

AANC ALUMNI REGISTRATION FORM

(Please return to: austemb.zagreb@dfat.gov.au)

PERSONAL INFORMATION

First name:		Last name:					
Ms, Mrs, Mr, Dr., Prof., Prof.dr.		Gender	M	F	Australian citizenship?	YES	NO
Home Phone				Mobile Phone:			
Street Address							
City					Post code:		
Country							
Email address							
Web address							
When were you in Australia? Please write the year.	1.						
	2.						
	3.						
Australian Institution(s) you attended and what field of study.	1.						
	2.						
	3.						
If you won a scholarship for your study, please write details/name of the scholarship and institution.							

YOUR FINAL EDUCATION LEVEL

Degree			
Course of study			
Graduation Year		Major:	
Education Institution:			
Thesis topic:			
Additional information:			

16 February 2015

YOUR WORK EXPERIENCE (for networking purposes, please provide as much work info as you can)

Current Employer Name:			
Industry:			
Position:			
Department:		Date Commenced:	
Address:			
Business phone:		Mobile:	
Email address:			
Previous Employer Name			
Industry:			
Position:			
Department:			
Dates worked:	From:	To:	
Address:			

YOUR INTERESTS What is your preferred area of interest from the following list?

Science	Law	Banking & Finance
Management	Education	Tourism
Health	History	Humanities/Languages
Art	Information Technology	Human resources
Music	Architecture	Archaeology
Other:		

Please expand on above interests by writing particular fields of interest:	
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Privacy policy: The information provided in this questionnaire will not be made available outside the Embassy without your approval.

If you agree to provide consent for your contact details to be shared amongst the alumni network please type your name and date in this box:

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