

Client First Name:	Client Last Name:	
Date of Birth:	USI Number:	
Name of course you are enrolling in:		

Please list relevant qualifications, courses and units in the table below.

Issuing Date	Issuing Provider	Unit Code	Unit Name	Evidence attached?	
				🗆 Yes	□ No
				🗆 Yes	□ No
				🗆 Yes	□ No
				🗆 Yes	□ No
				🗆 Yes	□ No
				🗆 Yes	□ No
				🗆 Yes	□ No

(Admin to verify the documents after sighting the original or certified copies of Statement of Attainment(s))

Applicant's Name:	Signature:	Date:	//
Manager Name:	Signature:	Date:	//

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Everest Institute of Education PTY LTD Trading as Everest Institute				
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Tel:(03) 8393 6550 E-mail: enguiries@e	verest.edu.au Website: www.evere	st.edu.au		



OFFICE USE ONLY

Application Received by	/ Or	n/	//	/	
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Application Processed by ______ on ___/____

Documentation Filed in Student File Yes / No Filed by _____

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