

Swinburne University of Technology  
**Skilled Migration Internship Program Accounting (SMIPA)**  
**Professional Year in Accounting**  
**Application Form**

Representative/agent stamp

(if applicable)



**SECTION A: PERSONAL DETAILS**

If previously enrolled at Swinburne University of Technology, please state ID number

PRINT YOUR NAME AS IT APPEARS IN YOUR PASSPORT. Please use BLOCK CAPITALS. All fields must be completed

**Contact details**

Title: \_\_\_\_\_ (Mrs, Miss, Ms, Mr etc) Gender:  Female  Male

Family name

Given names

Date of birth   /   /

Email address

Telephone number                      Mobile telephone

**Postal address**

Number and street

Suburb/City

State

Country                      Postcode

**Residential address (if different to Postal address)**

Residential address should NOT be the same as your agent

Number and street

Suburb/City

State

Country                      Postcode

**Citizenship**

Country of citizenship: ..... Country of birth: .....

Do you hold a current Skilled-Graduate (temporary) visa (Subclass 485)?  Yes  No

If **YES**, complete below

485 Visa number: .....

485 Visa expiry date:   /   /

If **NO**, have you applied for a 485 visa?  Yes  No

If **YES**, please attach a copy of your application and state application reference number .....

If **NO**, please detail your present state: .....

**Disability**

Note: this is for support purposes only and will not affect the outcome of your application

Do you have disability?  Yes  No If yes, please provide details: .....

**SECTION B: COURSE PREFERENCES**

Program	Campus	Intake	Year
Skilled Migration Internship Program Accounting (SMIPA) – Professional Year in Accounting	Prahran		

**SECTION C: ENGLISH LANGUAGE PROFICIENCY**

IELTS Score  Yes  No Listening  Reading  Writing  Speaking  Overall

Date of test:   /   /

If **NO**, please detail other English Language Proficiency .....

.....

**SECTION D: EDUCATION DETAILS**

Tertiary studies completed or undertaken in Australia

Month/Year Commenced	Month/Year Completed	Title of Course (eg Bachelor of Business)	Name of Institution	Full-time or Part-time	Completed Yes / No

**SECTION E: EMPLOYMENT HISTORY**

Complete the following employment history and provide employment references or attach your curriculum vitae (resumé). Write NIL if no employment history.

Period	Employer	Department/Section	Nature of Work

**SECTION F: CHECKLIST AND DECLARATION**

**Make sure the following are attached:**

- Certified academic transcripts with grading system  485 Visa or confirmation of application  Curriculum vitae  Passport copy
- Certified English proficiency test results  Skills Assessment from one of: CPA Australia, Institute of Chartered Accountants (CA), or Institute of Public Accountants

**Applicant's declaration**

- I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.
- I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
- I authorise the University to seek verification of my academic and professional qualifications, and work experience. I understand that the University reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
- I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
- I acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without prior notice.
- I understand that the personal information I have provided may be released.
- I have read and understood the policy and conditions on [www.swinburne.edu.au/professionalyear](http://www.swinburne.edu.au/professionalyear) to government agencies as required by law. I authorise the University to disclose information relevant to my application and enrolment to third parties for the purpose of progressing my application and enrolment and administering my program. I also authorise the University to release information about me and my enrolment, including my photograph to the CPA, CA or IPA.

Signature of applicant: ..... Date:   /   /

**Send Application To:**

**Swinburne University of Technology** Swinburne International Telephone: +61 3 8676 7002  
 PO Box 218 Facsimile: +61 3 9818 3648  
 Hawthorn VIC 3122 Australia Email: [pyp@swinburne.edu.au](mailto:pyp@swinburne.edu.au)

PLEASE ENSURE YOU HAVE WRITTEN YOUR EMAIL ADDRESS ON PAGE 1 OF THIS FORM.