

Student Assessment Form

Name: Address:			
Phone:		Email:	
Nationality of Passport:		Birth Date:	
Sex:		Marital Status:	
Do you have a colf yes, which city	ontact or guardian in Austr ?	alia? Relationship to you	
Education Backg Date Granted	round: (tell us what studie Name of Institution	es you have completed) Name of Award	Majors
	e: Are you a native Englisl at for IELTS test? YES/NO		/ed
Employment His	torv		
Do you have any When Co	work experience? Yes / No ompany	Position	Comments
Financial Backgr	ound		
Source of funds: S	Self/Parents/Grandnarents/S	Spouse/siblings/sponsor/bank lo	nan?
		Study & living costs typically AU	
Future Study Pla	· ·		
	to study in Australia?		
What kind of institu	ution? Secondary School o	r College or University	
What course/level	? particular institution?	Which city?	
Name institution?	Preference 1:	Preference 2:	
What course?	Preference 1:	Preference 2:	
When do you wan	t to start your studies in Aus	tralia?day /month / 20)
Signed:			
On completion. pl	ease return by email to pete	er@bridgeblue.com.au or you c	an fax or post it.

details below. Feel free to telephone, if you prefer.