

SVP Eligible International Student Financial Declaration Form

About this form

This form must be satisfactorily completed for a Confirmation of Enrolment (CoE) to be issued by the College. The College reserves the right to request additional evidence to support any claims made in this form, as required, before and/or following the issuance of a Confirmation of Enrolment (CoE).

Student Applicant Declaration

Student Name:
Course:
Anticipated course duration:
Country of Passport:
Agent & Branch (if applicable):

- I declare that I have a genuine intention to study the course for which I have applied, and that I have or intend to apply for access to sufficient funds to cover tuition fees, Overseas Student Health Cover, and living expenses for the duration of my studies.
- I confirm that I have reviewed the following information on the Australian Department of Immigration and Border Protection (DIBP) website:
 - DIBP information about SVP arrangements
 - DIBP information on the Genuine Temporary Entrant requirements
 - DIBP information on student visa living costs and evidence of funds requirements, including the information about Overseas Student Health Cover
 - DIBP information on work conditions for student visa holders.
- I confirm that the funds I will have access to for the full duration of my course studies are as follows:

Expenses	Per person	Amount required in AUD\$ http://www.immi.gov.au/students/ student-visa-living-costs.htm)	Number of family members/ Children	Amount I will have access to in AUD\$	I confirm that I have access to these funds
Travel	Yourself	Return air fare to Australia			<input type="checkbox"/>
	Family Members	One return air fare to Australia for each additional family member			<input type="checkbox"/>
Tuition	Yourself	Annual course fees			<input type="checkbox"/>
	Children aged 5 - 18	\$8,000 per year/per child			<input type="checkbox"/>
Living	Yourself	\$18,610 per year			<input type="checkbox"/>
	Partner	\$6,515 per year			<input type="checkbox"/>
	First child	\$3,720 per year			<input type="checkbox"/>
	Each additional child	\$2,790 per year			<input type="checkbox"/>
Health Insurance	Yourself and any dependents	Refer to Letter of Offer for amount. Note, if you are bringing your partner or partner and children please check the applicable VISA length premium at OSHCworldcare.com.au			<input type="checkbox"/>

My anticipated total expenses will be: AUD\$	
which will be funded from the following sources	
<input type="checkbox"/> Personal or Family savings	Amount AUD(\$):
<input type="checkbox"/> Bank Loan	Amount AUD(\$):
<input type="checkbox"/> Sponsorship	Amount AUD(\$):
<input type="checkbox"/> Other	Amount AUD(\$):
Name of Bank/Sponsor/Other source (if applicable):	
Relationship of Family member to applicant (if applicable):	

Please note that while people granted a student visas on or after 26 April 2008 receive permission to work with their visa grant from when they start their course, you should not base your financial decision about your ability to meet all course and living costs on an assumption of being able to work long hours during semester. Please also be aware of the impact that fluctuating exchange rates may have on your ability to meet expenses while studying.

- I declare that the funds stated herein are genuine and are to be used for no other purpose than to support me and my dependents (if any) for the duration of my stay in Australia for study in my course.
- I declare I have sufficient funds to support the remainder of my stay in Australia for myself and my dependents (if any).
- I am fully aware that any false or misleading statement may result in automatic denial of my admission request or subsequent cancellation of my enrolment at the College; any may affect the validity of my visa.
- I am able and willing to provide within a reasonable time period evidence in connection with the claims made in this form if requested by the College to do so.

Signature of applicant:
Date:

Witness/Agent Declaration

I confirm that this "Student Financial Declaration Form" has been signed in my presence:

Name of Witness or Agent:
Qualification as Witness: (Refer to College website for list of authorised witnesses and agents)
Contact email of Witness or Agent:

Signature of Witness or Agent:
Date:

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