

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

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 and 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"/>	

*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	

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

What is your usual residence	
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.	
Building/property name	
Flat/unit details	
Street or lot number (e.g. 205 or Lot 118)	
Street name	
Suburb, locality or town	Postcode
State/Territory	

What is your postal address (if different from above)?	
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"/> 1101 Other - please specify _____
Do you Speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	No, English Only <input type="checkbox"/> 1201 Yes, Other - please specify _____ English only – Skip next question
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? (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"/> 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
Schooling	
What is your highest completed school level? (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 Never attended school – go to next section
In which year did you complete that school level?	
Are you still attending secondary school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Qualifications Achieved	
Have you successfully completed any qualifications?	Yes <input type="checkbox"/> No <input type="checkbox"/> No – go to the next section
If YES , then tick ANY applicable boxes	Bachelor degree or higher degree <input type="checkbox"/> 008 Advanced diploma or associate degree <input type="checkbox"/> 410 Diploma (or associate diploma) <input type="checkbox"/> 420 Certificate IV (or advanced certificate/technician) <input type="checkbox"/> 511 Certificate III (or trade certificate) <input type="checkbox"/> 514 Certificate II <input type="checkbox"/> 521 Certificate I <input type="checkbox"/> 524 Certificates other than the above <input type="checkbox"/> 990
In which year did you complete?	

Employment		
Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)	Full-time employee	<input type="checkbox"/> 01
	Part-time employee	<input type="checkbox"/> 02
	Self employed – not employing others	<input type="checkbox"/> 03
	Employer	<input type="checkbox"/> 04
	Employed – unpaid worker in a family business	<input type="checkbox"/> 05
	Unemployed – seeking full-time work	<input type="checkbox"/> 06
	Unemployed – seeking part-time work	<input type="checkbox"/> 07
	Not employed – not seeking employment	<input type="checkbox"/> 08

Study Reason		
Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)	To get a job	<input type="checkbox"/> 01
	To develop my existing business	<input type="checkbox"/> 02
	To start my own business	<input type="checkbox"/> 03
	To try for a different career	<input type="checkbox"/> 04
	To get a better job or promotion	<input type="checkbox"/> 05
	It was a requirement of my job	<input type="checkbox"/> 06
	I wanted extra skills for my job	<input type="checkbox"/> 07
	To get into another course of study	<input type="checkbox"/> 08
	For personal interest or self-development	<input type="checkbox"/> 12
	Other reasons	<input type="checkbox"/> 11

Unique Student Identifier												
<p>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>	<p>Enter your Unique Student identifier (if you already have one)</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
<p><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</p> <p><input type="checkbox"/> I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.</p>												

Privacy Statement & Student Declaration
<p>I declare that the information I have provided to the best of my knowledge is true and correct.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Signature: _____</p> <p>Date: _____</p>