

# OVERSEAS STUDENT HEALTH COVER FORM

## APPLICANT INFORMATION

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

Middle Name(s): \_\_\_\_\_

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

I apply to this Australian  
University: \_\_\_\_\_

## OSHC

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It is a requirement of the Australian Government that you maintain Overseas Student Health Cover (OSHC) for the duration of your student visa.

**Please choose one of the following options:**

- ☐ My Australian University shall arrange my Visa Length OSHC.
- ☐ I will organise my own OSHC (and provide QUT with a copy upon request).

**Please select the type of cover you require:**

- ☐ Cover for myself only
- ☐ Cover for myself and my spouse
- ☐ Cover for myself and one child
- ☐ Family cover for myself AND my spouse AND my child/children

**Date:**

**Applicant Signature:**

*Your application cannot be processed without your answer(s), date and signature!*