Application for Admission Bridging Course for Overseas Trained Professional (BOTP)



Applicants - Please complete **ALL QUESTIONS** in **ALL SECTIONS** and attach supporting documents. Documents must be the original or copies certified by a Justice of Peace, Commissioner for Declarations or the issuing authority.

SECTION ONE - PERSO	NC	AL	DA [']	ΓA									Н	ave	еу	οu	pr	evi	o u :	sly	be	e n	a \	٧A	IT/	′Cu	rtir	ı S	tu d	e n	t?
PERSONAL DETAILS													Ye	_	á		No			-) Ni		_								
Title (Mr, Ms etc)														L	Ľ									A							
Family Name																															
First Given Name																															
Other Given Names																															
Preferred Given Name																															
Alias																															
Formal Name																															
Phonetic Name																															
Previous Family Name (If applicable)																															
Date of Birth												ı	Fem	ale			Μ	ale													
1 CONTACT DETAILS	D	D	М	М	Υ	Υ	Υ	Υ																							
Address Details (Con	TAC	т)																													
Number and Street		Ĺ																													
Suburb/Town/City																					Sto	ıte									
Country																			l	Post	Co	de									
Address Details (Pera	MAN	IENT	7)																												
Same as above?	Yes	; [٨	10 [If "	Yes'	gc gc	to '	'О т	HER	DE	TAIL	s′.		lf	'No	' pl	ease	e co	mp	lete	the	det	ails	bel	ow.
	No	ote: A	A Pc	st C	Offic	е В	ox l	Nur	nbe	r is	NO)T a	cce	otak	le c	as a	ре	rmaı	nen	t ad	ldre	ss.									
Number and Street		<u> </u>																								<u>L</u>					
		Ļ											<u> </u>						1						L	L					
Suburb/Town/City		Ļ											<u> </u>] 1 .		Sto						<u></u>				
Country		L								<u> </u>			<u></u>	<u></u>						Post	Co	de			_						
Which address do you wis										ss?	Со	nta	ct _		Perr	mar	ent														
OTHER DETAILS (Please in Home Telephone	nclu	ıde	tele	pho	ne	arec	cc	de					Wa	ork 1	Гele _l	nho	ne														
						T) 															
Mobile Telephone				·	,								Fax	ιNι	ımb	er															
		\perp																													
Email Address		$\overline{}$								_									1						\neg	$\overline{}$	\neg		\neg		\neg
Name of Mary Inc.																															
NEXT OF KIN (FOR EMER Name	GEN	ICY	USE	ON	LY)																										
		\prod																													
Relationship			_									_	Wo	ork 1	Tele _l	pho	ne		I			ı		Ι	_	_	_		_		
Home Telephone													Mo	bile	Tel	lept	none														
															10.	, op.															
Address: Does your next o	f kir	ı live	e at	the	sam	ne p	erm	nane	ent o	bbc	ress	as	you	? Y	es/		N	lo		lf '1	۱o′,	ple	ase	cor	nple	ete t	heir	de	tails	bel	ow.
Number and Street		Ι																													
		Ī																													
Suburb/Town/City																					Stc	ıte									
Country																				Post	Co	de									

Q2	CITIZENSHIP AND RESIDENCY DETAILS	
	Are you- a) an Australian Citizen?	Yes 1 Go to Q3
	a) an Australian Citizen:	
	b) *a Permanent Resident of Australia?	Yes { Date granted D D M M Y Y Y Y
	Did you meet residency requirements for citizenship more than a year ago?	Yes No and Residency data confirmed
	a) Is your permanent visa a humanitarian class visa	Yes 8
	b) Is your permanent visa a non-humanitarian class visa?	Yes 3
	Are you residing inside Australia during your studies?	Yes Go to Q3 No *Documentary evidence must be
	Are you residing outside Australia during your studies?	Yes Go to Q3 No submitted.
		It is a condition of enrolment that permanent residents reside in Australia during their studies. If this is not possible your application cannot be approved.
Q 3	COUNTRY OF BIRTH	
	Australia 0001 New Zealand S501	Hong Kong S102 Singapore S107
		Malaysia S106 U.S.A. S302
	Other (Please Specify)	
	COUNTRY OF CITIZENSHIP	
	Australia 0001 New Zealand 5501	Hong Kong S102 Singapore S107
	Indonesia S105 United Kingdom S009	Malaysia S106 U.S.A. S302
	Other (Please Specify)	
	Please complete all of the following	
	If you were not born in Australia and you are now intending to enter Australia?	o study in Australia, in what year did you or do you intend
	Is English the main Language spoken in your home?	Yes 0001 No
	If 'No' please indicate language spoken in your home	
	Are you of Aboriginal descent?	Yes No
	Are you of Torres Strait Island descent?	Yes No
Q4	FURTHER STUDENT DETAILS	
	Are you a Curtin Staff Member? Yes No	
	If you are a Curtin Staff Member please provide your Curtin Staf	f ID Number
Q 5	DISABILITIES	
		oring and improving services to assist students with special needs.
	Would you like to receive information on support services, ec	quipment and facilities available which may assist you? Yes 🗌 No 🗌
	2. Do you have a disability, impairment or long term medical co	ondition which may affect your studies?
	Please indicate type of disability that applies (optional)	
	Hearing Vision Learning Medical	Mobility Other

