



STUDENT ADMINISTRATION

NIRIMBA SCHOOLS APPLICATION

SIGN HERE

ADMISSIONS UNIT LOCKED BAG 1797, PENRITH NSW 2751

IMPORTANT INFORMATION

Complete Sections 1-4 in **BLACK INK** using **CAPITAL LETTERS**. Mark answer boxes with a cross (**X**).

This form is for Wyndham College and St John Paul II Catholic College students participating in the Nirimba Schools initiative.

Applicants will be advised by mail of their application result as soon as possible, and if successful, the enrolment procedure you will need to complete. Once enrolled you must pay the applicable unit fee.

	will r	need to complet	e. Once enrol	lled you m	ust pay	/ the ap	oplica	able u	nit fe	Э.				
1 - PERSONA	L DETAILS													
Student ID num	tudent ID number Gender Date of Birth													
		Male 🔀	Female 🔀	D	D /	ММ	/	YY	Y	Y				
Title	Family name													
Given name(s)														, ,
Contact phone	number	Email addr	ress											
2 CITIZENS	IIID AND ALICE	DALLAN DECL	DENCYCEA	TUC										
	HIP AND AUST											,		
-	riginal or Torres S		= .	Ye										
Are you a citizer	n of Australia? n of New Zealand	No 🔲 Yes				7								
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Date you arrived			ermanent res			anted		Tvr	oe of	visa*				
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* You must attac	h a clear sharp CE l	RTIFIED copy of t	the Permanent	Resident \	/isa									
- course		o												
3 - COURSE A	AND UNIT DETA	AILS												
Course name Non Award Nirimba Schools 🔀 841W Wyndham College 🔀 841S St John Paul II College														
Unit number	number Unit name								Session					
4 - DECLARA	TION AND SIG	NATURE												
	nave read the ins		ined in this fc	orm, and d	eclare t	that all	the i	inform	nation	subr	mitted	l is true	and	
complete.	Jniversity to obta	ain available off	icial records f	from any e	educati	onal in	stitut	tion a	ttende	ed by	me I	unders	tand t	·hat
the University is	not responsible University to veri	if any institutio	n does not pi	rovide the	se reco	ords.				_				
I understand tha	at the University	may reject my a	application or	r revoke a	ny offe	r of ad	missi	ion if i	t find	s any	inforr	nation	provic	ded
I agree to abide	application to by the Universit	y of Western Sy	ydney Act, the	e Universi	ty of W									
	y as they apply f policies of the Ur									sure t	hat I r	eview t	he by	-
Applicant's signature Date														

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

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