



**ATTACHMENT: A**

**BEFORE APPLYING FOR THIS OPPORTUNITY  
PLEASE READ THROUGH THIS CAREFULLY:**

1. The immigration of Australia where we are allows a maximum of twenty hours a week for work which can not be exceeded some countries may be different but regardless you are not allowed to work over twenty hours a week while studying with us.
2. We are entitled to see your progress report every semester, failure to furnish us with your progress report will result in the termination of your contract.
3. We have the right to ask your education authorities about your progress. Failing marks will terminate benefits (stipend, school fees, etc.)
4. If you choose to study in your country of origin the same conditions apply to you.
5. Failure to comply with items 1 to 3 will lead to disqualification.

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Country: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I confirm and understand the above states and conditions.

**OFFICE USE ONLY**

Certified Officer

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Country: \_\_\_\_\_



## APPLICATION FORMS

1. Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_
2. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex M/F: \_\_\_\_\_ Martial Status: \_\_\_\_\_
3. Number of dependants: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_
5. Current Address: \_\_\_\_\_
6. Emergency Name / Contact Number: \_\_\_\_\_

### EDUCATION DETAILS

Please circle the appropriate level of achievement (if any)

Level of education acquired

General education

Bachelors degree

Post Graduate

7. What Course do you intend to undertake (list in preference order)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_



8. Country and school you prefer for your studies: \_\_\_\_\_

9. If you do not qualify to the school of your choice do you want us to recommend a school for you Y\_\_\_\_\_/N\_\_\_\_\_

**BACKGROUND**

10. Have you ever been deported from any country? Y\_\_\_\_\_/N\_\_\_\_\_

11. Have you ever been convicted of any crime? Y\_\_\_\_\_/N\_\_\_\_\_

12. Present occupation: \_\_\_\_\_

13. How did you hear about us? TV, Radio, Newspaper, Internet, Other (Please specify)

\_\_\_\_\_

**MODE OF PAYMENT**

Cheque: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Other: \_\_\_\_\_

Credit Card Details

Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

All applicants will be replied. Please make sure you have your correct current address on the forms.