Course Study Package Title:

INSTITUTIONS AND QUALIFICATIONS												
Please answer <u>all</u> sections and attach all supporting the supporting you have changed your name since completing any of the following quality.			^t e.									
Type FINAL YEAR OF SECONDARY EDUCATION • at a high school, technical school, secondary school or secondary college	e in Australia	Status Never Commenced Commenced but not completed Completed or about to complete	Year Last Enro									
State/Territory (please tick) WA ACT NT] NSW [QLD TAS	VIC SA									
None of the above (please complete the following point)			Year Last Enro									
at another institution, eg a TAFE College, overseas Secondary School. Australia Overseas Country Country		Never Commenced Commenced but not completed Completed or about to complete	-									
Type CERTIFICATE LEVEL COURSE Taken at TAFE college, technical college, College of Advanced Education (CAE technology, institute of advanced education or institute of tertiary education in A (Exclude leisure/hobby/recreation/personal enrolments and secondary education and the control of the	Australia.	Status Never Commenced Commenced but not completed Completed or about to complete	Year Last Enro									
DIPLOMA, ADVANCED DIPLOMA OR ASSOCIATE DIPLOMA COURSE TAKEN AT TAFE OR OTHER NON-UNIVERSITY INSTITUTION Taken at a TAFE college or registered private institution in Australia Name of Institution	S Course Title	Never Commenced Commenced but not completed Completed or about to complete	Year Last Enr									
DIPLOMA, ADVANCED DIPLOMA OR ASSOCIATE DIPLOMA COURSE Taken at a CAE, university, teacher's college, institute of technology, institute of education or institute of tertiary education. Includes courses taken overseas Name of Institution		Never Commenced Commenced but not completed Completed or about to complete	Year Last Enro									
BACHELOR DEGREE COURSE Name of Institution	Course Title	Never Commenced Commenced but not completed Completed or about to complete	Year Last Enra									
POSTGRADUATE COURSE OF ANY TYPE eg: graduate diploma, postgraduate diploma, masters, doctorate.	·	Never Commenced Commenced but not completed Completed or about to complete	Year Last Enro									
Name of Institution	Course Title											
ANY OTHER QUALIFICATION OR CERTIFICATE OF ATTAINMENT/COMPETENCE eg: Nursing registration Yes Year Obtained No												
Name of Qualification Employment and Publication details (if applicable) to supp		ation are attached										
OTHER SCORES (If applicable)* Special Tertiary Admission Test (STAT) IELTS CUTE TOEFL - Computer & Written	Year	*Documento evidence mu submitted.	-									
Other: Please specify												
SECTION THREE - APPLICATION												

SECTION FOUR - APPLICANTS DECLARATION & SIGNATURE

SUPPORTING	STATEMENT
I hereby certif	y that the information provided in this application is complete and correct. I agree that Curtin University of Technology
•	ary, verify details of my educational qualifications. While I am a student of the University, I undertake to observe all its
statutes, by lay	
0.010.00, 57 10	
C:t	oplicant Date / /
Signature of Ap	
NOTE: An app	olication fee may apply.
	you still have this form in your possession then your application will not be processed. This form must be lodged with the tudent Services Office.
SECTION FIVE	E - ASSESSMENT (TO BE COMPLETED BY RELEVANT DIVISION/TEACHING AREA).
This section r	nust be completed by the authorising officer from the relevant teaching school.
Application:	
Application.	Recommended Not Recommended
Name	
Signature	
SUPPORTING D	Occumentation (Please tick ONE box)
Please ensure	that an appropriately certified copy of the Assessment Statement from the Assessing Body is attached to this application.
Please forward	this application to the University Admission Centre for final approval. Please remember to provide the enrolment details requested
below	and approximation to the containing former to this approximations to provide the containing action required
ENROLMENT D	ETAILS .
"Please provid	e the appropriate enrolment details below to be included on the letter of offer:
Date:	
Time:	
Venue:	
Additional Info	ormation to be included on offer letter:
ASSESSMENT	(TO BE COMPLETED BY THE UNIVERSITY ADMISSION CENTRE)
Assessed as:	Qualified Qualified with conditions
	Not Qualified
Name	
Sianature	
•.ga.ə.ə <u> </u>	
CHECKLIST	Appropriate Assessment Statement attached
	Units on Assessment Statement equal less than 1 EFTSL
	Approval from School provided

Office Use Only