

LOANS – STUDENT DATA COLLECTION SHEET		Address:	
Student Number			
Last Name			
First Name			
Date of Birth	/ /	Tel No:	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Country of Birth			
Int'l or Domestic Student	Domestic Student <input type="checkbox"/>	International Student <input type="checkbox"/>	
Aus Citizen/Perm Resident	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Age Group	<input type="checkbox"/> Under 20	<input type="checkbox"/> 20 – 24	<input type="checkbox"/> 25 - 29
	<input type="checkbox"/> 30 - 39	<input type="checkbox"/> 40 - 49	<input type="checkbox"/> 50 - 59
	<input type="checkbox"/> 60+		
How did you hear	<input type="checkbox"/> It was my idea	<input type="checkbox"/> A Friend	<input type="checkbox"/> A Parent
	<input type="checkbox"/> Another Student	<input type="checkbox"/> Student Association	<input type="checkbox"/> Academic Staff
	<input type="checkbox"/> Brochure/Ad	<input type="checkbox"/> Student Support Staff	<input type="checkbox"/> Other
	<input type="checkbox"/> Student Admin	<input type="checkbox"/> Website	
Do we have your permission to send an anonymous “Client Satisfaction Survey” to your address?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program that you are currently enrolled in: (Please complete in full, ie Bachelor of Arts)			
Year of Study in current program	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th Other
Campus	<input type="checkbox"/> Callaghan	<input type="checkbox"/> Ourimbah	<input type="checkbox"/> City
	<input type="checkbox"/> Port Macquarie	Other please specify:	
Type of Program	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Open Foundation	<input type="checkbox"/> ELICOS
	<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Newstep	<input type="checkbox"/> Intl Foundation Prog
Faculty	<input type="checkbox"/> Business & Law	<input type="checkbox"/> Education & Arts	<input type="checkbox"/> Engineering & Built Environment
	<input type="checkbox"/> Health	<input type="checkbox"/> Science & Info Tech	<input type="checkbox"/> English Language & Foundation Studies
How are you studying?	<input type="checkbox"/> Full time study		<input type="checkbox"/> Part time study
How are you paying?	<input type="checkbox"/> Commonwealth Funded		<input type="checkbox"/> Full Fee Paying
International Students Only: How are you paying for your studies?		<input type="checkbox"/> I/my family are paying	<input type="checkbox"/> Study Abroad/ Exchange
		<input type="checkbox"/> Ausaid Scholarship	<input type="checkbox"/> Other Scholarship/ Stipend
Have you applied for a loan before:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you received a grant previously:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you currently have a scholarship:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Today's date:			