

Application Form for International Students

Please write clearly in Capital Letters

Tick all boxes where appropriate

Program Selection - ELICOS

English for Academic Purpose - Post Secondary	<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: _____
English for Academic Purpose - Secondary	<input type="checkbox"/>	
General English	<input type="checkbox"/>	
IELTS Preparation	<input type="checkbox"/>	
OET Preparation	<input type="checkbox"/>	

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"/>
Certificate IV in IT Support	<input type="checkbox"/>	
Certificate IV in Programming	<input type="checkbox"/>	
Diploma of Software Development	<input type="checkbox"/>	
Diploma of IT Systems Administration	<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 TESOL (Teaching English to Speaker of other Languages)	<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		

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Email	
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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"/>
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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"> An official transcript of result from previous studies 	

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

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Authorisation

I _____

- 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.
- 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.
- Understand that my information will only be released to third parties in accordance with legislation.
- 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.
- I have read and understand the Student Handbook.

I agree to abide the terms and conditions as set out in the Student Handbook.

Signature of Applicant

Date

Parent / Guardian Signature
(as identified in this form)

Date

If applicant is under 18 years of age

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	