

Graduate Transferee Details

| Contact details | |
|---|--|
| Name | |
| Home Phone | |
| Work Phone | |
| Mobile | |
| Email | |
| Residential address (prior to relocation) | |

| Personal Information | |
|----------------------|---|
| Marital status* | Single/ Married/ De Facto (please circle) |

* If you are living with another person on a de facto basis, you must submit a **statutory declaration** to the National Graduate Program team stating the period you have resided together and affirming that your partner is relocating with you.

Do you have a partner and/or dependent children who are traveling with you? Yes/no (please circle). If yes, please provide their details below.

| Salutation | Name | Relationship | Date of Birth |
|------------|------|--------------|---------------|
| | | | |
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| | | | |

| Relocation details | |
|--|------------------------|
| Do you require the removal of furniture and effects? | Yes/no (please circle) |

| | |
|---|------------------------|
| Do you require a motor vehicle/motorcycle to be relocated? | Yes/no (please circle) |
| If yes, please provide details of the motor vehicle/s you own which you will be relocating below. | |

| Make | Model | Engine capacity |
|------|-------|-----------------|
| | | |
| | | |

| | | |
|---|--|--|
| What is your intended mode of travel to your new locality? | Air/ Bus/ Other (please circle) If other please list _____ | |
| If applicable, will your dependents be traveling at the same time as you? | Yes/no (please circle) | |
| If no, please give reasons: _____ _____ | | |
| | | |

Transferee certification

I certify that the information provided on this form is true and correct.

Signature: _____

Name: _____

Date: / /