

This Form is for student use only, forms completed by agents will not be accepted. Tick all boxes where appropriate

The purpose of this form is to enable Adelaide Institute of Business & Technology to identify applicants who meet the Department of Home Affairs' Genuine Student (GS) requirements for international students in accordance with AIBT's admissions requirements and conditions.

To facilitate our assessment, please complete and return this form to AIBT at apply@aibt.edu.au.

Applicants are required to complete all sections of this form. No section should be left blank or contain N/A as a response.

Personal Details			
Title: □Mr □Mrs □Miss □Ms □Dr □Other:			
Family Name			
Given Name			
Date of Birth (DD/MM/YYYY)			
Passport No			
Gender	□Male □Female □Not S	tated	
Citizenship		Country of Birth	
Personal Email:		Mobile Number:	
Residential address in home			
country:			
Visa Status/Type			
I will be travelling to Australia with: Alone Spouse/ De facto partner Dependant(s)			
Provide details of your spouse and dependent children of any age:			
Full name of spouse:			
Date of birth, citizenship & country o	f residence:		
Will they be added to your student vi	isa application?		
Full name of dependent child 1:			
Date of birth, citizenship & country of residence:			
Will they be added to your student visa application?			
Full name of demondant child 2:			
Full name of dependent child 2:			
Date of birth, citizenship & country of residence:			
Will they be added to your student visa application?			
Course Information			
Course		Intake	

Adelaide Institute of Business and Technology | Level 5,127, Rundle Mall, Adelaide, South Australia 5000 | P.O. Box 3332, Rundle Mall, SA 5000
Phone: +61 8 8212 0990 | Email: info@albt.edu.au | Web: www.aibt.edu.au | CRICOS Provider Number 03133G | Registered Training Provider Number 40312





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Imn	Immigration History			
a.	a. Have you ever held a visa from Australia or New Zealand?			
	□No □Yes (If ye	s, please give details below)		
	e: (dd/mm/yyyy) dd/mm/yyyy)	What was the reason for travel?	Visa type (e.g. tourist visa, student visa)	
b.	b. Have you ever had your visa denied or cancelled by the immigration department from Australia, New Zealand or any other country?			
	□No □Yes (If yes, please attach your visa rejection or cancellation letter to this form)			
c. If you currently hold a visa other than a (subclass 500) Student visa, please provide details on why you are now applying for a student visa in Australia and outline any changes to your initial plans that have prompted this decision.				

Choice of Study/Course

a. Have you read through the AIBT's Prospectus/brochure and/or researched your proposed course of study on the AIBT website?

□No □Yes (If yes, please give details below)

b. How did you know about AIBT?

c. Why have you chosen AIBT over other providers in Australia or Overseas?

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d.	Why do you want to study the proposed course of study at AIBT?
e.	Why have you chosen Australia as a study destination?
f.	Why have you chosen to study in Adelaide or /Melbourne over other cities in Australia?
g.	Why are you not undertaking this course in your home country?
h.	What research have you undertaken to assist you with making a decision?

Financial

Who will fund your Australian studies, living expenses and other costs?

□Myself □Others, please specify in the below table.

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Name of Financial Sponsor	Relationship to Applicant	Sponsor's annual income (AUD):

Career and Future Plans a. How is your selected course relevant to your past education or employment history? If there is no link, why are you seeking a change of discipline and future career path? b. What are your job prospects and salary expectations in your home country upon completion of this course? (Please provide evidence of links or advertised jobs etc if available) c. Provide an annual salary in your country for graduates with similar qualification? AUDS: d. Do you have any ties to your home country? (e.g. family, business) (You are required to show that there are strong ties to your home country which indicate that you intend to return home at the end of your study.) No Yes (if yes, please provide details below). e. Have you previously applied or are currently applying for admission at other Australian Education providers? No Yes (if yes, please give details of the name of institution and outcome below) Please attach copies of any Offer Letters you have already received Name of Institution Outcome I. Have you received a Confirmation of Enrolment (COE) from another institution before? No Yes (if yes, please give details of the name of institution and outcome below) Please attach copies of any COEs in had already Please attach copies of any COEs in had already Date COE Issued Name of Institution Reason for withdrawing your acceptance from the institution	a.	How is your sele					
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	Date COE Issued Name of Institution			wing your acceptance from the			
g. Have you previously studied in Australia?	(dd/	mm/yyyy)				institution	
g. Have you previously studied in Australia?							
g. Have you previously studied in Australia?							
\Box No \Box Yes (If yes, please give details below and answer Question i)							
Start date Completion date Name of Institution Which course?				-	Name of In	stitution	Which course?
(dd/mm/yyyy) (dd/mm/yyyy)	(dd/	mm/yyyy)	(dd/n	nm/yyyy)			

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h. Did you succ	essfully complete the c	ourse you studied in Australia?	
□No (If no, please giv	ve details below) □Y	/es	
i. □No □Yes	s (If yes, please give d	etails below and answer Question i)	
	Completion date (dd/mm/yyyy)	Name of Institution	Which course?

Employment History

Please provide a summary of your employment history for the last five years in the table below.

Please attach evidence of current or most recent employment, which might include payslips and curriculum vitae (CV) or résumé. Your CV or résumé should include full employment and educational history, including dates and positions held for at least the last five years.

Name of Company	Job Title	Year started and year completed

Gaps in your Studies or Employment		
Please specify in the below table and give reasons for any gaps of 3 months or more in your academic and employment history.		
Date: (dd/mm/yyyy) to (dd/mm/yyyy)	Details of Gap	

English Requirement			
a. Have you undertaken any English Proficiency Tests (e.g. IELTS, PTE Academic, TOEFL, or Cambridge)? If yes, please attach a copy of the English proficiency test to this form.			
Name of English Proficiency Test completedDate taken (dd/mm/yyyy)If no, when are you planning to take the test? (dd/mm/yyyy)			

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b. Are you planning to take any English studies with Adelaide Institute of Business and Technology (our related entity)?

□No □Yes (If yes, please give details in the table below)

(You are expected to fully attend and participate in your English classes. Please note that failing in your English studies are not grounds for a release. You will be required to re-enrol and use the support services that have been put in place at AIBT to ensure success. AIBT has services like orientation, counselling, student services and wellbeing to ensure that students are supported.)

How many weeks?	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)





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Declaration

Student Declaration

I declare that all information I have provide in this form is accurate and complete and that AIBT may refuse my application or cancel my enrolment if any information is found to be incorrect, false or misleading.

I understand that by completing this form, I am giving written consent to AIBT to independently verify the information supplied by me in this form and request further documents as required.

I declare that I have a genuine intention to undertake the study pathway for which I have applied.

Student Signature:	
Print Name:	
Date:	

If student is under the age of 18, parent/guardian mush sign.

Parent/Guardian Signature:	
Print Name:	
Date:	

Please forward completed application and certified true copies of documents to apply@aibt.edu.au.

Office Use Only (this section is only to be completed by AIBT)			
Student ID:			
Student Accepted Offer:	Yes 🗆 No 🗆		
Commencement Date:			
Competency Completion Details Entered By:		Date	



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