

#### To complete this form:

- Answer all questions on the form
- Use BLOCK LETTERS and tick check boxes where applicable.

Please return form by email to apply@aeg.edu.au OR In-Person:

**Adelaide**: Level 5, 127 Rundle Mall Adelaide SA 5000 Australia

Melbourne: Level 6, 350 Queen Street,

Melbourne, VIC 3000

1. Personal Details															
Title	Mr □ Mrs □ Ms □ Miss □ Other														
Family Name		Given Name													
Date of Birth (DD/MM/YYYY)						Ge	Gender				F□	(	Others	5:	
Applicant Address in Australia						Sta	State								
Applicant Address in Adstralia						Ро	Postcode								
Telephone Number						M	lobil	e Number							
Email						Alt	ltern	native email							
Applicant's Address in Home Country															
Country						Ро	ostco	ode/ ZIP Code							
Telephone Number						M	lobil	e Number							
Email		Alternative email													
2. Passport and Visa Deta	nils														
Passport Number								Expiry Date							
Country of Passport															
What type of visa are you current	ly holding	(if curr	ently	holdi	ng a v	isa)?									
*If currently enrolled with any oth you are holding with your applica		ion prov	vider,	, plea:	se pro	vide a	a co <sub>l</sub>	py of your curre	nt stu	ıden	t visa	an	d all e	.Co Es	that
□ *Student Visa, Subclass □ Visitor Visa □ Working Holiday Visa □ Work and Travel Visa □ Other, please specify															_
Visa Expiry Date:															



3. Parent/Guardian Details (If Applicant is under 18 years of age)								
Full Name			Relati	onship				
Address								
State and Country			Postco	ode / ZIP				
Mobile Number			Email					
4. Emergency C	Contact Details							
Full Name			Relati	onship				
Address								
State and Country			Postco	ode / ZIP				
Mobile Number			Email					
<b>5</b> . Employer / A	gency Contact Details (if a	an agent is assisting	with enro	olment)				
Employer / Agency Nar		in agent is assisting		ct person				
Address								
State and Country			Postcode / ZIP					
Mobile Number			Email					
6. Disability and Medical Conditions								
Do you consider yourself to have a disability, impairment, or long-				Yes □ No □				
term condition?	, ,	, 0						
If yes, please select the area(s) in the following list:								
☐ Hearing/deaf	☐ Physical	□ Intellectual						
☐ Learning	□ Vision	Others:		<del> </del>				
7. Previous qualifications achieved								
			☐ Yes, please indicate below.					
Have you SUCCESSFULLY completed any qualification in the past?			□ NO, skip to section 8					
Institution/ School	Name of Award/ Qualification	Year complete expected to completed	be	Language Instruction		Country		
		•						

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8. Language and English Proficien	су						
Country of Birth		Citizenship					
Do you speak other languages than English? If yes, please indicate:							
English language proficiency test results (E. PTE)	.g., IELTS, TOEFL,	Score:	Date:				
Other (provide details)							
9. Credit Transfer (CT) and Recogn	nition of Prior Learr	ning (RPL)					
Will you apply for CT or RPL?  An application can be submitted after enro	lment	Yes □ No □					
10. Accommodation/ Airport Trans	10. Accommodation/ Airport Transfer and Overseas Student Health Cover (OSHC)						
Do you wish Adelaide Institute of Business and Technology to arrange your accommodation?	☐ Yes ☐ No ☐ Maybe - I'd like more information						
Do you wish to be met at the airport and transferred to your accommodation?	☐ Yes ☐ No ☐ Maybe - I'd like more information						
Do you wish for Adelaide Institute of Business and Technology to apply for your OSHC?  *Note: To apply for any student visa, all students must have OSHC.	☐ Yes, I would like <b>AIBT</b> to arrange my OSHC☐ No, I or my agent will arrange my OSHC						

