



Course Details

	Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/>
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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 Address in Australia			
Country		Postcode / ZIP	
Telephone Number		Mobile Number	
Email			

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"/>	





Provide answers to the following questions

1. Why are you applying for a scholarship with AIBT?

2. What are your long-term goals once you have completed studies?

3. How will your studies with AIBT help you achieve your goals?

4. Tell us about yourself
