

STUDENT FINANCIAL CHECKLIST & DECLARATION FORM

To be completed by Applicant

Form
05

Application ID Number

As part of its responsibilities to the Australian Government, CIHE is obliged to have evidence of sufficient funds from students in order to support themselves and any dependants while they are studying in Australia. CIHE requires that the following form be completed, with all relevant supporting documentation provided, before a Confirmation of Enrolment (COE) is issued and your application to study is approved.

If you are applying directly to CIHE, you will need to provide this form and supporting documentation with your Acceptance of Offer. If you are applying to study with CIHE via an Agent, you will be referred to that Agent who will undertake these checks on the CIHE's behalf.

1. Personal Details (Please PRINT in capital letters)

Preferred Title (Mr /Mrs /Ms /Miss /Dr /Other)

Family Name

Given Name (as shown in Passport)

Date of Birth (dd/mm/yy)

Citizenship

Passport Number (attach a copy of your Passport)

Email

Telephone

2. Dependent

Will you be coming to Australia with dependants (wife, husband, children)?

Yes No

(If NO, move to section 3)

Details of dependants joining you in Australia

Family Member 1

Name

Relationship

Date of Birth (dd/mm/yy)

Passport Number

Family Member 2

Name

Relationship

Date of Birth (dd/mm/yy)

Passport Number

Family Member 3

Name

Relationship

Date of Birth (dd/mm/yy)

Passport Number

Family Member 4

Name

Relationship

Date of Birth (dd/mm/yy)

Passport Number

Attach details of other family members if more than 4 will be coming with you to Australia.

You will be required to provide documentary evidence similar to your source of funding outlined below for each of the dependants listed in this form.



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3. Details of Funding Source

Who will be paying your fees and living expenses while you are studying in Australia at CIHE?

If you will be funding your studies by a combination of sources, please check all relevant boxes.

Please complete the declaration for each funding source as relevant in Sections A – D of this form.

Private Sponsor (e.g. family member)
You must complete Section A below

Bank Loan
You must complete Section B below

Self-Funded
You must complete Section C below

Approved government, institutional, or corporate sponsor
You must complete Section D below

Other sources (please explain and provide evidence)

Source of Funding Declaration

A. PRIVATE SPONSOR (e.g. family member)

Sponsor details

Family Name

First Name(s)

Date of Birth (dd/mm/yy)

Citizenship

Relationship to Applicant

Passport Number (please attach copy)

Occupation

Self-Employed Employee

Name of Employer

Position Held

Address of Employer

Website of Employer

Telephone Number of Employer

Name of Manager / Supervisor

Telephone Number of Manager / Supervisor

Email of Manager /Supervisor

OR

Name of Business

Position Held

Address of Business

Website

Telephone Number

Name of Referee in Accounts or Finance Section

Telephone Number of Referee

Email of Referee



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Your Sponsor must sign the following declaration.

Sponsor Declaration

I, , declare that I have the financial means to provide support for (Name of Student) for the duration of his /her studies in Australia, at a level of no less than the cost of the tuition fee for the course and living expenses while in Australia.

I understand that the course tuition fees for the program/s he/she is undertaking is for one or more required programs (e.g. for package offers such as English + VET courses).

Program 1 AUD per year
the course duration year/month

Program 1 AUD per year
the course duration year/month

Program 1 AUD per year
the course duration year/month

I understand that the living expenses will not be less than approximately AUD18,610 per year for students living in Australia and studying at CIHE

I have not imposed any requirement on the student I am sponsoring to repay this loan while she or he is still in Australia. I further understand that the student cannot rely on the proceeds of paid employment in Australia to reduce the amount for which I am required to sponsor him or her. I agree to inform the Institutes and the student of any changes in my circumstances which may impact on my ability to maintain the level of financial support I have agreed to.

I understand that the Institutes or its agent may contact anyone nominated above as my employer, supervisor, manager or referee to verify the details provided.

Signature

Date

B. BANK LOAN

Name of Bank

Bank Address

Name of Bank Manager

Telephone Number of Bank Manager

Total Amount of Loan

Date of Disbursal of Loan into your Bank Account

Payment 1

Date (dd/mm/yy)

Amount

Is this the full amount?

