

OVERSEAS STUDENT HEALTH COVER FORM

APPLICANT INFORMATION

First Name: _____

Middle Name(s): _____

Last Name: _____

I apply to this Australian
University: _____

OSHC

It is a requirement of the Australian Government that you maintain Overseas Student Health Cover (OSHC) for the duration of your student visa.

Please choose one of the following options:

- My Australian University shall arrange my Visa Length OSHC.
- I will organise my own OSHC (and provide QUT with a copy upon request).

Please select the type of cover you require:

- Cover for myself only
- Cover for myself and my spouse
- Cover for myself and one child
- Family cover for myself AND my spouse AND my child/children

Date:

Applicant Signature:

Your application cannot be processed without your answer(s), date and signature!