



# IMAGINE EDUCATION AUSTRALIA PTY LTD

MAIN CAMPUS 13 Benowa Rd Southport Qld 4215

PHONE +617 5552 0900 • WEB [imagineeducation.com.au](http://imagineeducation.com.au)

E-MAIL [admissions@imagineeducation.com.au](mailto:admissions@imagineeducation.com.au) • POST PO Box 4931 Bundall BC Qld 4217

## STUDENT FINANCIAL DECLARATION FORM

### Personal information *to be completed by the applicant*

Surname/ Family name *(As per passport)*

First name(s) *(As per passport)*

Previous name(s)

Title *(e.g. Mr, Miss)*

Gender ☐ Male ☐ Female

Date of birth (D) (M) (Y)

Country of birth

Passport No.

Nationality *(As per passport)*

Correspondence address *(Street, town, country)*

Postal/ zip code

Phone No. *(Area code and number)*

Fax No.

Email address

Mobile/ Cellular No.

Proposed course(s) of study:

### Student declaration

I declare that I have a genuine intention to study the course(s) for which I have applied, and that I have or intend to apply for access to sufficient funds to cover tuition fees, Overseas Student Health Cover, and living expenses for the duration of my studies.

The funds I will need to have access to for the full duration of my study are as follows:

Expenses	Per person <i>(complete as appropriate)</i>	Amount required in AUD\$	Number of family members/ children	Amount in AUD\$	I confirm that I have access to these funds (✓)
Travel	Yourself	Return air fare to Australia			
	Family members	One return air fare to Australia for each additional family member			
Tuition	Yourself	Course fees			
	Children aged 5-18	AUD 8,000 per year/ per child			
Living	Yourself	AUD 20,290 per year			
	Partner	AUD 7,100 per year			
	Child	AUD 3,040 per year			

My anticipated total expenses will be AUD\$ \_\_\_\_\_ which will be funded from the following sources:

	Personal or family savings	Bank loan	Sponsorship	Other
Amount (\$)				

Name of Sponsorship/ Scholarship/ Loan provider:



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#### Student declaration statement

I confirm that these funds are to be used for no other purpose than to support me in my course of study. I am fully aware that any false or misleading statement may result in an automatic denial of my admission request or subsequent cancellation of my enrolment at Imagine Education Australia, which in turn may affect the validity of my visa. I warrant that all the information provided on this form is correct. I acknowledge and agree that the personal information I provide to Imagine Education Australia will be handled by Imagine Education Australia in accordance with the Imagine Education Australia Privacy Policy. I warrant that any third parties whose personal information I provide to Imagine Education Australia have consented to me disclosing this information to Imagine Education Australia and for Imagine Education Australia to handle their information in accordance with the Imagine Education Australia Privacy Policy. I and all relevant third parties acknowledge that the personal information I have provided on this form and otherwise provided to Imagine Education Australia may be disclosed to the Australian Government in accordance with relevant laws. This information includes personal and contact details, course enrolment details and changes, and the circumstances of any suspected breach by the student of a student visa condition.

Signature of Applicant

Date

#### WITNESS DECLARATION

I confirm that I have viewed a valid form of ID and that this "Student Financial Declaration Form" has been signed in my presence by

Signature of authorised witness:

Name of authorised witness:

Qualification as witness:

Address of witness:

Witness stamp

Please return this form to:

[admissions@imagineeducation.com.au](mailto:admissions@imagineeducation.com.au)