AUSTRALIAN STUDY LINK INSTITUTE
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CRICOS No: 03483G I RTO No : 40794

Potential Student Detail Form

Student Full Name:		Date of Birth:
Applicant Type: ☐ Onshore (currently in Australia)		☐ Offshore (outside Australia)
Gender: ☐ Male ☐ Female ☐ Prefer not to say ☐ Other (Please Specify)		
Preferred Course:		
Preferred Intake:		
Nationality:	Passport Number:	Passport Expiry Date:
Address:		
State:	Post Code:	Country:
Mobile:	Email:	
Highest Qualification Obtained:		Year Completed:
Institution Name:		
IELTS/TOEFL/PTE Score:		
Onshore applicants only – complete your current visa and OSHC details below:		
Current VISA Subclass:		Current VISA Expiry Date:
Current OSHC Provider Name:		Current OSHC Expiry Date:
How did You Hear About Us:		
☐ I declare that the information provided is true and correct. I understand that providing false information may affect my application.		
Student Signature_____ **Date:** _____		

For Official Use:

Any Proposed Enrolment: Yes / No If Yes,

Course Name: _____ **Proposed Start Date:** _____

Notes:

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