

Skilled Migration Internship Program – Accounting (SMIPA) Application Form

TOP
EDUCATION

Please read this form carefully and complete all relevant sections.
Please keep a copy for your reference.

PERSONAL DETAILS

Family Name

Given Name

Date of Birth Day / Month / Year

Male Female

Citizenship:

Telephone No.

Email Address:

Contact Address (In Australia)

Postcode

Home Address (Foreign Country)

Postcode

Passport No. (for international students)

Have you submitted an application for the 485 Visa? YES NO

Which Australian Accredited Accounting Degree did you complete?

At which Australian institute did you complete your degree?

Did you study this degree for a minimum two years in Australia? YES NO

Commencement Dates: (Week Commencing)

I wish to begin on:

11 Jan, 2010 18 Mar, 2010 18 May 2010

19 Jul, 2010 16 Sep 2010 22 Nov 2010

Applicant Signature

Signature _____

Date Day / Month / Year