

APPLICATION FORM for 2010

Please send this back to Inforum by fax, email or post

PERSONAL DETAILS

Family Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Given Name:	Date of Birth: DD / MM / YYYY	
Other Name:	Occupation:	
Email (Not mobile phone based system) :	Phone:	
Address in home country:	Fax(if available):	
	Nationality:	
Address in Australia (if known) :	Country of Birth:	
	Passport No.:	
What visa are you going to apply for?	Where did you learn about INFORUM?	Do you have an English test result?
<input type="checkbox"/> Visitor	<input type="checkbox"/> Friend (Name:)	<input type="checkbox"/> Yes (Score) <input type="checkbox"/> No
<input type="checkbox"/> Student Do you have Overseas Student Health Cover? <input type="checkbox"/> Yes (Expiry Date) <input type="checkbox"/> No	<input type="checkbox"/> Internet (What site?:)	<input type="checkbox"/> TOEIC
<input type="checkbox"/> Working Holiday	<input type="checkbox"/> Agent (Company Name:)	<input type="checkbox"/> TOEFL
<input type="checkbox"/> Other ()	<input type="checkbox"/> Other ()	<input type="checkbox"/> IELTS
		<input type="checkbox"/> Cambridge (level:)
		<input type="checkbox"/> Other ()

COURSE REQUEST

Course Name	Weeks	Starting Date	Course Name	Starting Date
Accelerated English		DD/MM/YY	Cambridge FCE (First Certificate) Exam Preparation	DD/MM/YY
IELTS Preparation		DD/MM/YY	Barista Program	DD/MM/YY
Other ()		DD/MM/YY	Other ()	DD/MM/YY

ACCOMMODATION

Accommodation Type	Style	Weeks	Check-in	Check-out
<input type="checkbox"/> Homestay	<input type="checkbox"/> No-meal <input type="checkbox"/> Standard <input type="checkbox"/> Quality <input type="checkbox"/> Superior		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Student Residence	<input type="checkbox"/> Twin Share <input type="checkbox"/> Private use		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Backpackers	<input type="checkbox"/> Twin Share <input type="checkbox"/> Dorm (<input type="checkbox"/> Same Sex <input type="checkbox"/> Uni-Sex)		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Other			DD/MM/YY	DD/MM/YY
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Pets OK? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please specify:)		
Do you have any allergies or illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes (details)				
What time do you go to bed?	Are you under 18? <input type="checkbox"/> No <input type="checkbox"/> Yes	(If yes, do you require a carer? <input type="checkbox"/> Yes)		

OTHER SERVICES REQUIRED

<input type="checkbox"/> Airport Transfer	<input type="checkbox"/> Childcare Placement
Required on: <input type="checkbox"/> Arrival <input type="checkbox"/> Departure	<input type="checkbox"/> Local School Placement <input type="checkbox"/> Primary <input type="checkbox"/> High school
Airport: <input type="checkbox"/> Brisbane <input type="checkbox"/> Gold Coast	<input type="checkbox"/> Volunteer
Type: <input type="checkbox"/> Standard: Maximum two passengers	<input type="checkbox"/> Animal Training <input type="checkbox"/> Ecotour Guide Assistant Program
<input type="checkbox"/> Budget: More than two passengers	<input type="checkbox"/> OSHC <input type="checkbox"/> Single <input type="checkbox"/> Family Length (Months)

FEES and PAYMENT METHOD

Application Fee	\$198.00	Airport Transfer	
Tuition Fee		OSHC	
Learning Material Fee		Other service fee 1	
FCE		Other service fee 2	
Accommodation Placement		Other service fee 3	
Accommodation		Other service fee 4	
Extra Night		Total Amount Due:	
I will pay my fees by <input type="checkbox"/> Bank Transfer (Please add \$30.00 to your total fee for overseas transfers.)		or	
Credit Card (Surcharge applies) <input type="checkbox"/> VISA (1.68%) <input type="checkbox"/> MASTER (1.68%) <input type="checkbox"/> AMEX (2.805%) <input type="checkbox"/> JCB (2.75%)			
Card Expiry Date: MM/YY	Credit Card No.		
Card Holder's Name:	Signature:	Date: DD/MM/YY	

DECLARATION

I have read and accept the terms and conditions of enrolment, and apply for enrolment to Inforum Education Australia.

Name :	Signature :	Date: DD/MM/YY
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