



Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross (X).

This form is only to be used by students who are offshore or studying by distance mode, or in other exceptional circumstances where directed to use this form. If you attend classes on campus, you should visit Student Central to apply for your card.

You must supply a photograph which has been signed on the back by a witness qualified in one of the categories listed in Section 2. The photograph must be: passport size (35 mm x 45 mm), in colour, a full front view of your head and shoulders, recent (within the last 12 months), clear (not obscured or dark), and must have your student ID number written on the back.

Place the photograph (which has your student ID number and witness' signature on the back) in an envelope, write your name and student number on the sealed envelope and attach the envelope to this form.
Post the form and photograph to the address above.

1 - PERSONAL DETAILS

Student ID number	Daytime contact phone number	
<input type="text"/>	<input type="text"/>	
Title	Family name	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Course code	Course name	Mode (external or offshore)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 - PROOF OF IDENTITY - WITNESS DETAILS

Title	Family name
<input type="text"/>	<input type="text"/>
Given name(s)	
<input type="text"/>	
Postal address	
Address 1	
Address 2	
Country	

I declare that the photograph I have signed is a true photograph of the person whose name and signature appears on this form. I am qualified as a witness in the category indicated by the ticked box to the right. I have supplied my official stamp or registration number below.

- Accountant—Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants, the National Institute of Accountants, the Association of Taxation and Management Accountants or a Registered Tax Agent
- Bank or Credit Union Branch Manager (but not the Manager of a bank travel centre)
- Registered Medical Practitioner
- Manager of a Post Office
- Police Officer in charge of a police station, or of the rank of sergeant or above
- Principal of an Australian secondary college, high school or primary school
- Solicitor, Barrister or Patent Attorney
- Justice of the Peace
- University staff member

X **SIGN HERE**

OFFICIAL STAMP OR REGISTRATION NUMBER

UNIVERSITY NAME

3 - STUDENT DECLARATION

I declare that the information provided by me on this form is true and correct. I also agree to the release of personal information about me for the purpose of assessing this application.

Student's signature

X **SIGN HERE**

Date

Date Received