



Client Information Form

Applicant Details:

| | | | |
|--------------------------|----------------------------------|------------------------------------|--------------------|
| Family Name: | | | |
| First Given Name: | | | |
| Email Address: | | | |
| Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Birth Date: |
| Home Number: | | Mobile Number: | |
| Passport Number | | Nationality | |
| Passport Expiry | | Country Of Issue | |
| Home address: | | | |

Visa Information:

| | |
|---|---|
| Type of Visa Required | <input type="checkbox"/> Student Visa <input type="checkbox"/> Other |
| Date Of Enquiry: | |
| How well do you speak English? (tick) | <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all |
| What Course Do You Want To Study In Australia: | |



| | |
|---|---|
| Do You Have Any Criminal Convictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You Have Any Other Nationalities Other Than The One Mentioned? | |
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> De-facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |
| Do You Have Any Children | <input type="checkbox"/> Yes <input type="checkbox"/> No If So How Many |
| Do You Suffer from Any Physical Or Mental Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No If So, please Explain |
| Do You or Have You Suffered From any Disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No If So, please Explain |
| Are You Planning On Travelling to Australia On Your Own or With Others (i.e: Family) | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please Explain |
| Do You Have The Required Funds According To Australian Immigration To Study and Support Yourself And your Family While In Australia? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please Explain |
| Where Are You Planning To Study And Stay In Australia? | |
| How Long Are You Planning To Stay In Australia For Study Purposes? | |
| If You Are Travelling With Your Family, What Is Your Annual Income From Your Home Country? | |



| | |
|---|--|
| Have You Completed An IELTS Examination? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?.....What Was Your Score?..... |
| Have You Studied In Australia In The Past? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please Explain |

Representation/Disclaimer:

By signing this agreement, you give permission for OzTrip Services to complete your applications on your behalf. OzTrip Services makes every effort to achieve the best results for you although does not take any responsibility for any application refusals, as we act as an agent and can only use the information provided by you.

Full Name:

Signature:.....

Date:...../...../.....