



Short Course Application Form

Please write clearly in Capital Letters
Tick all boxes where appropriate.

Course Selection	
<input type="checkbox"/> Licence to Operate a Forklift Truck <input type="checkbox"/> Provide First Aid	Start date: _____

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	
Applicant's Address			
Country		Postcode / ZIP	
Telephone Number		Mobile Number	
Email			

Parent/Guardian Details "if applicant is under 18"			
Family Name		Given Name	
Parent / Guardian Address			
		State	
Country		Postcode / ZIP	
Telephone Number		Email	
Mobile Number			

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

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





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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.

**Enter your Unique Student identifier
 (if you already have one)**

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- 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>
- I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Authorisation

- I _____
- 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 including the refund terms and conditions. <https://www.aibt.edu.au/guidance-documents/domestic-student-handbook>

I agree to abide the terms and conditions as set out in the Student Handbook.

 Signature of Applicant

 Date

 Parent / Guardian Signature

 Date



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Tick all boxes where appropriate.

(as identified in this form)

If applicant is under 18 years of age

Office Use Only (this section is only to be completed by AEG)

Student ID:

Student Accepted Offer:

Yes No

Commencement Date:

Competency Completion Details Entered by:

Date