

Please write clearly in capital letters and tick boxes to indicate choices on this form

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 Information Technology	<input type="checkbox"/>	
Diploma of Business	<input type="checkbox"/>	
Advanced Diploma of Business	<input type="checkbox"/>	
Graduate Diploma of Management (Learning)	<input type="checkbox"/>	
Graduate Diploma of Financial Planning and Advice*	<input type="checkbox"/>	

\*Please describe your professional experience in financial planning /advice or attach a comprehensive CV

\*Previous studies and professional development undertaken

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"/> Other <input type="checkbox"/>	
Date of Birth (DD/MM/YYYY)		
Telephone Number		Mobile Number
Email		

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

What is your usual residence		
Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.		
Building/property name		
Flat/unit details		
Street or lot number (e.g. 205 or Lot 118)		
Street name		
Suburb, locality or town		Postcode
State/Territory		

What is your postal address (if different from above)?		
Street name and number		
Suburb, locality or town		Postcode
State/Territory		



<b>Language and cultural diversity</b>																			
In which country were you born?	Australia <input type="checkbox"/> 1101    Other - please specify _____																		
Do you Speak a language othe than english at home? (If more than one language, indicate the one that is spoken most often)	No, English Only <input type="checkbox"/> 1201    Yes, Other - please specify _____  <b>English only – Skip next question</b>																		
How well do you speak English?	Very Well <input type="checkbox"/> 1    Well <input type="checkbox"/> 2    Not well <input type="checkbox"/> 4    Not at all <input type="checkbox"/> 4																		
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)	No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>																		
<b>Disability</b>																			
Do you consider yourself to have a disability, impairment or long-term condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>No – Go to next section</b>																		
If you indicated the presense of a disability, impairment or long-term condition, please select the areas	<table style="width: 100%; border: none;"> <tr><td>Hearing/deaf</td><td style="text-align: right;"><input type="checkbox"/> 11</td></tr> <tr><td>Physical</td><td style="text-align: right;"><input type="checkbox"/> 12</td></tr> <tr><td>Intellectual</td><td style="text-align: right;"><input type="checkbox"/> 13</td></tr> <tr><td>Learning</td><td style="text-align: right;"><input type="checkbox"/> 14</td></tr> <tr><td>Mental Illness</td><td style="text-align: right;"><input type="checkbox"/> 15</td></tr> <tr><td>Acquired brain impairment</td><td style="text-align: right;"><input type="checkbox"/> 16</td></tr> <tr><td>Vision</td><td style="text-align: right;"><input type="checkbox"/> 17</td></tr> <tr><td>Medical Condition</td><td style="text-align: right;"><input type="checkbox"/> 18</td></tr> <tr><td>Other</td><td style="text-align: right;"><input type="checkbox"/> 19</td></tr> </table>	Hearing/deaf	<input type="checkbox"/> 11	Physical	<input type="checkbox"/> 12	Intellectual	<input type="checkbox"/> 13	Learning	<input type="checkbox"/> 14	Mental Illness	<input type="checkbox"/> 15	Acquired brain impairment	<input type="checkbox"/> 16	Vision	<input type="checkbox"/> 17	Medical Condition	<input type="checkbox"/> 18	Other	<input type="checkbox"/> 19
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<b>Schooling</b>																			
What is your highest <b>completed</b> school level? (tick one box only)	<table style="width: 100%; border: none;"> <tr><td>Year 12 or equivalent</td><td style="text-align: right;"><input type="checkbox"/> 12</td></tr> <tr><td>Year 11 or equivalent</td><td style="text-align: right;"><input type="checkbox"/> 11</td></tr> <tr><td>Year 10 or equivalent</td><td style="text-align: right;"><input type="checkbox"/> 10</td></tr> <tr><td>Year 9 or equivalent</td><td style="text-align: right;"><input type="checkbox"/> 09</td></tr> <tr><td>Year 8 or below</td><td style="text-align: right;"><input type="checkbox"/> 08</td></tr> <tr><td>Never attended school</td><td style="text-align: right;"><input type="checkbox"/> 02 <b>Never attended school – go to next section</b></td></tr> </table>	Year 12 or equivalent	<input type="checkbox"/> 12	Year 11 or equivalent	<input type="checkbox"/> 11	Year 10 or equivalent	<input type="checkbox"/> 10	Year 9 or equivalent	<input type="checkbox"/> 09	Year 8 or below	<input type="checkbox"/> 08	Never attended school	<input type="checkbox"/> 02 <b>Never attended school – go to next section</b>						
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In which <b>year</b> did you complete that school level?																			
Are you still attending secondary school?	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
<b>Previous Qualifications Achieved</b>																			
Have you <b>successfully</b> completed any qualifications?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>No – go to the next section</b>																		
If <b>YES</b> , then tick <b>ANY</b> applicable boxes	<table style="width: 100%; border: none;"> <tr><td>Bachelor degree or higher degree</td><td style="text-align: right;"><input type="checkbox"/> 008</td></tr> <tr><td>Advanced diploma or associate degree</td><td style="text-align: right;"><input type="checkbox"/> 410</td></tr> <tr><td>Diploma (or associate diploma)</td><td style="text-align: right;"><input type="checkbox"/> 420</td></tr> <tr><td>Certificate IV (or advanced certificate/technician)</td><td style="text-align: right;"><input type="checkbox"/> 511</td></tr> <tr><td>Certificate III (or trade certificate)</td><td style="text-align: right;"><input type="checkbox"/> 514</td></tr> <tr><td>Certificate II</td><td style="text-align: right;"><input type="checkbox"/> 521</td></tr> <tr><td>Certificate I</td><td style="text-align: right;"><input type="checkbox"/> 524</td></tr> <tr><td>Certificates other than the above</td><td style="text-align: right;"><input type="checkbox"/> 990</td></tr> </table>	Bachelor degree or higher degree	<input type="checkbox"/> 008	Advanced diploma or associate degree	<input type="checkbox"/> 410	Diploma (or associate diploma)	<input type="checkbox"/> 420	Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511	Certificate III (or trade certificate)	<input type="checkbox"/> 514	Certificate II	<input type="checkbox"/> 521	Certificate I	<input type="checkbox"/> 524	Certificates other than the above	<input type="checkbox"/> 990		
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In which <b>year</b> did you complete?																			

