

| <b>Program Selection (tick the course you wish to enrol into)</b>   |                          |
|---|--------------------------|
| Prefer to start Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> |                          |
| BSB30115 Certificate III in Business  | <input type="checkbox"/> |
| BSB30315 Certificate III in Micro Business  | <input type="checkbox"/> |
| BSB31015 Certificate III in Business Administration (Legal)   | <input type="checkbox"/> |
| BSB31115 Certificate III in Business Administration (Medical)   | <input type="checkbox"/> |
| BSB30915 Certificate III in Business Administration (Education)   | <input type="checkbox"/> |
| BSB30515 Certificate III in Business Administration (International Education)   | <input type="checkbox"/> |
| BSB40215 Certificate IV in Business   | <input type="checkbox"/> |
| 22334VIC Certificate IV in Cyber Security   | <input type="checkbox"/> |
| ICT30118 Certificate III in Information, Digital Media and Technology   | <input type="checkbox"/> |
| ICT20115 Certificate II in Information, Digital Media and Technology  | <input type="checkbox"/> |

| <b>Direct Entry to Bachelor Degree in Business</b>   |                          |
|--|--------------------------|
| I am interested in the Pathway to the Bachelor of Business Degree with <b>Adelaide Institute of Higher Education</b> ( <a href="http://aihe.sa.edu.au/bachelor-of-business/">http://aihe.sa.edu.au/bachelor-of-business/</a> ) please send me more information | <input type="checkbox"/> |
| <b>Scholarships</b>  |                          |
| I am interested in Scholarship options for further education in Business and IT with AIBT. Please send me more information   | <input type="checkbox"/> |

| <b>Personal Details</b>    |  |               |  |
|----------------------------|--|---------------|--|
| 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.

| <b>What is your address?</b>   |  |          |  |
|--|--|----------|--|
| 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.<br>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/Unit details  |  |          |  |
| Street or lot number and Street name   |  |          |  |
| Suburb, locality or town   |  | Postcode |  |



|  |   |                          |   |
|--|---|--------------------------|---|
| State/Territory  |   |                          |   |
| <b>What is your postal address (if different from previous page)</b>   |   |                          |   |
| 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 other than english at home?<br>(If more than one language, indicate the one that is spoken most often)                       | No, English Only <input type="checkbox"/> 1201    Yes, Other - please specify _____<br><br><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?<br>(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"/><br><b>No – Go to next section</b>  |                          |   |
| If you indicated the presence of a disability, impairment or long-term condition, please select the areas  | 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  |
| <b>Schooling</b>   |   |                          |   |
| What is your highest <b>completed</b> school level?<br>(tick one box only)   | 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    ever attended school – go to next section |
| In which <b>year</b> did you complete that school level?   |   |                          |   |

|  |   |  |
|--|---|--|
| If you are still attending school, what is the name of the school?   | Name and Year Level of School:  |  |
| <b>Previous Qualifications Achieved</b>  |   |  |
| Have you <b>successfully</b> completed any qualifications?   | Yes <input type="checkbox"/> No <input type="checkbox"/> No – go to the next section, <b>Employment</b>   |  |
| If <b>YES</b> , then tick <b>ANY</b> applicable boxes  | Bachelor degree or higher degree <input type="checkbox"/> 008<br>Advanced diploma or associate degree <input type="checkbox"/> 410<br>Diploma (or associate diploma) <input type="checkbox"/> 420<br>Certificate IV (or advanced certificate/technician) <input type="checkbox"/> 511<br>Certificate III (or trade certificate) <input type="checkbox"/> 514<br>Certificate II <input type="checkbox"/> 521<br>Certificate I <input type="checkbox"/> 524<br>Certificates other than the above <input type="checkbox"/> 990   |  |
| In which <b>year</b> did you complete the course?  |   |  |
| <b>Employment</b>  |   |  |
| Of the following categories, which <b>BEST</b> describes your main reason for undertaking this course?<br>(Tick <b>ONE</b> box only) | Full-time employee <input type="checkbox"/> 01<br>Part-time employee <input type="checkbox"/> 02<br>Self employed – not employing others <input type="checkbox"/> 03<br>Employer <input type="checkbox"/> 04<br>Employed – unpaid worker in a family business <input type="checkbox"/> 05<br>Unemployed – seeking full-time work <input type="checkbox"/> 06<br>Unemployed – seeking part-time work <input type="checkbox"/> 07<br>Not employed – not seeking employment <input type="checkbox"/> 08  |  |
| <b>Study Reason</b>  |   |  |
| Of the following categories, which <b>BEST</b> describes your main reason for undertaking this course?<br>(Tick <b>ONE</b> box only) | To get a job <input type="checkbox"/> 01<br>To develop my existing business <input type="checkbox"/> 02<br>To start my own business <input type="checkbox"/> 03<br>To try for a different career <input type="checkbox"/> 04<br>To get a better job or promotion <input type="checkbox"/> 05<br>It was a requirement of my job <input type="checkbox"/> 06<br>I wanted extra skills for my job <input type="checkbox"/> 07<br>To get into another course of study <input type="checkbox"/> 08<br>For personal interest or self-development <input type="checkbox"/> 12<br>Other reasons <input type="checkbox"/> 11 |  |

**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)**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

- 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.

**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: