

STAFF-IN-CONFIDENCE (WHEN COMPLETE)

Genuine Student (GS) Assessment

Note: Information contained in this document is utilised in accordance with Auscare Training Organisation Privacy Policy CRICOS Provider Number: 04055H / RTO Number: 52578

Student Details					
Student Family Name:					
Student First Name:					
Date of Birth:					
Email Address:					
Contact Number:					
Full Address of Residence:					
Courses Applying for:					
Agency Name (Company) (if applicable):					
Counsellor/Agent Name (if applicable):					
Ch	Checklist Items (for students to complete)				
Item Name	Please tick ✓ when applicable				
Valid Passport with signature					
English proficiency test result					
Academic certificate					
Need CoE for Student Visa A	pplication				
The agent has advised me of such as refund and cancellat requirements, academic pro handbook)					
The agent has advised me of course details such as duration, class hours each week, and course content					
The agent provided Auscare	The agent provided Auscare Brochure for course details				
The agent explained paymer					
The agent has advised me of student visa conditions and the impacts of breaching these conditions					

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GS (Genuine Student) Assessment
 Please provide information on your choice of studies at Auscare Training and outline the reasons for selecting this program among other providers in Australia or elsewhere.
2. Give details related to the chosen courses at Auscare. How is this related to your previous education employment and current circumstances including tics to family and community
education, employment and current circumstances, including ties to family and community.
 Provide information on your education qualification & English proficiency test results (if any). Are there any gaps in your studies and/or work? Yes / No. If yes, how long and
why?
4. Do you have any employment? If yes, please provide details.

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	Career Opportunities & Circumstances
1.	Do you intend to work in Australia during your studies/post completion? What are your plans after finishing your course(s) at Auscare Training?
2.	How does this course relate to your employment prospects? Please provide details and what benefits the course provides to your employment.
	Immigration History
1.	Have you (or your immediate family member) ever been denied a visa for Australia or any other country? (including visitor visa, student visa etc)
2.	Do you have any family or relatives in Australia? Include the length of their stay, visa status and occupation. Do you intend to stay with them?

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S	Staying in Australia with Sufficient Financial Resources				
for your study note that you	y in Australia on a st	udent visa? What i	ments for the cost of l s your accommodation nts and proof of incor	on plan? Please	
2. Please provid	e the relevant detail	s as per below:			
Expenses (AUD)	Expenses AUD (Please fill in where applicable)	Bank Name and Fund Type	Sponsor and relationship with you	Occupation with Annual Income as per Tax Returns	
Annual Tuition Fee in AUD (as per offer)					
Annual Living Cost Student \$24,505 Spouse \$8,574					
Child \$3,670					
Travel OSHC (as per offer)					
Total required					

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Dependant Background	
1. Are you married?	🗆 Yes 🗌 No
2. Are you and your spouse living together?	🗆 Yes 🗌 No
3. If yes, please state when	
4. If your spouse currently employed?	🗆 Yes 🗌 No
5. If you have taken an IELTS, was it before or after your wedding?	🗆 Before 🗆 After
6. Do you have any children? List age(s)	
•	
•	
•	
7. Will your spouse leave their job and join you as a dependant?	🗌 Yes 🗌 No

Student Declaration

I declare that all the information given by me is true, and I have not concealed any fact or given any misleading information that may have an impact on my Genuine Temporary Entrant application to apply for a student visa for Australia. I have genuine access to the declared financial information and have sufficient funds to undertake my studies for the entire duration of my stay in Australia.

Student Signature:				
(Same as the signature	Date:	/	/	
on passport)				

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