

# ENGLISH EXPERIENCE

## AUDIT FORM



METHODIST  
LADIES'  
COLLEGE

STUDENT FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH:		
YOUR COUNTRY OF BIRTH AND NATIONALITY:		
FATHER'S COUNTRY OF BIRTH:		
MOTHER'S COUNTRY OF BIRTH:		
YOUR ARRIVAL DATE IN AUSTRALIA:		
WHICH COUNTRIES HAVE YOU LIVED IN:		
WHICH LANGUAGE(S) DID YOU LEARN TO SPEAK FIRST?		
HAVE YOU COMPLETED AN ENGLISH LANGUAGE PROFICIENCY TEST? Eg AEAS, IELTS	YES	NO
IF YES, PLEASE ATTACH RESULTS:		
WAS THE PROVIDER IN AUSTRALIA OR OVERSEAS?	AUSTRALIA	OVERSEAS

### PLEASE FILL IN THE TABLES BELOW

	MOST USED	SECOND MOST USED	THIRD MOST USED
WHICH LANGUAGE/S DO YOUR PARENTS OR GUARDIANS SPEAK AT HOME WITH EACH OTHER?			
WHICH LANGUAGE/S DO YOUR PARENTS OR GUARDIANS SPEAK AT HOME WITH YOU?			
WHICH LANGUAGE/S DO YOU SPEAK AT HOME WITH YOUR SIBLINGS?			

### EDUCATION DETAILS OF SCHOOLS YOU ATTENDED FOR EVERY SCHOOL YEAR FROM KINDERGARTEN:

YEAR	ACADEMIC YEAR	NAME OF SCHOOL YOU ATTENDED	COUNTRY OF SCHOOL	INTERNATIONAL SCHOOL STATUS	LANGUAGE OF INSTRUCTION AT SCHOOL	% OF TIME TAUGHT IN ENGLISH
2021						
2020						
2019						
2018						
2017						
2016						
2015						
2014						
2013						
2012						
2011						
2010						

CRICOS Provider Code 00441G

Please attach your Passport and all school reports from Kindergarten