

International Student Application Form

Please write clearly in Capital Letters

Tick all boxes where appropriate

Program Selection - ELICOS		
English for Academic Purposes	<input type="checkbox"/>	Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Number of weeks: _____ Desired Start Date: _____

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 & Advice	<input type="checkbox"/>	
Graduate Diploma in Teaching English to Speakers of Other Languages	<input type="checkbox"/>	
Diploma of Information Technology	<input type="checkbox"/>	

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"/>		
Date of Birth (DD/MM/YYYY)			
Citizenship		Country of Birth	
Passport Number			
Applicant's Address in Home Country			
Country		Postcode / ZIP	
Telephone Number		Mobile Number	
Email			
Applicant Address in Australia			
Country		Postcode / ZIP	
Telephone Number		Mobile Number	
Email			



International Student Application Form

Please write clearly in Capital Letters

Tick all boxes where appropriate

Parent/Guardian Details			
Family Name		Given Name	
Parent / Guardian Address (If Applicant is under 18 years of age)			
		State	
Country		Postcode / ZIP	
Telephone Number		Fax	
Mobile Number		Email	

Emergency Contact Details			
Family Name		Given Name	
Address			
		State	
Country		Postcode / ZIP	
Telephone Number		Fax	
Mobile Number		Email	

Agency Contact Details			
Agency Name			
Address			
		State	
Country		Postcode / ZIP	
Telephone Number		Fax	
Mobile Number		Email	

Disability	
Do you have a disability that requires special consideration	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain	

Student Health Cover	
Do you wish AIBT arrange OSHC for you	Yes <input type="checkbox"/> No <input type="checkbox"/>

International Student Application Form

Please write clearly in Capital Letters

Tick all boxes where appropriate

Education Qualification	
Name of School	
Country	
Highest Level completed	
Award Received	
Are Certified Copies of your Academic Record Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of School	
Country	
Highest Level completed	
Award Received	
Are Certified Copies of your Academic Record Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>

Credit Transfer	
Recognition of Prior Learning (RPL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit Transfer (C/T)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applications for RPL and C/T must be accompanied by: <ul style="list-style-type: none"> An official transcript of result from previous studies 	

Accommodation	
Do you want accommodation arranged for you	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what sort of accommodation (Extra charge occurs)	Homestay <input type="checkbox"/> International Student Residence <input type="checkbox"/>

International Student Application Form

Please write clearly in Capital Letters

Tick all boxes where appropriate

Authorisation	
<p>I _____</p> <ul style="list-style-type: none"> Authorise AIBT Pty Ltd to collect, store and use my personal information within the limitations of the Privacy Principle contained in the Privacy Act 1998. 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. Understand that my information will only be released to third parties in accordance with legislation. 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 and that implementation cannot be retrospective. I have read and understand the Student Handbook. <p>I agree to abide the terms and conditions as set out in the Student Handbook.</p>	
<p>_____ Signature of Applicant</p>	<p>_____ Date</p>
<p>_____ Parent / Guardian Signature (as identified in this form) If applicant is under 18 years of age</p>	<p>_____ Date</p>

Office Use Only (this section is only to be completed by AIBT)			
Student ID:			
Student Accepted Offer:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Commencement Date:			
Competency Completion Details Entered by:		Date	