

Application for Admission  Kent Institute Australia (Kent) – Offshore Delivery							
1. Personal Details (as appears on passport)							
Title:	Mr.	Ms.	Mrs.	Other	r:		
Family Name:							
First Name							
Middle Name:							
Date of Birth:	(DD/MM/YYYY)			G	Gender:		
Nationality:				С	Country of Birth:		
Passport Number:				Р	assport Expiry Date:		
Have you enrolled at	Kent previously?	Yes	No	к	Cent Student ID:		
2. Contact Details							
*Email:		1					
Flat/Unit:	Street Number:	Street Name	:			Γ	
City/Suburb:				S	tate:	Postcode:	
Home Phone:				N	Mobile Phone:		
3. Application Lodg	ement						
Are you applying to Kent through an agent? No – Applying Directly Yes – Age					Yes – Agent		
Agent's Representation	ve Name:						
Email:							
4. Vocational Education & Training (VET) Course(s) Details							
Preferred Commen	cement						
Year	Term 1 (Januar	y)	Term 2 (April)		Term 3 (June)	Term 4 (September)	
Course(s) Details							
Diploma of Information Technology ICT50220 60 weeks							
Please Select Specialisation:							
Front & I	Back End Web Development		Cyber Security	′			
Cloud Architect & Cloud Engineering To			Telecommuni	Telecommunications & Network Engineering			
Recognition of Prior Learning and/or Current Competencies							
Are you seeking RPL or RCC/Credit Transfer for studies completed? Yes No							
Please attach de							

6. Education and Academic A	chievements						
Completed Education:	High School		Colleg	șe .		University	
Please list all secondary and post	t-secondary programs in which you have been	enroll	ed?				
Course/Award e.g., HSC, A levels	Institution e.g., Taylors College		<b>Country</b> e.g., Australia		Year started e.g., 2001	Year completed e.g., 2005	
Please specify:			Other:				
Applicants must attach certified copies of all relevant academic certificates and transcripts.  Certified copies must be stamped and signed by a Justice of the Peace, Commissioner for Declarations, an approved Kent education agent or the issuing authority/institution, and the certifier's stamp must include the certifier's printed name or organisation name, title/position, signature and date of notary.							
All documents not in English mus	st be accompanied by certified and translated E	ngiisi	r copies by an appr	ovea transi	ator.		
7. English Proficiency							
Is English your first language?					Ye	es No	
Do you hold a certificate of Englis (e.g.: Academic IELTS, TOEFL, Pea					Ye	es No	
Did you complete secondary or tertiary study with English as the language of instruction?  Yes No							
Applicants must attach certifie	ed copies of all relevant English certificates and	trans	cripts.				
10. Study Reason							
Of the following categories, which	ch BEST describes your main reason for underta	king	this course? (Tick C	NE box onl	y)		
To get a job For personal interest or self-development It was a requirement of my job							
I wanted extra skills for my job  To try for a different career  To get skills for community/voluntary w					oluntary work		
To develop my existing business To get a better job or promotion Other reasons							
To get to another course	of study To start my own business						
11. Medical / Special Needs							
Do you have difficulties in any of	the following areas?		Hearing	Мо	bility	Vision	
Other Medical, Please specify:					·		
14. Declaration							
<ul> <li>I declare that the information supplied in this application is true and correct. I authorise Kent to obtain enrolment and academic information from any of my previous or current education providers. I understand that Kent will take remedial corrective action if the information provided is false and misleading.</li> <li>I understand that I may be contacted by a Kent representative and asked a series of questions in relation to this application.</li> </ul>							
Name:							
Signature:			Date:				

## 15. Submit your application

Submit the completed 'Application for Admission' form by email to: <a href="mailto:study@pegasus.edu.vn">study@pegasus.edu.vn</a>

Contact Pegasus Danang at 0236 730 1555 if you have any inquiries.

We will endeavour to process all applications within five (5) business days. However, this may vary due to unforeseen application volumes or peak admission periods throughout the academic year.

Incomplete applications will delay processing until it can be accurately assessed or verified that the applicant meets the entry requirements for admission.

## 16. Kent Representative/ Agent Declaration (if applicable)

- The Applicant is genuine in making this application and has every intention of completing all courses listed in the
  application.
- I am satisfied that the documents which form part of the application are valid and are not fraudulent.
- I confirm I have met with this applicant and have interviewed them to confirm this information, including making any external checks as necessary to verify the information provided.
- I understand that I am responsible for ensuring that the information provided here is neither false, nor misleading and a failure to properly screen applicants may impact my ability to continue work for Kent Institute Australia.

Representative Office or Agency Name:		Place agency stamp here:					
Representative / Agency Staff Member Name OR Kent packaging partner staff name:	<b>&gt;</b> :	Signature: Date:					
Sydney Campus Address: Mezzanine, Levels 1, 5 and 11	KE	NT	Melbourne Campus Address: Levels 9 and 10,				

Mezzanine, Levels 1, 5 and 11 10 Barrack Street, Sydney, NSW, 2000



Levels 9 and 10, 350 Queen Street Melbourne VIC 3004