



PLEASE PRINT CLEARLY IN BLOCK LETTERS

# Applicant Checklist for Simplified Student Visa Framework (SSVF) Processing

To be completed by the applicant's official agent representative for Le Cordon Bleu and must be submitted with the application form. Applicants applying directly to Le Cordon Bleu Australia are required to have this form completed by a Le Cordon Bleu Australia staff member.

Complete all sections and ensure that supporting (certified) documents where required are attached. Please write using a blue or black pen. Please tick where applicable.

## APPLICANT DETAILS

SURNAME / FAMILY NAME (as per passport)			
FIRST NAME(S) (as per passport)			
DATE OF BIRTH		COUNTRY OF CITIZENSHIP	

## DEPENDANT'S DETAILS

DO YOU HAVE ANY ACCOMPANYING DEPENDANTS?  YES  NO If YES, please complete the following questions:

	DEPENDANT 1	DEPENDANT 2	DEPENDANT 3
SURNAME / FAMILY NAME (as per passport)			
FIRST NAME(S) (as per passport)			
DATE OF BIRTH			
COUNTRY OF CITIZENSHIP			
PASSPORT NUMBER			
RELATIONSHIP TO APPLICANT			

## APPLICANT'S GENUINE TEMPORARY ENTRANT (GTE) DECLARATION

- I acknowledge that I am intending to study in Australia as a genuine temporary entrant. The programme(s) I have selected to commence will assist with my future career plans upon completion. I intend to travel to Australia with the purpose of study and have the language, education and financial ability to successfully undertake my planned studies in Australia.  YES  NO
- I acknowledge that I nor any of the dependants listed have ever been refused a visa to Australia or any other country. I nor the dependants listed above have had a visa cancelled or been removed or deported from Australia or any other country. (If you have please provide full documentation from the relevant authorities. If you have gained entry to a country post-refusal, please provide evidence.)  YES  NO
- I understand that my visa will be rejected or cancelled by the Australian Department of Immigration and Border Protection if it is found that documents supporting their application are fraudulent.  YES  NO

LE CORDON BLEU AUSTRALIA PTY LTD

Le Cordon Bleu Adelaide Australia Head Office, Level 2, Building E, Days Road, Regency Park, SA 5010  
 Le Cordon Bleu Brisbane Brisbane Institute, Building D, Colchester Street, South Bank, South Brisbane QLD 4101  
 Le Cordon Bleu Melbourne Culinary Arts Institute, Holmesglen Moorabbin, 488 South Road, Moorabbin VIC 3189  
 Le Cordon Bleu Sydney Culinary Arts Institute, Ryde College Building A, 250 Blaxland Road, Ryde NSW 2112

Telephone: +61 8 8348 3000 | Fax: +61 8346 3755 | Email: [australia@cordonbleu.edu](mailto:australia@cordonbleu.edu)  
 ABN: 18 081 849 185 | CRICOS Provider 02380M | National RTO Provider No. 4959.

Correct as of 1 February 2019



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**APPLICANT'S GENUINE TEMPORARY ENTRANT (GTE) DECLARATION (Continued)**

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 4. I understand that if Le Cordon Bleu find that any information provided in my application is deemed to be false or misleading, any offer of admission and student visa may be cancelled.  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. I understand that my visa application will be rejected if I do not pass the Australian Government Department of Border Protection health and character checks.   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6. I understand that my visa will be rejected if the Australian Government Department of Border Protection is not satisfied that I am a genuine student.  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 7. I understand that my visa may be cancelled by the Australian Government Department of Border Protection if I do not abide by the conditions of my visa. The conditions included that I must remain enrolled in a registered program, update my contact details and maintain satisfactory attendance and program progression for each study period. I am unable to downgrade my study level without reapplying for my visa (e.g. Bachelor's Degree to VET program). | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 8. I understand my work rights whilst studying on a student visa within Australia and acknowledge that earnings from part-time work or placement can only be used to supplement my living costs and must not be the primary source of income to pay tuition fees.   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 9. I declare that I do meet the English Language entry criteria required by Le Cordon Bleu or will be meeting this via a recognised pathway at outlined in my application form.   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

**FINANCIAL DECLARATION**

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. I understand it is my obligation to maintain sufficient funds to pay Overseas Health Cover (OSHC), all tuition fees, associated study costs and all living and travel expenses (transports, food, utilities, rent etc.) for myself and any dependants for the duration of stay in Australia.     | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. I understand if I am unable to cover mine or my dependant's tuition fees and/or living expenses whilst in Australia Le Cordon Bleu will not cover these costs on my behalf and may cancel my enrolment and electronic Confirmation of Enrolment (eCOE) which will change my student visa status. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. I understand that I (and any applicable dependants) will have access to sufficient funds to return to my country of residence or citizenship at the end of my studies if applicable.   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. I understand that Le Cordon Bleu holds the right to request further documents in regard to my access to sufficient funds to cover my tuition and living costs. This evidence can be the following: savings statements, term deposits and educational loans.                                      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. I understand that if Le Cordon Bleu is not satisfied with the financial evidence provided they reserve the right to cancel my Offer, eCOE and/or visa.   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

I warrant that all the information provided on this form is correct. I acknowledge and agree that the personal information I provide to Le Cordon Bleu Australia will be handled by Le Cordon Bleu Australia in accordance with the Le Cordon Bleu Australia Privacy Policy. I warrant that any third parties whose personal information I provide to Le Cordon Bleu Australia have consented to me disclosing this information to Le Cordon Bleu Australia and for Le Cordon Bleu Australia to handle their information in accordance with the [Le Cordon Bleu Australia Privacy Policy](#). I and all relevant third parties acknowledge that the personal information I have provided on this form and otherwise provided to Le Cordon Bleu Australia may be disclosed to the Australian Government in accordance with relevant laws. This information includes personal and contact details, course enrolment details and changes, and the circumstances of any suspected breach by the student of a student visa condition. I acknowledge Le Cordon Bleu places restrictions on programme and institution transfers and that I may not be permitted to change my programme or institution without permission.

Signature of Applicant

Date

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**AGENT DECLARATION**

I declare that I have assessed the applicant as a Genuine Temporary Entrant (GTe) and a Genuine Student as defined by the Australian Government Department of Border Protection.

This applicant is genuine in making this application and has every intention of completing all programs listed in the application.

I have made every effort to verify the authenticity and validity of the documents which form part of this application.

AGENCY NAME

COUNSELLOR'S FULL NAME

COUNSELLOR'S SIGNATURE

DATE

LE CORDON BLEU STAFF NAME (If no Agent representation)

AGENCY STAMP



**FOR OFFICE USE ONLY**

APPROVED

APPROVED pending the submission of Financial Documentation for Final Assessment

NOT APPROVED (Please provide reason for refusal)

Signature

Date

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