



Canterbury Education Group: GTE FORM

PERSONAL DETAILS

Family Name

Date of Birth

day		month		year			
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Given Name

Intake

Institution
(please tick)

- ☐ CIM-HE ☐ CBC-VET (Sydney)
☐ CTI-VET (Brisbane) ☐ CLA-English (Sydney)
☐ CTI-VET (Gold Coast)

Application

- ☐ Direct Enrolment ☐ Via Agent / Representative

(Agent Stamp)

ACADEMIC DETAILS

- Why do you want to study the course/s you have applied for?

- Is this course relevant to your current qualifications/previous work experience? Please briefly provide details of how it will contribute to your future career plans.

If **ONSHORE**, have you previously enrolled in courses in Australia?

- ☐ Yes ☐ No

If **Yes**, list the courses (please attach docs)

- Do you/student have a gap of more than 1 year since last qualification?

- ☐ Yes ☐ No

If **Yes**, please explain what you have been doing?

- Have you done any English test?

- ☐ Yes ☐ No

If **No**, CEG will determine your current English level, if not done already

If **Yes**, which one? (please attach evidence)

- ☐ IELTS ☐ TOEFL ☐ PTE ☐ Other

Score:

PERSONAL DETAILS AND HISTORY

- Are you married?

- ☐ Yes ☐ No

If **Yes**, please provide details of spouse and dependents

Will your dependents be accompanying with you to Australia?

- ☐ Yes ☐ No

- Have you had a visa refused or cancelled from any country including Australia?

- ☐ Yes ☐ No

If **Yes**, please provide details and copies of documentation

- Who will finance your studies in Australia?

Relationship:

Occupation:

(CEG can request sponsor's bank statement showing access to 1 year's living cost/tuition fees/air fare etc.)

- Do you want to do further studies after this course?

- ☐ Yes ☐ No

If **Yes**, which program

AGENT (STUDENT - if direct application) 675>3D3F:A@

I declare that the information supplied by me in this application and the relevant attachments are true and correct and can be verified by the institution. I understand that the institution may vary or terminate any subsequent offer of a place, or any subsequent Agent's agreements if information provided by me is shown to be incorrect.

Full Name (please print)

Signature

Date

day		month		year			
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