



Simplified Student Visa Framework (SSVF) Genuine Temporary Entrant (GTE) Assessment Form

Note: Please access and read the international student section, policy and procedures section at www.WSTC.edu.au prior to completing this form and kindly submit relevant documentation in order for WSTC to process this application

Part A: Applicant Personal Details		
Please not leave any section blank, <u>write N/A if it is not applicable</u>		
1	Name of Applicant	
2	Date of Birth	
3	Country of Birth	
4	Contact Details	Email:
		Telephone:
5	Address	
6	Is the applicant's immediate family joining the applicant for the entire study period	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, please indicate anticipated date that family member will join the applicant _____
7	Does the applicant have relatives living in Australia?	<input type="checkbox"/> No, please proceed to question 11 <input type="checkbox"/> Yes, please proceed to question 8



8	Please tick which one best describe your <u>relative's</u> visa circumstances	<input type="checkbox"/> Student visa <input type="checkbox"/> Permanent Resident of Australia <input type="checkbox"/> Australian Citizens <input type="checkbox"/> Humanitarian or Refugee Status
9	Are any of your relatives has an immigration history of reasonable concern, e.g. legal, criminal etc.?	<input type="checkbox"/> Yes please explain (add attachment if needed) _____ _____ _____ _____ <input type="checkbox"/> No proceed to next question
10	Funding Details	The relatives in Australia will support me in the following manner: <input type="checkbox"/> Financial only <input type="checkbox"/> Accommodation only <input type="checkbox"/> Both- financially and accommodation <input type="checkbox"/> No, my relatives in Australia will not support me
11	How are you going to pay for your studies in Australia , please explain who is going to support your financial requirements in Australia	



Part B: Applicant Educational History and Career Plans		
Please attached necessary supporting documentation		
Description	Applicant to fill	WSTC Staff to tick Satisfactory/Not This column for office use only
1. Highest Qualification achieved in respective country	<input type="checkbox"/> High School <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Vocational Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please indicate the title or description of the qualification		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What course do you intend to study with WSTC		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please explain your reason for choosing the course		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please state the relevance of the chosen course to your past or proposed future employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a reason for not undertaking the above in your home country? please explain		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. When do you intend to commence studying of your		<input type="checkbox"/> Yes <input type="checkbox"/> No



<p>chosen course in WSTC?</p>		
<p>8. What are your future career plans?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. English Proficiency Requirement- Please indicate your English proficiency score. If you do not have any, please indicate when you intend to take your English Language Proficiency assessment.</p>	<p>Please indicate your score</p> <p><input type="checkbox"/> IELTS _____</p> <p><input type="checkbox"/> TOEFL _____</p> <p><input type="checkbox"/> Cambridge _____</p> <p><input type="checkbox"/> Pearson Test _____</p> <p><input type="checkbox"/> Other _____</p> <p>Note: To be eligible for enrolment, WSTC requires an IELTS of 5.5 or equivalent</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Language, Literacy and Numeracy Ability (LLN): Please tick the item that best describe your LLN ability (Please fill in both Part A and Part B)</p>		



Part A (Please tick only one from options below)

- I am confident that I can converse in English (reading, writing and speaking English without much assistance needed)
- I am not good or will need help in reading and writing in English I have basic ability to read and write in English, such as:
 - Write simple sentences
 - Write simple reports
 - Need help in writing more complex sentences

Part B (Please tick only one from options below)

- I am confident in my ability to apply multiplication, addition, subtraction and division in a normal life setting, e.g. while doing shopping, or creating budgets
- I am not confident in my ability to apply multiplication, addition, subtraction and division in a normal life setting, e.g. while doing shopping, or creating budgets

11. Technology



<p><input type="checkbox"/> I am not confident in using computer and mobile devices, e.g. laptops, desktops tablets or smart phones</p> <p><input type="checkbox"/> I am confident in using computer and mobile devices, e.g. laptops, desktops, tablets or smart phones</p> <p><input type="checkbox"/> I am not confident in using the internet for searching information, using email for communication and attached documents in the email</p> <p><input type="checkbox"/> I am confident in using the internet for searching information, using email and attached documents in the email.</p>
<p>12. Please describe if you have any reason to believe that there will be a barrier for your learning</p>
<p>Do you have some form of disability? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please describe more below)</p>
<p>Do you have special needs that the college needs to know?</p> <p><input type="checkbox"/> Mental disability</p> <p><input type="checkbox"/> Physical disability</p> <p><input type="checkbox"/> Intellectual disability</p> <p>Other _____</p> <p>Please provide information below</p>
<p>Please note that whenever possible WSTC will support and assist you with your learning needs, however in the event that WSTC is not able to provide support or beyond its capabilities, you will be advised or referred to another provider. Cost may be incurred for this referral. If the disability has been assessed and deemed to be not suitable for the course that you applied or may hinder your ability to achieve the qualification you will be informed by email and your application for enrollment might be rejected.</p>

Part C: Employment History

Please provide a brief description of your most recent employment history, e.g. job role, date commence employment/ended (attached additional sheets if needed)



Part D: Travelling and Studying to Australia (Onshore Student does not need to complete this part)

Description	Applicant to fill in	WSTC Office Use only: Satisfactory/Not
1. How did you get the information about studying in Australia		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had any Travel or overseas study experience? If yes please indicate where and what year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been rejected in your application for <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Student Visa If Yes, please tick and explain the reason for rejection. If no, write N/A.		<input type="checkbox"/> Yes <input type="checkbox"/> No



4. Are you aware of how much funds is required for your study in Australia? Please indicate the expected amount.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you aware of the		
expected living expenses in Australia, including your immediate family if they are intending to come with you? Please indicate the expected amount?		<input type="checkbox"/> Yes <input type="checkbox"/> No



Part E: Student Declaration- Please read, understand and tick below:

- I declare that all the response and documents I had provided in relation to my application to study with WSTC is true and correct
- I understand that any erroneous information or documents provided will result to immediate cancellation of my offer to study with WSTC
- I had access www.WSTC.edu.au, read and understood the following;
 - Relevant Course Information
 - Policy and Procedures
 - Before you arrive/important information
 - Contact and emergency details of WSTC

Applicant Name:

Date:

Applicant Signature

Part F: Agent Declaration/WSTC Admission Staff

I declare the following as true and correct

- The applicant is a genuine student
- The applicant has the capacity/or is suitable to study the chosen qualification
- The applicant understood and will comply to the student visa requirements
- The applicant has submitted the required documentation for this study application
- The applicant completed, signed this application on his or her own volition
- That as an agent, has explained beforehand the course, content, tuition fee, living cost and visa condition to the applicant



<p>Agent's Name:</p> <p>Agent's Signature</p> <p>OR</p> <p>WSTC Staff Name:</p> <p>WSTC Staff Signature:</p>	<p>Date:</p>
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Please send all the relevant documentation to in order for WSTC to process application

WSTC Official Use Only		
Part G: Checklist: Please tick relevant documentation that the student has submitted (Please send all the relevant documentation below to in order for WSTC to process application)		
1. Passport Copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Statement of Purpose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Educational Certificates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. English Language Proficiency Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Employment Certificates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Resume	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Part H: WSTC Feedback

Based on the initial discussion with the prospective student as well the response to WSTC GTE Form, I recommend

- Offer be given to the student (Full/Conditional Offer)
- Not to grant Offer to the student

Name of WSTC Assessing Officer:

Signature:

Date:

Note: WSTC Staff must check if all relevant section has been completed