

AAPoly Student Assessment Form

PERSONAL DETAILS

Family Name: _____ Given Name: _____

Date of Birth: _____

Intended program: _____

ACADEMIC HISTORY AND EMPLOYMENT	<i>Office use only</i> <i>Satisfactory</i>
Describe your previous academic history	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for any gaps in study (If applicable)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your current circumstance? (Eg. Studying, employed or unemployed)	Yes <input type="checkbox"/> No <input type="checkbox"/>
ABOUT YOUR FAMILY	
Are you married?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have family or relatives in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you bring your spouse/dependent/parents with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your family is funding your studies? If so, what business do they operate in?	Yes <input type="checkbox"/> No <input type="checkbox"/>
REASONS FOR STUDYING AT ACADEMIES AUSTRALASIA POLYTECHNIC (AAPOLY) IN AUSTRALIA	
Why have you chosen to study the course in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you come to know about AAPoly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Why did you choose AAPoly over other providers in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is there a similar course offered in your home country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you visited AAPoly's website and seen the course outline? What research have you conducted in relation to your chosen course? Please provide general content about the course.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you know if it is possible to work in Australia? If yes, how many hours per fortnight?	Yes <input type="checkbox"/> No <input type="checkbox"/>
CAREER PLANS	
What are your career plans? Tell me how this program can help you for your chosen future career?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Full Name: _____	Date: _____
Applicant Signature: _____	Date: _____
Agent Full Name: _____	Date: _____
Agent Signature: _____	Date: _____

<i>Office use only:</i> _____ _____ _____ _____
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