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Qualification Selection  Commencement Term ( <i>Tick one box only</i> ):   Term 1 (February)   Term 2 (April)   Term 3 (July)   Term 4 (October)  * Other Date:							
* (may be outside normal term dates and may	include starting wit	h online or self-paced learni	ng)				
Campus Location	☐ Adelaide Cam	pus	☐ Melbourne Campus				
ELICOS Program							
☐ English for Academic Purposes - Elementary to Advanced (ELICOS)  Number of weeks:							
Information Technology Courses		Business Courses					
☐ ICT30120 Certificate III in Information	Гесhnology	☐ BSB30120 Certificate	e III in Business				
☐ ICT40120 Certificate IV in Information	Technology	☐ BSB30220 Certificate	e III in Entrepreneurship and New Business				
☐ ICT50220 Diploma of Information Tech	nology	☐ BSB40120 Certificate IV in Business					
☐ ICT60220 Advanced Diploma of Inform Technology	ation	☐ BSB40320 Certificate IV in Entrepreneurship and New Business					
Hospitality Courses		☐ BSB50120 Diploma o	f Business				
☐ SIT40521 Certificate IV in Kitchen Mana	agement	☐ BSB50420 Diploma of Leadership and Management					
☐ SIT50422 Diploma of Hospitality Manag	gement	☐ BSB60420 Advanced Diploma of Leadership and Management					
☐ Barista Course (Short Course)		☐ BSB60120 Advanced Diploma of Business					
Health and Services Courses		☐ BSB80320 Graduate Diploma of Strategic Leadership					
☐ CHC33015 Certificate III in Individual Support		☐ BSB80120 Graduate Diploma in Management (Learning)					
☐ CHC52015 Diploma of Community Services							
TESOL Course							
☐ 11109NAT Graduate Diploma of Teaching English to Speakers of Other Languages							
Pathway Courses							
☐ Diploma of Business pathway to Bachelor of Business with Adelaide Institute of Higher Education (AIHE) ☐ Graduate Diploma of Management (Learning) pathway to Master of Business Administration with Adelaide Institute of Higher Education (AIHE)							
* follow the link below for AIHE's online application - How to Apply (aihe.sa.edu.au)							

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Application Checklist						
Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification). Please tick those that you are providing.						
☐ Completed all sections of this application form ☐ Copy of your passport or any government issued photo ID ☐ Copy of your visa (if applicable)	☐ Copies of your highest qualification ☐ Any other documents to support your application ☐ If authorising AIBT to apply for a USI on your behalf, note you will be required to provide additional documentation to AIBT after commencing your course.					

#### **PRIVACY NOTICE**

Adelaide Institute of Business and Technology is required to collect personal information about you and to disclose that personal information to third parties including the National Centre for Vocational Education Research Ltd (NCVER) and other agencies or organisations.

Your personal information (including the personal information contained on this enrolment form, your training activity data, and any personal information you provide to AIBT during the period of your enrolment) may be used or disclosed by **Adelaide Institute of Business and Technology** for statistical, regulatory, research, and service delivery purposes. **Adelaide Institute of Business and Technology** may disclose your personal information for these purposes to third parties, including:

- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys;
- Researchers; and
- Employers hosting students for work placement.

Personal information disclosed to third parties may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information;
- administering VET, including program administration, regulation, monitoring and evaluation; and
- organising, administering, managing, and completing compulsory work placement activities.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent, or third-party contractor. You may opt out of the survey at the time of being contacted. NCVER will collect, hold, use, and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

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Unique Student Identifier							
From 1 January 2015, AIBT can be preveryou with a nationally recognised VET questatement of attainment when you compound on thave a Unique Student Identification have not yet obtained a USI you can apputtps://www.usi.gov.au/students/get-aor mobile device, alternatively, AIBT can on your behalf with your permission	alification or plete your course if tifier (USI). If you ly for it directly at a-usi on a computer	En	•	our Unique Student identifier f you already have one)			
	aking one and display						
□ 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> □ I understand that I may receive one or more surveys from National Centre for Vocational Education Research (NCVER). □ I consent to AIBT applying for a USI on my behalf, and for AIBT to use my personal information as necessary for this purpose.							
Student Declaration and Consent (please tick all)							
☐ I declare that the information I have provided is true and correct to the best of my knowledge.							
☐ I authorise AIBT Pty Ltd to collect, store and use my personal information in accordance with the Privacy Act 1998.							
☐ I 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.							
☐ I 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 in writing and that implementation cannot be retrospective.							
☐ I have read and understand the Student Handbook (International Student Handbook)							
☐ I have read and understand the AIBT Refund Policy ( AIBT Refund Policy)							
☐ I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.							
Student Signature:		ſ	Date:				
Student Name:							
Parent / Guardian Signature:		C.	Date:				
Parent / Guardian Name:							