



## Potential Student Detail Form

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Course: \_\_\_\_\_

Preferred Intake: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Visa Subclass: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Current Course: \_\_\_\_\_

Current Institution: \_\_\_\_\_

Current Term: \_\_\_\_\_

How Do You Hear About Us? \_\_\_\_\_

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

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### Office Use:

**Any Proposed Enrolment: Yes / No**

If Yes

Course Name: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_