



Please write clearly in capital letters and tick boxes to indicate choices on this form

Qualification Selection	
ICT20120 Certificate II in Applied Digital Technologies	<input type="checkbox"/>
ICT30120 Certificate III in Information Technology	<input type="checkbox"/>
CHC33015 Certificate III in Individual Support	<input type="checkbox"/>
BSB30120 Certificate III in Business	<input type="checkbox"/>
BSB30320 Certificate III in Legal Services	<input type="checkbox"/>
BSB30120 Certificate III in Business (Medical Administration)	<input type="checkbox"/>
BSB30220 Certificate III in Entrepreneurship and New Business	<input type="checkbox"/>
Stackable VET	
Introduction to Business	<input type="checkbox"/>
Introduction to Information Technology	<input type="checkbox"/>
Introduction to IT Support	<input type="checkbox"/>
Advanced Business - Commerce	<input type="checkbox"/>
Advanced Business - Documents	<input type="checkbox"/>
Advanced Cyber Security Awareness	<input type="checkbox"/>
Advanced Technology	<input type="checkbox"/>
Advanced Website Development	<input type="checkbox"/>
BSBSS00103 New Business Ventures Skill Set	<input type="checkbox"/>
CHCSS00088 Induction (Community Services Sector)	<input type="checkbox"/>
CHCSS00114 Entry into Care Roles Skill Set	<input type="checkbox"/>
First Aid	<input type="checkbox"/>
Infection Prevention and Control in a Health and Community Services Environment	<input type="checkbox"/>

Term 1 Term 2 Term 3 Term 4

Holiday Intensive Class

April July September

*Please describe your professional experience in financial planning /advice or attach a comprehensive CV
*Previous studies and professional development undertaken

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"/> Other <input type="checkbox"/>
Date of Birth (DD/MM/YYYY)	
Telephone Number	Mobile Number
Email	
Citizenship	





<p>If you are not an Australian Citizen please indicate your current visa type (please check if you are eligible for training subsidies) https://www.skills.sa.gov.au/courses-careers/eligibility-explained</p>	
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* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

What is your address?			
<p>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. 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.</p>			
Building/Unit details			
Street or lot number and Street name			
Suburb, locality or town		Postcode	
State/Territory			
What is your postal address (if different from previous page)			
Street name and number			
Suburb, locality or town		Postcode	
State/Territory			
Language and cultural diversity			
In which country were you born?	Australia <input type="checkbox"/> Other - please specify _____		
Do you Speak a language othe than english at home? (If more than one language, indicate the one that is spoken most often)	No, English Only <input type="checkbox"/> Yes, Other - please specify _____ English only – Skip next question		
How well do you speak English?	Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>		
Are you of Aboriginal or Torres Strait Islander origin? (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"/>		
Disability			
Do you consider yourself to have a disability, impairment or long-term condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> No – Go to next section		
If you indicated the presence of a disability, impairment or long-term condition, please select the areas	Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain <input type="checkbox"/> impairment Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/>		



VET for Schools Student Application Form

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Schooling	
What is your highest completed school level? (tick one box only)	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school <input type="checkbox"/> ever attended school – go to next section
In which year did you complete that school level?	
What is the name of the school?	Name and Year Level of School: SACE Number:
Previous Qualifications Achieved	
Have you successfully completed any qualifications? Tick ANY applicable boxes	Certificate III (or trade certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above <input type="checkbox"/>
In which year did you complete the course?	
Employment	
Which of the followings BEST defines your employment status? (Tick ONE box only)	Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment <input type="checkbox"/>
If you are currently employed , please also provide your employment address	
Are you registered with an Employment Service Provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , who is your Employment Service Provider (ESP) ?	Name of ESP: Your JobSeeker ID:
Do you have an approved training contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , who is your Apprenticeship/Traineeship Network provider?	



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Study Reason													
Which of the following categories BEST describes your main reason for undertaking this course? (Tick ONE box only)	<table> <tr> <td>SACE Credits</td> <td><input type="checkbox"/></td> </tr> <tr> <td>To get a traineeship</td> <td><input type="checkbox"/></td> </tr> <tr> <td>To build my career pathway</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Professional Learning</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other reasons (give details)</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> </table>	SACE Credits	<input type="checkbox"/>	To get a traineeship	<input type="checkbox"/>	To build my career pathway	<input type="checkbox"/>	Professional Learning	<input type="checkbox"/>	Other reasons (give details)	<input type="checkbox"/>	<hr/>	
SACE Credits	<input type="checkbox"/>												
To get a traineeship	<input type="checkbox"/>												
To build my career pathway	<input type="checkbox"/>												
Professional Learning	<input type="checkbox"/>												
Other reasons (give details)	<input type="checkbox"/>												
<hr/>													
Direct Entry to Bachelor or Master Degree with Adelaide Institute of Higher Education													
I am interested in the Pathway to the Bachelor of Business Degree (http://www.aihe.sa.edu.au/courses/bachelor-of-business/overview)	<input type="checkbox"/>												
or Master of Business Administration (http://www.aihe.sa.edu.au/courses/master-of-business-administration/overview) with Adelaide Institute of Higher Education	<input type="checkbox"/>												
Scholarships													
I am interested in Scholarship options for further education in Business and IT with AIBT. Please send me more information	<input type="checkbox"/>												

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.	<p style="text-align: center;">Enter your Unique Student identifier (if you already have one)</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> 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												
<input type="checkbox"/> 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:

- Employer - if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- Researchers.

Signature: _____

Parent/Guardian Signature (if under 18 y/o): _____

Date: _____