

### Program Selection - ELICOS

English for Academic Purpose	<input type="checkbox"/>	Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Number of weeks: _____ Desired Start Date: _____
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### Program Selection - Business/Management Courses

Certificate IV in Business	<input type="checkbox"/>	Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/>
Diploma of Business	<input type="checkbox"/>	
Advanced Diploma of Business	<input type="checkbox"/>	
Graduate Diploma of Management (Learning)	<input type="checkbox"/>	
Certificate IV in IT Support	<input type="checkbox"/>	
Diploma of Information Technology	<input type="checkbox"/>	

### Personal Details

Family Name			
Given Name			
Title (tick box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____		
Gender (tick box)	M <input type="checkbox"/> F <input type="checkbox"/>		
Date of Birth (DD/MM/YYYY)			
Citizenship		Country of Birth	
Passport Number			
Applicant's Address in Home Country			
Country		Postcode / ZIP	
Telephone Number		Mobile Number	
Email			
Applicant Address in Australia			
Country		Postcode / ZIP	
Telephone Number		Mobile Number	
Email			



Parent/Guardian Details			
Family Name		Given Name	
Parent / Guardian Address (If Applicant is under 18 years of age)			State
Country		Postcode / ZIP	
Telephone Number		Fax	
Mobile Number		Email	

Emergency Contact Details			
Family Name		Given Name	
Address			State
Country		Postcode / ZIP	
Telephone Number		Fax	
Mobile Number		Email	

Agency Contact Details			
Agency Name			
Address			State
Country		Postcode / ZIP	
Telephone Number		Fax	
Mobile Number		Email	

Disability	
Do you have a disability that requires special consideration	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain	

Student Health Cover	
Do you wish AIBT arrange OSHC for you	Yes <input type="checkbox"/> No <input type="checkbox"/>

Education Qualification	
Name of School	
Country	
Highest Level completed	
Award Received	
Are Certified Copies of your Academic Record Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of School	
Country	
Highest Level completed	
Award Received	
Are Certified Copies of your Academic Record Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>

Credit Transfer	
Recognition of Prior Learning (RPL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit Transfer (C/T)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applications for RPL and C/T must be accompanied by: <ul style="list-style-type: none"> <li>An official transcript of result from previous studies</li> </ul>	

Accommodation	
Do you want accommodation arranged for you	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what sort of accommodation (Extra charge occurs)	Homestay <input type="checkbox"/> International Student Residence <input type="checkbox"/>

<b>Authorisation</b>	
<p>I _____</p> <ul style="list-style-type: none"> <li>Authorise AIBT Pty Ltd to collect, store and use my personal information within the limitations of the Privacy Principle contained in the Privacy Act 1998.</li> <li>Authorise AIBT Pty Ltd to make relevant enquiries where necessary and in accordance with legislation regarding my academic qualifications and any work experience related to my application for undertaking a course of study.</li> <li>Understand that my information will only be released to third parties in accordance with legislation.</li> <li>Understand that I may at any time revoke my authorisation for AIBT Pty Ltd to release my information to third parties by notifying AIBT Pty Ltd and that implementation cannot be retrospective.</li> <li>I have read and understand the Student Handbook.</li> </ul> <p>I agree to abide the terms and conditions as set out in the Student Handbook.</p>	
<p>_____            Signature of Applicant</p>	<p>_____            Date</p>
<p>_____            Parent / Guardian Signature            (as identified in this form)            If applicant is under 18 years of age</p>	<p>_____            Date</p>

Office Use Only (this section is only to be completed by AIBT)			
Student ID:			
Student Accepted Offer:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Commencement Date:			
Competency Completion Details Entered by:		Date	