APPLICATION FORM INTERNATIONAL STUDENTS



For application to any of the Acting courses please attach a passport size head shot. Please also print clearly in block letters using a ballpoint pen and complete all sections of this form. CRICOS Provider No. 02660C. RTO Code 91143

1. Personal Details

Last Name	First N	ame		DOB	/ /
Title Miss Ms Mrs	Mr				
Are you an Australian citizen or per	manent resident?	Yes No			
Address					
Suburb/City	State		Country		Postcode
Phone (Home)	Mobile				
Email Agent		(if applicable)			
How did you first hear about AFTT	?				
2. Course Details		Specialisation		Intake	
CUA51015 Diploma of Screen & Media		Acting		E Feb	oruary 2020
CUA60615 Advanced Diploma of Screen & Media		🗌 Film		July	/ 2020
		Live Production	on	E Feb	oruary 2021
				July	/ 2021
3. Education					
Are you currently in High School?	Yes No	If Yes, current	year at school		
Highest level of study attained	Year 10 Yea	ar 11 🗌 Year 12			
	Certificate II to V*	Diploma*	Degree*	Other*	

*Name of qualification:

4. Relevant Experience

Please list any relevant experience, skills or training you have had which relates to this course e.g. past performances, any media you have created, type of roles played, production experience.

5. English Language Proficiency

I have completed formal study in English	I plan to take an IELTS/TOEFL/PTE test (please circle relevant test)
I have taken IELTS / TOEFL / PTE (plea	se circle relevant test, and attach certified copies of test results)
I would like an ELICOS pathway	Please advise me on how to meet the language requirement

6. Declaration

I declare that the information on this form is, to the best of my knowledge, true in every respect.

Student's Signature:

Date: /