

## Applicant Genuine Temporary Entrance (GTE) Declaration

### Details of the Primary Applicant

Surname:	
First Name	
Middle Name:	
Date of Birth:	
Passport number:	
Nationality :	
Country of Residence:	

### Details of any accompanying dependents

	Dependent 1	Dependent 2
Surname:		
First Name		
Middle Name:		
Date of Birth:		
Passport number:		
Nationality :		
Relationship to primary applicant		

### GTE Checklist

	YES	NO	Not Applicable
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			
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 has the language, educational ability and financial capacity to undertake and successfully complete my academic plan.			
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.			
I understand that I am obliged to comply with all conditions of my visa and policies and procedures of AIM, including informing AIM my latest contact details, maintaining satisfactory academic performance, attendance and limitation work rights.			
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 <a href="http://www.aim.edu.au/">http://www.aim.edu.au/</a> , <a href="http://www.studyinaustralia.gov.au/global/live-in-australia/living-costs">http://www.studyinaustralia.gov.au/global/live-in-australia/living-costs</a> and <a href="http://www.border.gov.au/Trav/Stud">http://www.border.gov.au/Trav/Stud</a>			
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.			
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.			

#### SYDNEY

1-55 Foveaux Street Surry Hills NSW 2010  
 T 02 9219 5444 F 02 9219 5454  
 E [enquiries@aim.edu.au](mailto:enquiries@aim.edu.au)

#### MELBOURNE

120 King Street Melbourne VIC 3000  
 T 03 8610 4222 F 02 9219 5454  
 E [enquiries@aim.edu.au](mailto:enquiries@aim.edu.au)

#### AIM.EDU.AU

ABN 89 003 261 112  
 CRICOS Code 00665C  
 RTO Code 90465  
 PROVIDER No PRV12050

**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.

**Applicant Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If applicant is under 18 years old

**Parent Full Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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.

**Agency/Company Name:** \_\_\_\_\_

**Counsellor's Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorised AIM Internal Representative or 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.

**Representative Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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