



REPRESENTATIVE'S CONTACT DETAILS

TRINITY COLLEGE OFFICE USE ONLY

### TRINITY COLLEGE FOUNDATION STUDIES APPLICATION FORM

**There is no application fee. You must complete ALL sections of this application. Please write clearly in BLOCK LETTERS.**

#### PERSONAL DETAILS (\* As appears on passport)

|   |                            |
|---|----------------------------|
| Family Name   | Given Names                |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth DD/MM/YY / / |
| Country of Birth  |                            |

#### CITIZENSHIP (please answer all questions)

|  |  |  |  |
|--|--|--|--|
| Have you applied for permanent residency in Australia?     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you have Australian permanent residency status? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have an Australian visa that is not a student visa? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you applied for Australian citizenship?       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what type?   |  | What citizenship do you hold?                      |  |

#### STUDENT CORRESPONDENCE DETAILS (Correspondence will be sent here unless you apply through an official representative of Trinity College)

|           |          |         |
|-----------|----------|---------|
| Address   |          |         |
| City      | Postcode | Country |
| Telephone | Mobile   | Fax     |
| Email     |          |         |

#### PARENT GUARDIAN DETAILS

|                                   |       |
|-----------------------------------|-------|
| Name                              | Title |
| Relationship to student           |       |
| Address (if different from above) |       |
| Telephone                         | Email |

#### PREFERRED FOUNDATION STUDIES INTAKE

|  |                                      |  |   |                                   |
|--|--------------------------------------|--|---|-----------------------------------|
| February Main <input type="checkbox"/> | August Main <input type="checkbox"/> | July Fast Track <input type="checkbox"/> | October Fast Track <input type="checkbox"/> | Extended <input type="checkbox"/> |
| Other                                  |                                      |  |   |                                   |

#### PREFERRED UNIVERSITY COURSE

|             |
|-------------|
| Bachelor of |
|-------------|

#### ACADEMIC HISTORY (Certified true copies of all latest available academic results or forecast results should accompany this form)

|   |              |                      |
|---|--------------|----------------------|
| Name of Qualification (eg. O levels, SPM, SMA3) | Year Awarded | TCFS OFFICE USE ONLY |
| Name of School                                  |              |                      |
| Address of School                               |              |                      |
| Further study (eg. A levels)                    |              |                      |

Please attach a certified true copy of IELTS/TOEFL score

|                   |
|-------------------|
| L.O.O             |
| Preferred Course: |
| Conditions:       |
| Comments:         |