

IONA TRINITY COLLEGE 2025 INTERNATIONAL STUDENT APPLICATION FORM

BEFORE YOU BEGIN

Date of expiry [DD/MM/YYYY]

Your current location

- This form is intended to be completed if you are not an Australian citizen, an Australian Permanent Resident visa holder, or a New Zealand citizen.
- Prospective domestic applicants should complete the 2025 DOMESTIC STUDENT APPLICATION FORM.
- All fields should be completed in English. Tick boxes where applicable.
- A non-refundable application fee of \$200.00 is required to process international student application forms.
- For international graduates of Iona Columba College, a reduced non-refundable application fee of \$100.00 applies.

Course Name CRIC Course		Full-time Course Duration	Indicative Total Tuition Fee	Year 2025 Tuition Fee
☐ Bachelor of Theology 1169	34A	3 years	\$45,792	\$15,264 (\$7,632 per semester)
☐ Bachelor of Theology (Korean) * 11693	35M	3 years	\$45,792	\$15,264 (\$7,632 per semester)
☐ Advanced Diploma of Counselling 1169	32C	2 years	\$36,720	\$18,360 (\$9,180 per semester)
☐ Advanced Diploma of Counselling (Korean) * 1169.	33B	2 years	\$36,720	\$18,360 (\$9,180 per semester)
Notes: [1] * This cou COURSE INTAKE (please tick one)	rse is de	elivered and assessed in	Korean. [2] Tuition fe	ees are subject to change annual
	ter 1: 3	March 2025	☐ Sem	ester 2: 28 July 2025
PERSONAL DETAILS		RESIDENTIAL DETAI	LS - HOME COUNTI	RY
Title [Mr/Mrs/Miss/Ms/Other]		Address		
Family name				
Given names/s		Town or city		
Date of birth [DD/MM/YYYY]		State or province		
Place of birth [city & country]		Postcode		
Nationality		Country		
Main language spoken at home		RESIDENTIAL DETAI	LS - AUSTRALIA (if	known)
Gender □ Male □ Female □ Unspecifie	ed	Address		
Are you of Aboriginal or Torres Strait Islander origin?				
☐ Aboriginal ☐ Torres Strait Islander		Suburb		
\square Aboriginal and Torres Strait Islander \square No		State		Postcode
CONTACT DETAILS		EMERGENCY CONTA	ACT DETAILS	
E-mail address		Title		
Telephone number		Name		
Mobile number		Relationship to you		
PASSPORT DETAILS		Address		
Passport number				
Country of issue				

☐ Other

☐ Australia

Contact number

E-mail address

SPECIAL NEEDS DOCUMENT CHECKLIST Details of any medical conditions, allergies, disability, impairment • Please ensure you have attached the necessary documents to this or long-term condition that affect your learning needs: Documents that are not in English must be translated into English by a certified translator. Please tick to indicate the documents attached to this form: · Applicants may be contacted to discuss their requirements and reasonable adjustments. ☐ Birth certificate *OR* passport (*must be certified*) ADMISSION PATHWAY (please tick one) ☐ Academic testamurs and transcripts (must be certified) General Entry ☐ English language delivery ☐ Language proficiency score, if applicable (must be certified) ☐ Korean language delivery ☐ Evidence of prior learning, experience or disadvantage, if applicable Alternative Entry ☐ Mature Age ☐ Evidence of OSHC coverage, if self-arranged ☐ Educational Disadvantage ☐ Evidence of application fee payment · Applicants selecting alternative entry may be asked to attend a face-PRIVACY NOTICE AND CONSENT to-face or online interview to discuss their circumstances. • Information is collected on this form and during your application, **UNIQUE STUDENT IDENTIFIER (USI)** (if known) admission and enrolment in accordance with the college Personal Information and Privacy Policy and Procedure and in order to meet USI number obligations under the Higher Education Standards Framework (Threshold Standards) 2021, the Education for Overseas Students Act 2000, the Privacy Act 1988 and other relevant legislation. PRIOR EDUCATION DETAILS Information collected about you on this form and during your Course [e.g. Bachelor of Arts] enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities. In other Institution instances, information collected on this form or during your application, admission and enrolment can be disclosed without your Country consent where authorised or required by law. • A copy of the college Personal Information and Privacy Policy and Duration [e.g. 3 years] Procedure is available at itc.edu.au. By completing and submitting this application form, you consent to Date awarded [DD/MM/YYYY] the collection and use of your information as described. Attach additional pages as necessary if you have multiple DECLARATION qualifications. · I declare that all information provided within this form is correct and CREDIT AND RECOGNITION OF PRIOR LEARNING (RPL) complete. Are you seeking to apply for credit and/or recognition of prior learning? • I confirm that I consent to the collection and use of my information as stated in the privacy notice above. ☐ Yes □ No · I agree to be bound by all policies and conditions of Iona Trinity College, which have been made available at itc.edu.au. · Applicants seeking to apply for credit should complete the Credit Application Form available at itc.edu.au. • I agree that if there is any difference in meaning in the provision of an English version and any translated version of this form, the English **OVERSEAS STUDENT HEALTH COVER (OSHC)** version is to prevail. Do you currently have OSHC? ☐ Yes ☐ No Signature Do you require the college to arrange OSHC? ☐ No ☐ Yes Print name If yes, specify the cover type: ☐ Single ☐ Couple ☐ Family Date [DD/MM/YYYY] · Applicants and their dependants must be covered by OSHC for the whole of their stay in Australia. SUBMISSION Completed applications may be submitted to the following addresses: **PAYMENT** via email info@iona.edu.au A non-refundable application fee is required to process international student application forms (see front page). PO Box 79 via post Concord West NSW 2138 Payment is to be made by EFT direct bank deposit: Australia Iona Trinity College of Higher Education Account name BSB number 032-069 **AGENT DETAILS** 665-250 Account number Affix agent stamp or enter details here OFFICE USE ONLY Print Form v1.1