

Student Financial Declaration Form

Students are required to complete the following "Student Financial Declaration Form" and return to Australian Health and Science Institute with any supporting documents required.			
Please tick (✓) the relevant information			
Section 1: Personal Details			
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: __/__/____	
First Name:	Middle Name:	Last Name:	
Address:			
Suburb/Town:	Post Code:	Country:	
Mobile:	Phone (home):		
Email Address:	Campus:		
Course in which currently Enrolled:	Course Code:		
Section 2: Dependents Details			
Will you be coming to Australian with dependents (spouse and Children)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Family Member 1: Name:			
Date of Birth:	Relationship:		
Passport Number:	Citizenship:		
Family Member 2: Name:			
Date of Birth:	Relationship:		
Passport Number:	Citizenship:		
Family Member 3: Name:			
Date of Birth:	Relationship:		
Passport Number:	Citizenship:		
Section 3: Funds Required			
There are two options available for the financial declaration Annual Income option and annual Funds option.			
Annual Income option: This option can be selected if you can provide evidence that your parents or your partner has personal annual income in the 12 months immediately before you apply. You must provide evidence of your parents or partner's income in form of official government documents such as tax assessments.			
<input type="checkbox"/> AUD 62,222 – Student only		<input type="checkbox"/> AUD 72,592 – Student and Family	
The annual funds you need to have access for your studies:			
Expenses	Person	Amount required in AUD	Amount in AUD
Tuition	Yourself	12 months of Tuition fees as on offer letter (fees already paid can be deducted from the total amount)	
	Children (aged 5-18 years) X ____	AUD 8,296 per year (each child)	

Living	Yourselves	AUD 21,041 per year	
	Spouse	AUD 7,362 per year	
	Children X _____	AUD 3,152 per year (each Child)	
Travel	Yourselves	AUD 2,500 if apply from East or Southern Africa AUD 3,000 if apply from West Africa	
	Family Members	AUD 2,000 if apply from anywhere else outside Australia AUD 1,000 if apply from Australia and AUD 1,500 if returning to Africa	
		Total	

Section 4: Source of Funds

Who will be paying for your fees and living expenses while you are studying with Australian Health and Science Institute?

Private Sponsor (Father/Mother/Spouse) Bank Loan Self-Funded

Section 4A: Private Sponsor (Father/Mother/Spouse) Details

Sponsor 1	Sponsor 2
Name:	Name:
Date of Birth:	Date of Birth:
Relationship to Student:	Relationship to Student:
Email Id:	Email Id:
Phone Number:	Phone Number:
Occupation: <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed	Occupation: <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed
Please provide the following documents:	Please provide the following documents:
<input type="checkbox"/> Identity Proof	<input type="checkbox"/> Identity Proof
<input type="checkbox"/> Business Registration/ Employment Letter	<input type="checkbox"/> Business Registration/ Employment Letter
<input type="checkbox"/> Income Tax Return / Form 16 and Pay Slips	<input type="checkbox"/> Income Tax Return / Form 16 and Pay Slips
<input type="checkbox"/> Saving Bank Statements / Fixed Deposits	<input type="checkbox"/> Saving Bank Statements / Fixed Deposits
<input type="checkbox"/> Relationship Proof	<input type="checkbox"/> Relationship Proof
<input type="checkbox"/> Declaration of Support (annexure A for each sponsor)	<input type="checkbox"/> Declaration of Support (annexure A for each sponsor)

Section 4B: Bank Loan

Loan Type (Education/Other):	Name of Bank:
Bank Address:	
Name of Bank Manager:	Contact Number:
Total Amount of Loan:	
Please provide the following documents:	

<input type="checkbox"/> Loan Approval Letter/Agreement (including disbursement date, loan conditions and terms)	
<input type="checkbox"/> Loan Disbursement Letter	
Section 4C: Self-funded	
Business/Employer Name:	
Position Held:	Business Website:
Manager Name (if Employed):	Manager Contact Number:
Please provide the following documents:	
<input type="checkbox"/> Business Registration/ Employment Letter	<input type="checkbox"/> Income Tax Return / Form 16 and Pay Slips
<input type="checkbox"/> Saving Bank Statements / Fixed Deposits	
Section 5: Student Declaration	
<p>I, _____ (Applicant) hereby declare that all the information provided by me in this form and supporting documents are relevant and accurate. I understand giving false or misleading information is a serious offence under state and/or federal law in Australia. I declare that I have access to the funds required to study in Australian Health and Science institute. I understand that AHSI may contact my Sponsors/Employers and Bank to establish the authenticity of the information and documents provided. I understand that AHSI may refuse to issue a CoEs if a positive financial assessment is not made and if any information provided by me is incorrect.</p> <p>Signature: _____ Date: _____</p>	
Section 6: Agent Declaration	
<p>I, _____ (witness name) hereby declare that I have viewed a valid form of ID and that this form "student Financial Declaration Form" has been signed in my presence. I declare that I have made efforts to verify the authenticity and validity of documents which are provided with this form. I understand that AHSI may refuse to issue a CoEs if a positive financial assessment is not made and if any information provided by me is incorrect.</p>	
Agency Name:	
Agent Branch Office:	Agent staff member name:
Signature:	Date:
Application Submission (Sending to AHMI)	
<p>This form with all supporting documents must be submitted to: Student Admissions Email to: admissions@ahsi.edu.au</p> <p>Or Post to: Australian Health and Science Institute Suite 101A Level 1 130 Main Street Blacktown NSW Australia 2148</p>	

Annexure A

Declaration to Support

I _____ resident of _____

declare that I am sponsoring _____ (name of student) for his/her tuition fees and living expenses for the duration of his/her studies in Australia.

I understand that the Course tuition fees of the program is as below;

Course 1: _____ Tuition Fees: _____ Duration: _____

Course 2: _____ Tuition Fees: _____ Duration: _____

- I understand that the living expenses for the student is AUD _____ per year additional to the course fees.
- I understand that the living expenses for the family is AUD _____ per year additional to the course fees.
- I declare that I have AUD _____ to cover the tuition fees and living expenses for the student and his/her family.
- I understand that Australian Health and Science Institute may contact me, or anyone nominated above as my employer/manager or bank to verify the details provided.
- I understand that if any information or documents provided is false then it may lead to the cancelation of student's studies.
- I declare that I have read the offer letter and its terms and conditions.
- I declare that all the documents and information provided by me regarding my financial status is true and accurate.

Signature: _____ Date: _____

Annexure B

Details of Available Funds						
Sr. No	Type of Financial (Fixed Deposit/ Saving Accounts/ Bank Loan etc.)	Issuing Authority Name	Document holder person name and relationship to applicant	Document start date and end date	Amount in Local Currency	Amount in AUD
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
Total Funds Available						