



ALUMNI REGISTER / UPDATE FORM

Personal Information

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other _____		
Name: <i>(first/given)</i>		Surname: <i>(family/last name)</i>
Former Name/Surname: <i>(if any)</i>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: <i>(dd/mm/yy)</i>		
Home Address <i>(Number and Street)</i>		
		Post Code
Home phone: ()	Fax: ()	E-mail:

Professional Information

Job Title/Position		Occupation
Organisation/Company		
Division/Department <i>(if necessary)</i>		
Office Address <i>(Number and Street)</i>		
		Post Code:
Office phone ()	Fax ()	E-mail:
Preferred contact address:	<input type="checkbox"/> Home Address	<input type="checkbox"/> Business Address

Australian institution(s) attended:

1: <i>Name of Institution/Campus/City</i>		<i>State</i>
<i>Program Name or Degree Obtained</i>		<i>Year of Graduation</i>
<i>Source of sponsorship</i>		
<input type="checkbox"/> AIDAB or AusAID <input type="checkbox"/> Colombo Plan <input type="checkbox"/> Private <input type="checkbox"/> Others (please specify) _____		
<i>Type of Study</i>		
<input type="checkbox"/> Higher Education <input type="checkbox"/> ELICOS <input type="checkbox"/> Vocational Education & Training <input type="checkbox"/> Short Course Training <input type="checkbox"/> Others _____ <input type="checkbox"/> School <input type="checkbox"/> Professional Training		

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<i>3: Name of Institution/Campus/City</i>	<i>State</i>
<i>Program Name or Degree Obtained</i>	<i>Year of Graduation</i>
<i>Source of sponsorship</i>	
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<i>4: Name of Institution/Campus/City</i>	<i>State</i>
<i>Program Name or Degree Obtained</i>	<i>Year of Graduation</i>
<i>Source of sponsorship</i>	
<input type="checkbox"/> AIDAB or AusAID <input type="checkbox"/> Colombo Plan <input type="checkbox"/> Private <input type="checkbox"/> Others (please specify) _____	
<i>Type of Study</i>	
<input type="checkbox"/> Higher Education <input type="checkbox"/> ELICOS <input type="checkbox"/> Vocational Education & Training <input type="checkbox"/> Short Course Training <input type="checkbox"/> Others _____ <input type="checkbox"/> School <input type="checkbox"/> Professional Training	

Current affiliation with Australian alumni associations

<input type="checkbox"/> Thai Australian Association (TAA)
<input type="checkbox"/> Thai Australian Technology Services Centre (TATSC)
<input type="checkbox"/> Others (please specify):

Please fill in the form and return by fax or mail to:

AEI - Australian Education International, Australian Embassy- 37 South Sathorn Road Bangkok 10120

Download form at: <http://www.austembassy.or.th/education> and <http://www.studyinaustralia.gov.au/thailand>

Visit our website at <http://www.studyinaustralia.gov.au>

All enquires please contact Tel (02) 344 6494 or Fax (02) 344 6303

Ref: Alumni survey/update, *Study in Australia 2005*