

GTE FORM

The Australian Government's student visa program requires this form to assist SLIC in assessing the likelihood of a student meeting those requirements, with a particular focus on the applicant's Genuine Temporary Entrant (GTE) status. Kindly complete the form and email it to admissions@slic.nsw.edu.au for assessment before submitting the acceptance of offer documentation. Acceptance will not be processed until the GTE condition on the offer has been satisfied. The submission of an incomplete questionnaire may result in a delay in the processing of your application. Please complete the form with utmost honesty and provide as much accurate information as possible.

1. APPLICANT DETAILS – Please write in BLOCK Letters and provide [x] where applicable

Title: Mr./Ms./Miss./Mrs.	Date of Birth:			
First Name	Gender:	м	F	Other
Last Name:	Country of Birth:			
Nationality:	Date of Birth:	(dd)	(mm)	(уууу)
Passport No:	Date of Expiry:			
Address (Overseas)		Post Code		
Address (Australia)		Post Code		
Phone	Email			

2. VISA DE	ΓΑΙL		
2.1 Do you curre	ntly any hold Australian Visa?	Y	Ν
If you have answere	d Yes, then provide detail below:		
Visa Grant Number	Visa Grant Date Visa Expiry Date		
2.2 Have you eve	r had Australian Visa?	Y	Ν
If you have answer	ed Yes, then provide detail below:		
Visa Grant Number	Visa Grant Date Visa Expiry Date		
2.3 Have you eve	r had an Australian visa application rejected or an Australian visa cancelled?	Y	Ν
If you have answer	ed Yes, then briefly describe the reason:		

3. FAMILY DETAILS AND LIVING ARRANGEMENT

3.1 Do you have any relatives or friends in Australia?					Y		Ν
If you have answere	ed Yes, then provide detail bel	ow:					
Full Name	ull Name						
Address Post Code							
Phone Number	Email Relationship						
3.2 Are you married or ever been married?						Υ	Ν
If yes, please indic	If yes, please indicate the date when you have got married						
3.3 Do you have any children?						Υ	Ν
if yes, please indic	ate how many children do you	ı have					

Filename: SLIC_GTE Form	Version Control: 2.0	Page 1	
Southern Lights International Pty Ltd T/A Southern I 2/47 Rickard Road, Bankstown, NSW 2200, Australia Ph.: 1300 641 007 Email: ad		nsw.edu.au	



RIONO	: 40052, CRICOS Provider (.ode: 0416710
3.4 Will you spouse or children accompany you to Australia?	Y	Ν
If no, are they going to join you later?	Y	Ν
3.5 Are you aware of the visa conditions and associated costs for care arrangements if you bring your spouse/partner and/or children to Australia, or while they remain in their home country, throughout the entire duration of your program in Australia?	Y	Ν

4. FUTURE EXPECTATIONS

4.1 Did you have more than 12	months study gap?			Y	N
If yes, please provide details					
4.2 Are you currently working	on a full-time basis?			Y	N
4.3 Does your partner work or	a full-time basis?			Υ	N
4.4 Is the chosen qualification	directly related to your previ	ious studies or work experience		Y	N
If yes, please provide details					
4.5 Is the chosen qualification	directly in line with your futu	are career plans?		Y	N
If yes, please provide details					
4.6 Did you research Australia	n education before choosing	your current qualification		Y	N
4.7 Did you apply to any other	institutions in Australia?			Υ	N
If yes, please provide details Name of Qualification Institution Institution Institution					
4.8 What has motivated you to	o select the qualification?				
4.9 After the completion of yo	ur study, will you return to ye	our home country?		Y	N

5. ENGLISH LANGUAGE PROFICIENCY

IELTS	s to	DEFL		PTE			Oth	er (provid	de details)
Your Score:		Date o	f Test:		(dd)	(mm)	/	(уууу)	Please attach the result
Have you completed an English Course in Australia?		n	Yes	lf Y	'ES, plea	se attach	relev	ant evid	ence of attending this course
			No						
Have you completed an Australian Certificate III		ficate III	Yes	If Y	'ES, plea	se attach	n relev	ant evid	ence of the Certificate issued and the
level course or no longer than	above within Australia – 2 years ago?	issued	No	Aca	ademic I	Record/R	esults	5	

6. AGENT	DETAIL		
Agent Compar	ny Name:		
Your Agents Co Name:	ontact		
Agents Full			
Address:		Post Code	

Filename: SLIC_GTE Form	Version Control: 2.0	Page 2
Southern Lights International Pty Ltd T/A Southern 2/47 Rickard Road, Bankstown, NSW 2200, Australia Ph.: 1300 641 007 Email: ad RTO Code: 46052 CRICOS Provider Co	missions@slic.nsw.edu.au_ Web: slic.	nsw.edu.au



7. STUDENT DECLARATION

I affirm the accuracy and completeness of all information provided in this form. I acknowledge that Southern Lights College reserves the right to reject my application or terminate my enrollment if any information is discovered to be inaccurate, false, or misleading. By submitting this form, I grant written consent to Southern Lights College to verify independently the information I have supplied and request additional documents as needed. I confirm my genuine intention to pursue the study pathway for which I have applied.

Full Name	Signature	Date
Parents Name [If the student is a minor – under 18]	Signature	Date

APPENDIX A – Checklist

Is the students' statement realistic and consistent?	
• Do the student's personal circumstances in his/her home country show strong ties and therefore enough reasons to return?	
Can the client explain why he/she chose to study at the Southern Lights International College?	
Does the student have a "clean" immigration history?	
Can the student provide any or all these supporting documents?	
 Previous study 	
 academic transcripts showing qualifications achieved. 	
 name of the education provider(s) 	
length of study	
 certificates of attainment 	
 Current employment 	
 current employer 	
 company address. 	
 period of employment 	
 details of the position 	
the name and contact details of someone who can confirm the circumstances of employment.	
 Motivation for returning home. 	
 documents showing employment or business activities for 12 months before lodging an application. 	
potential employment offers including salary and other benefits, after course completion.	
 income tax return or bank statements 	
 bookings for return flight tickets 	

FOR OFFICE USE				
Application received by				
Assessed and verified by				
Assessment outcome	Approved	Not Approved	Date	
Document Record	Hard copy/Digital co	Hard copy/Digital copy storage		

Filename: SLIC_GTE Form	Version Control: 2.0	Page 3			
Southern Lights International Pty Ltd T/A Southern Lights International College 2/47 Rickard Road, Bankstown, NSW 2200, Australia Ph.: 1300 641 007 Email: admissions@slic.nsw.edu.au_ Web: slic.nsw.edu.au RTO Code: 46052 ICRICOS Provider Code: 04167M					