



PERSONAL DETAILS	
Family Name:	
Given Name/s:	
Date of Birth: / /	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality:	
Address for correspondence:	
Telephone:	Facsimile:
Mobile No:	
Email:	
Name of Parent/Guardian (if under 18 years) or Emergency Contact (if over 18 years):	
Parent/Guardian Address (if different)	
Telephone:	Facsimile:
Mobile No:	
Email:	

REQUESTED COURSES & DURATION	
Commencement Date: / /	
Preferred campus:	City Campus <input type="checkbox"/> Beach Campus <input type="checkbox"/>
<input type="checkbox"/> General English Course (GEC)	weeks
<input type="checkbox"/> English for Academic Purposes/Cert IV EAP *	weeks
<input type="checkbox"/> Preparation For IELTS General Module Course	weeks
<input type="checkbox"/> Phoenix IELTS On-line Student License	<input type="checkbox"/> \$65 - 1 mth <input type="checkbox"/> \$125 - 2 mths <input type="checkbox"/> \$177 - 3 mths
<input type="checkbox"/> English for Business Purposes*	weeks
<input type="checkbox"/> University Foundation*	weeks
<input type="checkbox"/> Diploma of Business*	weeks
* Pre-requisite language requirements apply	
TOTAL	weeks

PAYMENT DETAILS	
Tuition fees for [] weeks/months	A\$
Other Fees (eg. exam fees, online license etc)	A\$
TOTAL	A\$

SEND YOUR APPLICATION TO

Phoenix Academy
 Post: PO Box 256, Leederville, Western Australia, 6903
 Fax : +61 8 9227 5540
 Email: admissions@phoenixacademy.com.au

VISA RELATED INFORMATION	
Are you a citizen/permanent resident of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Currently in Australia:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Passport #:	
On what type of visa will you commence your course?	
Student <input type="checkbox"/>	Visitor <input type="checkbox"/> Working Holiday <input type="checkbox"/> Other <input type="checkbox"/>
Temporary Business Visa 457 <input type="checkbox"/>	Graduate Visa 497 <input type="checkbox"/>
Visa Expiry Date: / /	

METHODS OF PAYMENT

Bank Transfer Bank Draft Bank Cheque Cash

Credit Card (3.75% surcharge will apply) : Master Visa

Card number: []

Expiry date: [] CCV#: []

(CCV# is the last 3 Xifits located next to the signature panel on the back of the credit card)

Make payments to:

Name: Phoenix Academy Trust Account
Bank Name: Bank of Western Australia Ltd
Branch: 149 Oxford Street, Leederville 6007
 Western Australia
Branch No: 306-058
Account No: 052 903 3

OTHER INFORMATION

How did you first learn about Phoenix Academy? (you can tick more than one box)

<input type="checkbox"/> Website/Internet	<input type="checkbox"/> Recommended by a friend or relative
<input type="checkbox"/> Recommended by my employer	<input type="checkbox"/> Recommended by an Agent
<input type="checkbox"/> Direct enquiry	
<input type="checkbox"/> Newspaper (please specify)	

DECLARATION

I, [] declare that the information supplied in this application and supporting documentation is true and complete.

I have read, understood and agree to the Conditions of Enrolment & Refund Policy.

I understand that Phoenix Academy reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I agree that I have read and agree to be bound by the Conditions of Enrolment, including the Cancellation and Refund Policy of Phoenix Academy.

Student Signature []

Date []