

1. Agent Details

I hereby nominate the below Agent to submit this application to the Curtin University on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of agent	GOstralia!
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Hamburg <input type="checkbox"/> Berlin <input type="checkbox"/> Köln <input type="checkbox"/> Dortmund

2. Personal Information

Name of Home University	
Name of Country	

3. Program Details

Desired Campus	<input type="checkbox"/> Perth <input type="checkbox"/> Kalgoorlie <input type="checkbox"/> Singapore
Select the study period you will be commencing	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 or <input type="checkbox"/> Trimester 1 <input type="checkbox"/> Trimester 2 <input type="checkbox"/> Trimester 3 Year: 20____

4. Personal Details

Have you ever applied/been enrolled at Curtin University?	<input type="checkbox"/> No <input type="checkbox"/> Yes, ID: _____
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Given Name	
Other Given Name(s)	
Preferred Given Name	
Family Name	
Previous Family Name (if applicable)	
Date of birth	___/___/_____ (dd/mm/yyyy)
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other
Passport Number	

5. Citizenship & Residency Details

Do you currently hold a valid Australian visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes Visa Number: _____
Citizenship	
Country of Birth	
Which language is spoken at home?	

6. Contact Details

Address (Street name & number)	
City	
State	
Country	
Postcode	
Contact phone number	(+____)
Email address	

7. Emergency Contact Details

Full Name	
Relationship	
Email address	
Contact phone number	(+____)

8. Disability Details

Do you have a disability, impairment or long term medical condition which may affect your studies?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please specify: _____ _____
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9. Secondary Education (High School)

In what country did you attend your last secondary school (high school)?			
Name of School			
Qualification (Abitur/ FH-Reife/ etc.)			
Start date	____/____/____ (mm/yyyy)	(Proposed) End date	____/____/____ (mm/yyyy)

10. Tertiary Education (University) (if any)

Country			
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Start date	____/____/____ (dd/mm/yyyy)		
Expected end date	____/____/____ (dd/mm/yyyy)		
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Country			
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Start date	____/____/____ (dd/mm/yyyy)	End date	____/____/____ (dd/mm/yyyy)

14. Application Declaration

- I declare that I have read the instructions on this application form and that the information I have provided is true and correct.
- I understand that the information collected on this form is to enable Curtin University to assess my application, create a record on its student database, undertake statistical analysis, meet statutory reporting requirements and further inform me about the course to which I am applying as well as the University's other courses/events. The information will be accessed by University officers strictly for these purposes and disclosed to state and Australian government agencies where required by law and the fund manager of the ESOS Assurance Fund, pursuant to obligations under the Education Services for Overseas Students Act 2000 and the National Code of that Act, and to contractors (such as mail houses) engaged by the University to perform services on its behalf. Where personal information is to be provided to contractors, the University will require that confidentiality agreements be first entered into.
- I accept that information supplied in this application may also be made available to a Curtin University overseas representative to provide assistance with my application and the University's preferred Overseas Student Health Cover provider to assist with effecting health insurance.
- I understand that if I do not complete all the questions on this form, it may not be possible for the University to process my application.
- I authorise Curtin University to obtain further academic information or official student records from any educational institution or recognised educational qualifications assessment body necessary and/or, where my work experience is relevant, to verify my employment history for the purpose of making an informed decision about my application.
- In the case of postgraduate applications, I understand that the services of QualSearch may be engaged to verify my qualifications. I further understand that Curtin is not responsible if any educational body/ institution does not supply these records, that the results of this search may be made available to me on request and an audit of this authority may also be undertaken.
- If I do not meet all the University's language entry requirements, I authorise the University to provide my full application to Curtin English, for consideration for the Curtin English language program. english.curtin.edu.au/
- I understand that I have the right to access and amend personal information that Curtin holds about me, subject to legislation, by contacting the Freedom of Information Coordinator at foicoordinator@curtin.edu.au.
- I acknowledge that Curtin University reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect, incomplete or fraudulent information.
- I declare that I am a Genuine Temporary Entrant and Genuine Student and have read and understood conditions relating to these requirements on the Department of Home Affairs (DHA) website - <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500>
- I am aware of the tuition and living costs for my stay and have the financial capacity to meet any costs for the duration of my program. I am responsible for an associated costs and for funding my living costs
- I understand that the University reserves the right to exclude me from the admissions process if it is not satisfied that I meet the Department of Home Affairs (DHA) Genuine Temporary (GTE) and Genuine (GS) requirements.

Signature _____ **Date** _____ (dd/mm/yyyy)