



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	
ID Card Number		Date of Issue:
		Expiry date:
Country, town and city where you were born:			
Home address (in your home country):			
Home address in Australia (if applicable):			
Do you have any other nationalities or valid passports?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:.....		



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?	
Have you ever been refused a Visa or Visa extension in the past? If so when? And for what reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:.....
Names and D.O.B of your Parents and Siblings	1. (Parent) 2.(Parent) 3.(Sibling) 4.(Sibling) 5.(Sibling) 6.(Sibling)
Do You Have Any Criminal Convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 (who they belong to and how would be delivered to you)
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
Summarize the qualifications you have achieved to present day	Qualification (1): Institution and country: Dates: Qualification (2): Institution and country:



	<p>Dates:</p> <p>Qualification (3):</p> <p>Institution and country:</p> <p>Dates:</p> <p>Qualification (4):</p> <p>Institution and country:</p> <p>Dates:</p>
<p>Have you travelled outside your country in the past 10 years? If so where have you travelled and when.</p> <p>*(Please include exact dates with day, month and year as stamped in your Passport)*</p>	<p>Country (1):.....</p> <p>Dates:</p> <p>Country (2):.....</p> <p>Dates:</p> <p>Country (3):.....</p> <p>Dates:</p> <p>Country (4):.....</p> <p>Dates:</p> <p>Country (5):.....</p> <p>Dates:</p> <p>Country (6):.....</p> <p>Dates:</p> <p>Country (7):.....</p> <p>Dates:</p>

Employment History outside and inside Australia:

Company Name (1):	
Dates of employment:	From.... To....
Position:	
Reference details:	<p>Name:</p> <p>Phone number:</p> <p>Address of the company:</p>



Company Name (2):	
Dates of employment:	From.... To.....
Position:	
Reference details:	Name: Phone number: Address of the company:

Company Name (3):	
Dates of employment:	From.... To.....
Position:	
Reference details:	Name: Phone number: Address of the company:

Are you comfortable writing your GTE	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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:...../...../.....