Employment		
Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)	Full-time employee	<input type="checkbox"/> 01
	Part-time employee	<input type="checkbox"/> 02
	Self employed – not employing others	<input type="checkbox"/> 03
	Employer	<input type="checkbox"/> 04
	Employed – unpaid worker in a family business	<input type="checkbox"/> 05
	Unemployed – seeking full-time work	<input type="checkbox"/> 06
	Unemployed – seeking part-time work	<input type="checkbox"/> 07
	Not employed – not seeking employment	<input type="checkbox"/> 08

Study Reason		
Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)	To get a job	<input type="checkbox"/> 01
	To develop my existing business	<input type="checkbox"/> 02
	To start my own business	<input type="checkbox"/> 03
	To try for a different career	<input type="checkbox"/> 04
	To get a better job or promotion	<input type="checkbox"/> 05
	It was a requirement of my job	<input type="checkbox"/> 06
	I wanted extra skills for my job	<input type="checkbox"/> 07
	To get into another course of study	<input type="checkbox"/> 08
	For personal interest or self-development	<input type="checkbox"/> 12
	Other reasons	<input type="checkbox"/> 11

Unique Student Identifier												
<p>From 1 January 2015, AIBT can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <a href="http://www.usi.gov.au/create-your-USI/">http://www.usi.gov.au/create-your-USI/</a> on a computer or mobile device.</p>	<p><b>Enter your Unique Student identifier (if you already have one)</b></p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											

Application for Unique Student Identifier (USI)
<p>If you would like AIBT to apply for an USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <a href="http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx">http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</a> . You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.</p> <p>I, .....authorise</p> <p>Adelaide Institute of Business and Technology to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.</p> <p><input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <a href="http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx">http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</a></p> <p><input type="checkbox"/> I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.</p>

## Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that AIBT is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by AIBT or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a secondary student undertaking VET, including a school based apprenticeship or traineeship.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- Researchers.

Signature:

Date: