



HIGH COMMISSION OF BRUNEI DARUSSALAM APPLICATION FOR PLACEMENT AND TRAINING

Instructions:

1. Complete this form and email to students@brunei.org.au within SIX (6) weeks after semester starts.
2. Indicate with a circle or tick (✓) where appropriate.

A. STUDENT DETAILS			
Full Name (In CAPITAL)		BSNZ No.	
Mobile No.		E-Mail Address	
B. ACADEMIC PORTFOLIO			
Sponsorship Awarded By:		University Student ID No.	
Reference No.		Scholarship Start Date (dd/mm/yyyy)	
Name of Institution		Scholarship End Date (dd/mm/yyyy)	
Program Title		School/Faculty Name:	
Program Start Date (dd/mm/yyyy)		Program Duration	Year(s)
Program End Date (dd/mm/yyyy)		Current Academic Year & Semester	
C. PLACEMENT & TRAINING DETAILS			
Important: Please email the following documents below with your application 1. Authorization letter from university. 2. Offer of Placement Letter from future employer.			
Institution/Company Name		Placement Duration	Month(s) Day(s)
Full Address		Placement Start Date (dd/mm/yyyy)	
	Post Code	Placement End Date (dd/mm/yyyy)	
Institution/Company Name		Placement Duration	Month(s) Day(s)
Full Address		Placement Start Date (dd/mm/yyyy)	
	Post Code	Placement End Date (dd/mm/yyyy)	
Institution/Company Name		Placement Duration	Month(s) Day(s)
Full Address		Placement Start Date (dd/mm/yyyy)	
	Post Code	Placement End Date (dd/mm/yyyy)	
Institution/Company Name		Placement Duration	Month(s) Day(s)
Full Address		Placement Start Date (dd/mm/yyyy)	
	Post Code	Placement End Date (dd/mm/yyyy)	
Institution/Company Name		Placement Duration	Month(s) Day(s)
Full Address		Placement Start Date (dd/mm/yyyy)	
	Post Code	Placement End Date (dd/mm/yyyy)	
D. PLACEMENT & TRAINING COORDINATOR(S)			
Full Name (In CAPITAL)			
Designation	<input type="checkbox"/> Academic Advisor	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Tutor
Contact Details	Office No.	Mobile No.	E-Mail Address
Full Name (In CAPITAL)			
Designation	<input type="checkbox"/> Academic Advisor	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Tutor
Contact Details	Office No.	Mobile No.	E-Mail Address

E. TRAVEL ARRANGEMENTS

Passport No.		Visa Reference No.	
Date of Issue (dd/mm/yyyy)		Date of Issue (dd/mm/yyyy)	
Expiry Date (dd/mm/yyyy)		Expiry Date (dd/mm/yyyy)	
Proposed Date of Departure (dd/mm/yyyy)	1.	Date of Return to Australia (dd/mm/yyyy)	1.
	2.		2.

Important:

1. Please submit a copy of your ① passport, ② student visa, ③ ATP form and ④ exam results (if applicable).
2. Check your flight itinerary to ensure your name and flight schedules are correct. EAUC does not pay for specified seat booking.
3. Once the tickets are issued, any changes incurred will be borne by students.
4. For students wishing to stay a few days in Melbourne, EAUC will only provide ticket for the final journey to Brunei only. Any additional expenses such as taxis, hotel or other incidental charges is borne by the student.
5. Nominal baggage for domestic and international is 23 and 30 kg respectively. Students will pay for extra bags and/or excess baggage.

F. CONTACT PERSONS - IN CASE OF EMERGENCIES

Full Name (In Australia)	Relationship
Mobile No.	Home No.
Full Name (In Brunei)	Relationship
Mobile No.	Home Telephone No.

G. FACILITIES

No.	Application	Please tick (✓) in the appropriate cell.			Remarks
		Amount	Receipt No.	Receipt Date	
1	Training Fees				Please provide university letter.
2	Accommodation (2 days prior to start date)				Facilities No. 2, 3 and 4 will only apply if placement or training is beyond city or place of study.
3	Accommodation (Full duration)				
4	Accommodation (2 days after end date)				
5	Return Travel Expenses (Taxi, Bus, Train, etc)				Within Australia only
6	Return Air Ticket				Please provide university letter.
7	Medicals				Please provide university letter.
8	Security Checks				Please provide university letter.
9	Others. Please State.				

H. BANKING DETAILS

Name of Bank	BSB No.
Account Name	Account Number

I. DECLARATION

I hereby declare that the information provided is TRUE and the documents attached are mine.

Signature/ Initial _____ Date _____

J. FOR INTERNAL USE ONLY

Facilities Approved	1 2 3 4 5 6 7 8 9	Date of Last Biennial (dd/mm/yyyy)	
Facilities Not Approved	1 2 3 4 5 6 7 8 9	Cost of Return Ticket	
Facilities Pending Approval	1 2 3 4 5 6 7 8 9	Top-up Cost of Return Ticket (If applicable)	

Please tick if documents are submitted by student	Check By	Notes
University Authorization Letter <input type="checkbox"/>		
Offer of Placement Letter <input type="checkbox"/>		
Passport <input type="checkbox"/>	Signature/ Initial	Signature/ Initial
Visa <input type="checkbox"/>		
Exam Results <input type="checkbox"/>	Full Name and Designation	Full Name and Designation
<input type="checkbox"/>		