

Program Selection - ELICOS		
English for Academic Purposes	<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: _____

Program Selection - Business/Management/IT/TESOL Courses		
Certificate III 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 Business	<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 & Advice	<input type="checkbox"/>	
Graduate Diploma in Teaching English to Speakers of Other Languages	<input type="checkbox"/>	
Diploma of Information Technology	<input type="checkbox"/>	
Graduate Diploma of Telecommunications Network Engineering	<input type="checkbox"/>	

Package Offer Program		
Pathway Bachelor's Degree	<input type="checkbox"/>	Diploma of Business - packaged with Bachelor of Business with Adelaide Institute of Higher Education

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			



International Student Application Form

Please write clearly in Capital Letters

Tick all boxes where appropriate

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"/>

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Tick all boxes where appropriate

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 occurs)	Homestay <input type="checkbox"/> International Student Residence <input type="checkbox"/>

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Tick all boxes where appropriate

Unique Student Identifier

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 <http://www.usi.gov.au/create-your-USI/> on a computer or mobile device.

**Enter your Unique Student identifier
 (if you already have one)**

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- I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>
- I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

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

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Tick all boxes where appropriate

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	