|  |  |  |
| --- | --- | --- |
| Text  Description automatically generated with medium confidence |   | **Refugee Language Program****T**  02 93516796**E** lesley.carnus@sydney.edu.au Room 546, Education Building, A35 |

**Student Application Form**

Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Names

Male  Female Date of Birth Country of Birth

Languages spoken

Address Postcode

Phone - Home Mobile

Email address

Dependants

Emergency Contact Number

Date of arrival in Australia Visa Category

Occupation in Country of Birth

Occupation in Australia (If working)

Future occupation

Previous English studies outside of Australia

Previous English studies in Australia

*Please turn over.*

Availability – Please indicate times you will be available in the grid below.

|  |  |  |
| --- | --- | --- |
|  | Name of class | Time |
| Wednesday  | Individual tutoring**Education Building** | **4.30-5pm** Conversation**5.00-7pm** One to one tutoring |

|  |  |  |
| --- | --- | --- |
| Monday to Sunday | Conversation and English lessons via phone/email/zoom(Individual tutoring) | At a time that suits both you and your tutor |

|  |  |  |
| --- | --- | --- |
| Tuesday  | Advanced Class **Education Building** | **5.00pm-7pm** |

Signature Date

**Office Use**

**Comments**

**Note to Caseworkers**

Could you please explain to your client how to get to their class at the university please.