

By email	<a href="mailto:admissions@ecc.edu.au">admissions@ecc.edu.au</a> In the subject line, please write 'Prendiville LINKed application form'
Visit ECC	Edith Cowan College (ECC), 10 Injune Way, Joondalup WA 6027 Phone: 6279 1100
Questions?	Contact the Marketing and Admissions team - Phone 6279 1101



## ECC / Prendiville Catholic College LINKed Pathway Application Form

Please print in BLOCK LETTERS



### STUDENT INFORMATION (AS SHOWN IN PASSPORT)

Family Name:		Given Name:			
Preferred Name:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Nationality:		Date of birth:	/ /	Current age:	
Passport Number:		Passport expiry date:	/ /		
Country of birth:		Citizenship:			
Are you a citizen or permanent resident of Australia? <small>If 'yes', please provide evidence of citizenship or residency (e.g. a certified copy of your birth certificate, passport, citizenship certificate or visa). If verification is not supplied, fees and conditions for international students may apply.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you grant ECC permission to provide your parent or guardian listed below with any information pertaining to your application to study, ongoing academic progress, results and attendance?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

### APPLICANT'S CONTACT DETAILS (COMPULSORY)

Address:			
Home Phone:		Mobile:	
Email:			

### PARENT/GUARDIAN CONTACT AND EMERGENCY DETAILS (COMPULSORY)

Family Name:		Given Name:		
Relationship to applicant:		Phone:		
Email:				
Address if different to above:				

### EDUCATION PROFILE

Currently studying:		Year of expected completion:		
Name of institution:				
Program stream: (choose one)	Health: __Nursing <b>OR</b> __General* Communications & Creative Industries	Computing & IT Commerce	Engineering Hotel Management	

\*General stream articulates into Counselling, Biomedical Science, Exercise and Sports Science and Psychology.

### REQUEST FOR DISABILITY SUPPORT

Do you have a disability that may affect your studies?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please specify below:
<input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Other (please specify): _____	
Please attach relevant information to help ECC determine what learning assistance (if any) you might require.	

### STUDY COURSE INFORMATION

Education provider:	<b>Edith Cowan College</b>	Location:	<b>Joondalup Campus West</b>
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## DECLARATION

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct.

I understand that giving false or incomplete information may lead to my application being refused or my enrolment cancelled.

I have read and understood the ECC's Privacy Policy.

I understand that ECC will be collecting, processing and storing my personal information as part of this enquiry and/or application process.

I authorise ECC to provide my personal information, including my contact details and enrolment details, to third parties in accordance with ECC's Privacy policy. These third parties include ECC representatives (agents) acting on my behalf; ECU (to facilitate progression from ECC to the next stage of my studies); sponsors and Navitas Limited and its affiliates (to communicate pathways and services offered by Navitas Limited and its related companies).

I give permission for ECC to obtain official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to.

As the applicant named on this application, I confirm that I have understood the questions above and that my answers represent how I want my personal information used.

### APPLICANT'S SIGNATURE

Must be your usual signature

Date:     /     /

Unsigned applications cannot be processed.

### PARENT/GUARDIAN'S SIGNATURE

If you are under 18 years of age, your parent/guardian must also sign this application

Date:     /     /

## Application Form

Name: \_\_\_\_\_

Home Room: \_\_\_\_\_

1. Which of the following diploma courses interest you?

- |   |     |
|---|-----|
| • Diploma of Commerce                               | Yes |
| • Diploma of Communications and Creative Industries | Yes |
| • Diploma of Hotel Management                       | Yes |
| • Diploma of Science (Computing / IT)               | Yes |
| • Diploma of Science (Engineering Studies)          | Yes |
| • Diploma of Health Science                         | Yes |

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Parent name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please bring this form to your counselling session and hand to your course counsellor.*