Telephone	Fax
Email	

VISA DETAILS

Do you have a current New Zealand Visa? Yes ☐ No ☐ If yes, please provide a copy of your current visa

Are you applying for a student visa? Yes ☐ No ☐

Visa type	Visa subclass	Visa expiry date
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PASSPORT DETAILS

Passport Number	Passport Expiry Date
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Please provide a copy of your current passport

ENGLISH LANGUAGE

All international students must demonstrate an acceptable level of English proficiency to gain admission to the AFY academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

Academic IELTS (score)

Overall	Listening	Reading	Writing	Speaking
Other (please supply)				

For all other tests accepted by the Admissions Department, please refer to afy.ac.nz

PREVIOUS EDUCATION

Please attach verified copies of all academic transcripts or reports (translated into English)

Name of Qualification	Year Awarded
Name of School/College/University	
Country/State	Language of Instruction
If you are currently completing a qualification, please indicate when you expect to complete this study (month/year)	

COURSE SELECTION

Recommended weeks of English Language Preparation (ELP)				ELP Start Date						
AFY Pre-foundation	January <input type="checkbox"/>	July <input type="checkbox"/>	AFY Standard	January <input type="checkbox"/>	July <input type="checkbox"/>	August <input type="checkbox"/>	AFY Intensive	April <input type="checkbox"/>	October <input type="checkbox"/>	Year

List subjects that you wish to study. For course descriptions, please visit afy.ac.nz

Subject 1 English	Subject 4
Subject 2	Subject 5
Subject 3	

UNDERGRADUATE COURSE SELECTION

Undergraduate offer

I would like to study the following undergraduate course at: AUT ☐ Massey University ☐ The University of Auckland ☐
(in order of preference)

Preference 1	Major
Preference 2	Major
Preference 3	Major

CAREGIVER ARRANGEMENTS

If you are under 18 years of age, do you require the College to recommend a Caregiver? Yes ☐ No ☐

If no, please advise the name and address in New Zealand of your Caregiver.

Caregiver's Name
Caregiver's address in New Zealand

ACCOMMODATION

Do you require assistance with accommodation? Yes ☐ No ☐

Length of Stay (weeks)	Accommodation start date
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What type of accommodation do you require?

Homestay (single) <input type="checkbox"/>	Homestay Central <input type="checkbox"/>	City Lodge* <input type="checkbox"/>	Empire Apartments* <input type="checkbox"/>
* City Lodge and Empire Apartments are for students over the age of 18			

AIRPORT TRANSFER

Do you require airport transfer? Yes ☐ No ☐ If yes, flight details including date, time and flight number should be sent to the Admissions Centre as soon as possible to arrange the airport collection

DISABILITY

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes ☐ No ☐

If yes, please indicate the area/s of impairment:

Acquired Brain Impairment <input type="checkbox"/>	Hearing/Deaf <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Learning <input type="checkbox"/>	Physical <input type="checkbox"/>	Medical Condition <input type="checkbox"/>
Mental Illness <input type="checkbox"/>	Mobility <input type="checkbox"/>	Vision <input type="checkbox"/>	Other <input type="checkbox"/>		

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes ☐ No ☐

MEDICAL INSURANCE (IF APPLICABLE)

Do you currently hold medical insurance? Yes ☐ No ☐ If yes, please provide the following details

Name of Insurance provider	
Insurance Membership Number	Insurance Expiry Date

For your convenience, medical insurance will be included automatically on your invoice unless you provide us with details of your alternative policy

DECLARATION AND SIGNATURE (THIS APPLICATION MUST BE SIGNED; OTHERWISE IT WILL NOT BE ACCEPTED)

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that where I do not meet the entry requirements for the selected course or suite of courses that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Taylors College. I authorise Taylors College, where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application.

I have read and understand the outline of how the Privacy Act will be applied at Taylors, set out on the Taylors website (afy.ac.nz) and I authorise the College to collect, use and disclose personal information about me in accordance with the Privacy Act 1993.

Signed (Student)	Date
Signed (Parent, Legal Guardian*)	Date

* If applicant is under the age of 18

SEND YOUR APPLICATION TO:

Admissions Centre

Level 8, 97-99 Bathurst St, Sydney NSW 2000, AUSTRALIA
T +61 2 8263 1888
F +61 2 9267 0531

E taylorsadmissions@studygroup.com

or to your local representative