

REFERRAL FORM

STUDENT 1 DETAILS

Full name:

Contact number:		Email:		
Course:	Bachelor of Science (Nursing) Conversion Program for Registered Nurses (Top-up)			
STUDENT 2 DETAILS				
Full name:				
Contact number:		Email:		
Course:	Bachelor of Science (Nursing) Conversion Program for Registered Nurses (Top-up)			
PAYMENT METHOD				
Local bank name:				
Bank branch address:	:			
Bank & branch code:				
Account number:				
Account holder name	o:			
 TERMS AND CONDITIONS The referral scheme aims to celebrate Curtin University School of Nursing and Midwifery 50th anniversary. This referral scheme applies to two students applying for the Bachelor of Science (Nursing) Conversion Program for Registered Nurses (Top-up) at Curtin Singapore for the same study period at Curtin Singapore. Each student may only be eligible for 1 referral scheme. Both students must submit this incentive form along with the online course application form at the point of application. Incentive form submission cannot be later than either of the course acceptances. Both students must not have had any prior enrolment with Curtin and must not be recommended through a Curtin Singapore approved agent. Both students must remain enrolled after census date and the payment will be processed 5 weeks after the commencement date of the program; with confirmation of enrolment and payment. The total award is S\$500 and the amount will be payable to the nominated bank account. Curtin Singapore staff and family members are not eligible for this scheme. Approval of payment is based on meeting all the terms and conditions and by final consent of CurtinSingapore. Curtin Singapore reserves the right to amend any terms and conditions pertaining to the incentive scheme mentioned above. 				
 I have read and understood the terms and conditions associated with the referral scheme. I declare that the information on this application form is correct and understand that if a false or misleadingstatement is 				
verified by Curtin Singapore, I will be liable for any action taken against me. 3. I authorize Curtin Singapore to obtain any necessary information pertaining to the matter above.				
Student 1 signature:_			Date:	
Student 2 signature:_			Date:	



REFERRAL FORM

FOR OFFICE USE:

☐ Copy of student 1's application form☐ Copy of student 2's application form☐ Verify student detail	
Verification done by:	
Name and signature:	
Designation:	_
Date:	
Remark, if any:	
Approved By:	
Name and signature:	-
Designation:	Date: