

ENGLISH AUSTRALIA  
 TUITION ASSURANCE SCHEME  
**RELOCATION REQUEST FORM**



To be completed by students enrolled in ELICOS programs at Institute of Innovation Pty Ltd, trading as  
**Matrix English (02578G)**

Completion of this form indicates that you wish to receive an offer for relocation to another College.

Please complete ALL PARTS of this form and return it to English Australia.

Email: [matrix@englishaustralia.com.au](mailto:matrix@englishaustralia.com.au) or FAX to: 02 9264 4313  
 or Mail to: English Australia, PO Box 1437, Darlinghurst NSW 1300

FAMILY NAME OR SURNAME

GIVEN NAMES

DATE OF BIRTH

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Day Month Year

VISA TYPE (please circle one)

**STUDENT VISA**

**OTHER VISA**

CONTACT DETAILS

Address:

  


Home Phone:

  


Mobile:

E-mail:

What ELICOS course did you enrol in **OR** if you are part of a Tour Group, give the name of the Group?

Do you have a letter of offer for another course after your ELICOS course? **YES NO**

If you answered "yes", what course and what college do you have a letter of offer for?

If you are not enrolled in another course, what are your plans after your ELICOS course has finished?

When did you commence your English course?

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Day Month Year

How many weeks ELICOS did you enrol for (total)?

_____ weeks
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How many weeks ELICOS did you pay for (total)?

_____ weeks
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How much did you pay for your ELICOS fees?

\$ _____
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When did you expect to finish your ELICOS course?

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Day Month Year

***I do / do not require assistance from EA (please circle the appropriate response)***

***Declaration: I declare that the information I have provided is true and correct.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_