Yes No

(If you answered NO, complete additional payment dates below)

Payment 2

Date (dd/mm/yy)

Amount AUD

Payment 3

Date (dd/mm/yy)

Amount AUD

Please attach a copy of the loan agreement (including the amount, the date of disbursal, the loan conditions including term and commencement, duration and level of repayments required) and evidence of the loan disbursement into a bank account in your or your parents' names.

Where the loan has not been disbursed, you should note what source of funding you are relying on to make your first tuition payment, by completing Section A, C or D and provide evidence of disbursement of loan no later than the Semester's Fees Due Date.



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C. SELF-FUNDED

To be eligible for this category (even for partial self-funding) you must have been in paid employment for a minimum of two years full-time AND/OR a business owner. Please provide relevant supporting evidence which may include a copy of bank statement or evidence of a fixed term deposit. If your fixed term deposit is less than 3 months, please provide a source of fund.

Complete all relevant sections as they apply to you.

1. Full-time/Part-time Employment

If you have been in paid full-time or part-time employment, complete the following. If you have additional employers, show the details required below on your curriculum vitae/resume which must be attached.

Name of Employer

Position Held

Length of Employment

 year months

Address of Employer

Website of Employer

Name of Manager or Supervisor

Telephone Number of Manager or Supervisor

Email of Manager or Supervisor

Current Annual Salary

2. Business Owner

Complete if you are the owner of a small or family business.

Name of Business

Position Held

Address of Business

Website

Telephone Number of Business (Reception)

Name of Referee in Accounts or Finance Section

Telephone Number of Referee

Email of Referee

D. APPROVED GOVERNMENT, INSTITUTIONAL OR CORPORATE SPONSORSHIP

To be eligible for this category, the organization must be approved as a sponsor by CIHE, and agree to pay fees directly to the Institute.

Name of Sponsoring Organisation

Details of a Senior Contact within the Organisation

Name

Position

Telephone Number

Email Address

Are Tuition Fees Guaranteed to be Paid in Full?

 Yes No

Value of stipend for Living Costs:

 AUD per year

You must attach documentary evidence of this scholarship, including a financial guarantee or other proof of sponsorship, including any sponsorship amounts and conditions.

If you are bringing dependants, has your stipend been adjusted to cover their living expenses?

 Yes No



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If your stipend has not been adjusted, please advise how you will be covering their living expenses?

Private Sector

Bank Loan

Self-Funded

Please provide all relevant documentation as outlined above.

Declaration, Terms and Conditions

I declare that the information supplied by me in this form and relevant attachments is true and correct. I understand giving false or misleading information is a serious offence under state and/or federal law in Australia. I declare that the signature on this form is my signature, and has not been signed on my behalf by another person, including my agent or sponsor. I agree to inform the Institute immediately if there are any changes to the information that I have given in this application, or any change or likely change to my ability to remain financially bona fide. I understand that the Institute may obtain official records and may contact any person, institution or organization I have named in this form. I authorize any person, institution or organization named on this document provided as evidence of my ability to pay for all my tuition fee and living costs and for any dependants accompanying me. Qualifications or work experience OR which are named in my application, to release to the Institute any personal information which they may hold about me for the purpose of verification of my supporting documentation. I declare that I have access, directly or through my sponsor, to the funds required to study at the Institute for the duration of my program; these funds include tuition fees and living expenses for myself and any of the dependants I have declared on this form. I understand that the Institute may refuse to issue a COE if a positive financial assessment is not made to the Institute or its agent. I understand that the Institute may vary or terminate its offer of a place at CIHE or any subsequent agreement regarding study at CIHE if any of the information provided by me is shown to be incorrect.

CIHE collects personal information to assist the Institute in providing tertiary education and ancillary services. The information may be made available to Commonwealth and State agencies and the TPS Director pursuant to obligations under the Education Services for Overseas Students Act 2000 and the National Code or other legislative requirements. Personal information will not be disclosed to third parties other than a CIHE approved agent, partner, or any organization who provides sponsorship to you for your studies, without your consent unless required by law.

Applicant Signature:

Date