Greenhill Institute Pty Ltd t/a Greenhill Institute
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POTENTIAL STUDENT DETAIL FORM (Onshore Only)

Student Full Name: _____

Gender: ☐ Male ☐ Female ☐ Other Date of Birth: _____

Preferred Course: _____

Preferred Intake:_____

Nationality: _____Passport Number:_____Passport Expiry Date:_____

Address: _____

State:_____Postal Code:_____Country :_____

Mobile: _____Email: _____

Current Visa Subclass: _____Current Visa Expiry Date:_____

Current OSHC Provider Name:_____Current OSHC Expiry Date:_____

Highest Qualification Obtained:_____Year Completed:_____

Institution Name: _____

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.

Student Signature_____ **Date:** _____

OFFICE USE ONLY:

Any Proposed Enrolment: Yes / No If Yes,

Course Name: _____ Proposed Start Date: _____

Notes:_____

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