

# APPLICANT GENUINE TEMPORARY ENTRANCE (GTE) DECLARATION



AUSTRALIAN  
INSTITUTE  
OF MUSIC

## SYDNEY

1 Foveaux Street, Surry Hills  
NSW 2010  
T 02 9219 5444 F 02 9219 5454  
E enquiries@aim.edu.au

## MELBOURNE

120 King Street, Melbourne  
VIC 3000  
T 03 8610 4222 F 02 9219 5454  
E enquiries@aim.edu.au

## 1 DETAILS OF THE PRIMARY APPLICANT

Title:  Mr  Miss  Ms  Mrs  Dr  
 Other:

Given Name:

Family Name:

D.O.B. (dd/mm/yyyy):

Nationality :

Country of Residence:

Passport number:

## 2 DETAILS OF ANY ACCOMPANYING DEPENDENTS

### DEPENDENT 1

Title:  Mr  Miss  Ms  Mrs  Dr  
 Other:

Given Name:

Family Name:

D.O.B. (dd/mm/yyyy):

Nationality :

Relationship to Applicant:

Passport number:

### DEPENDENT 2

Title:  Mr  Miss  Ms  Mrs  Dr  
 Other:

Given Name:

Family Name:

D.O.B. (dd/mm/yyyy):

Nationality :

Relationship to Applicant:

Passport number:

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### 3 GTE CHECKLIST

All information and documentations that I have provided to AIM are correct and genuine. I understand that if any false or misleading information is found, any offer of admission and student visa may be cancelled

Yes  No  Not Applicable

I am a Genuine Temporary Entrant and a Genuine Student for the purpose of studying in Australia. I intend to come to Australia with the primary purpose of academic study, and have the language, educational ability and financial capacity to undertake and successfully complete my academic plan.

Yes  No  Not Applicable

All names listed in this application form have never been refused a visa to Australia or another country, or had a visa cancelled for any reason, or breached the conditions of any visa to Australia or another country.

Yes  No  Not Applicable

I understand that I am obliged to comply with all conditions of my visa and policies and procedures of AIM, including informing AIM of my latest contact details, maintaining satisfactory academic performance, attendance and work limitations.

Yes  No  Not Applicable

I have access to sufficient funds to support all the required costs to cover myself (and my dependents) for the total duration of my course, and do not rely on any income from possible employment while in Australia. I acknowledge that I may be required to provide additional documentation to confirm my ability to meet all necessary expenses as referred to on:

- <https://www.aim.edu.au/accommodation-and-cost-of-living>
- <http://www.studyinaustralia.gov.au/global/live-in-australia/living-costs>
- <http://www.border.gov.au/Trav/Stud>

Yes  No  Not Applicable

I understand that AIM cannot guarantee any financial assistance should I (or any of my dependents) encounter difficulties with accessing funds to cover my tuition and/or living expenses.

Yes  No  Not Applicable

I acknowledge that if AIM is not satisfied with my ability to access sufficient financial funds, it reserves the right not to issue me with, or to cancel, my Letter of Offer, eCOE and/or my Visa.

Yes  No  Not Applicable

# APPLICANT GENUINE TEMPORARY ENTRANCE (GTE) DECLARATION

## 4 APPLICANT'S DECLARATION

I, \_\_\_\_\_ declare that the information I have provided above is accurate and complete. I declare that I understand that AIM is relying on information provided by me to assess my application for admission. I undertake to notify AIM immediately in writing if there is any change to my (or my dependent's) circumstances that may cause the information supplied above to no longer be accurate or complete. I also acknowledge that it is a condition of this application that I provide any written consents necessary to enable AIM or its representatives to verify independently any information supplied by me in relation to this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Full Name:

### IF APPLICANT IS UNDER 18 YEARS OLD:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Full Name:

## 5 AGENT'S DECLARATION (IF APPLICABLE)

I, \_\_\_\_\_ confirm that the above applicant has been counselled and interviewed by me (or qualified consultants in my agency) with regards to the criteria in this checklist and declaration form. I also confirm that documents attached to this form are genuine and have been verified by myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Full Name:

Agency/Company Name:

## 6 AIM STAFF DECLARATION

I, \_\_\_\_\_ confirm that the above applicant has been counselled and interviewed by the above mentioned agent and/or myself. He/She has met all the relevant AIM Simplified Student Visa Frameworks Criteria.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative Name:



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