International Institute of Training Pty Ltd



POTENTIAL STUDENT DETAIL FORM **Student Name:** Gender: ☐ Male ☐ Female ☐ Other Date of Birth: **Preferred Course: Preferred Intake:** Passport Number/ID **Nationality:** Number: Visa Subclass: **Visa Expiry Date:** Address: State: Post Code: Mobile: **Current Course: Current Institution: Current Term: IELTS/TOEFL/PTE Score:** How did you hear about us? ☐ I declare that the information provided is true and correct. I understand that providing false information may affect my application. Date: **Student Signature: OFFICE USE ONLY Any Proposed Enrolment:** ☐ Yes ☐ No If Yes, please fill the section below. **Course Name: Proposed Start Date:** Notes:

Document Name: Potential Student Detail Form

Version 25.0

International Institute of Training Pty Ltd t/a International Institute of Training

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