**AUSTRALIA-FRANCE ALUMNI NETWORK (AFAN)**

**REGISTRATION FORM**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Full Name |  |
| Gender |  |
| Address |  |
| City |  |
| Country |  |
| Email address |  |
| Phone number |  |

**YOUR EXPERIENCE IN AUSTRALIA**

|  |  |
| --- | --- |
| Date of arrival |  |
| Date of departure |  |
| City |  |
| University |  |
| Degree |  |
| Course of study / Major |  |
| Did you have a scholarship? If yes, which one? |  |
| Where did you live? (on campus / private rental / other) |  |
| Did you work part time? If yes, where? |  |
| Did you work in Australia before or after your studies? Please provide details. |  |

**YOUR EDUCATION**

|  |  |
| --- | --- |
| University |  |
| Degree |  |
| Course of study / Major |  |
| Graduation Year |  |

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

|  |  |
| --- | --- |
| **Current company** |  |
| Industry |  |
| City / Country |  |
| Position |  |
| Commenced |  |
| **Previous company** |  |
| Industry |  |
| City / Country |  |
| Position |  |
| Dates |  |
| **Previous company** |  |
| Industry |  |
| City / Country |  |
| Position |  |
| Dates |  |

**Privacy policy**: The information provided in this questionnaire will not be made available outside the Embassy.