DOMESTIC STUDENT ENROLMENT FORM

**Personal Information**

<table>
<thead>
<tr>
<th>Title</th>
<th>(Miss/Ms/Mr)</th>
<th>Nickname</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>First name</td>
<td>Family name</td>
<td>Date of Birth</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>________/<em><strong><strong><strong>/</strong></strong></strong></em>(DD/MM/YYYY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Email Address</td>
<td>Nationality</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Street Address**

<table>
<thead>
<tr>
<th>Address:</th>
<th>City/Town/Suburb:</th>
<th>State</th>
<th>Postcode:</th>
<th>Home phone:</th>
<th>Mobile:</th>
</tr>
</thead>
</table>

**Language and cultural diversity**

Are you of Australian Aboriginal or Torres Strait Islander origin?  Yes:_____  No:_____  
(For persons of both Australian Aboriginal and Torres Strait Islander) Yes:_____  Aboriginal Yes:_____  Torres Strait Islander  (if yes to both, mark both boxes)  
Is your main language English?  Yes:_____  No:_____  If Yes, go to next section (Schooling)  
If No, what is your main language:  
How well do you speak English?  ☐Very well  ☐Well  ☐Not well  ☐Not at all  
Was English the language of instruction in previous secondary or tertiary studies?  Yes:_____  No:_____  
Have you completed a test of English Language Proficiency?  Yes:_____  No:_____  
If yes, what test did you sit?  ☐IELTS  ☐TOEIC  ☐TOEFL  ☐Other  
What was the score?  Listening:_____  Reading:_____  Writing:_____  Overall Score:_____  

**Schooling**

What is your highest COMPLETED school level? (Tick one box only)  
☐Year 12 or equivalent  ☐Year 9 or equivalent  
☐Year 11 or equivalent  ☐Year 8 or equivalent  
☐Year 10 or equivalent  ☐Never attended school  

In which YEAR did you complete that school level?  Are you still attending secondary school?  Yes ☐ No ☐  

©IIBT 2014 Domestic Student Enrolment Form v4.1  
www.iibt.wa.edu.au
Previous qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications?  Yes ☐  No ☐

If YES, tick ANY applicable boxes.

☐ Bachelor Degree or Higher Degree  ☐ Certificate III (or Trade Certificate)
☐ Advanced Diploma or Associate Degree  ☐ Certificate II
☐ Diploma (or Associate Diploma)  ☐ Certificate I
☐ Certificate IV (or Advanced Certificate/Technician)  ☐ Certificates other than the above

Qualification name: __________________________
School or institution name: __________________________
State/Country: __________________________  Year completed: __________________________

Employment

Of the following categories, which best describes your current employment status?

☐ Full-time employee  ☐ Employed – unpaid worker in a family business
☐ Part-time employee  ☐ Unemployed – seeking full-time work
☐ Self employed – not employing others  ☐ Unemployed – seeking part-time work
☐ Employer  ☐ Not employed – not seeking employment

Study reason

Of the following categories, which best describes your main reason for undertaking this course/traineeship/apprenticeship?

☐ To get a job  ☐ It was a requirement of my job
☐ To develop my existing business  ☐ I wanted extra skills for my job
☐ To start my own business  ☐ To get into another course of study
☐ To try a different career  ☐ For personal interest or self-development
☐ To get a better job or promotion  ☐ Other reasons

How did you hear about us?

☐ Print media  ☐ Internet  ☐ Friend  ☐ Other

Other __________________________

©IIBT 2014 Domestic Student Enrolment Form v4.1  www.iibt.wa.edu.au
Emergency contact

Name: ____________________________

Relationship: ______________________

Contact Phone: ______________________

Address: __________________________

Disability

Do you consider yourself to have a disability, impairment or long term condition?

Yes ☐ (If Yes, complete the table below) No ☐

If Yes, please indicate the areas of disability, impairment or long-term condition?

☐ Hearing/deaf ☐ Mental Illness

☐ Physical ☐ Acquired brain impairment

☐ Intellectual ☐ Vision

☐ Learning ☐ Medical condition

Course selection

Please specify your chosen course:

☐ Diploma of Business Administration ☐ Certificate IV in Academic English

☐ Certificate II in Spoken and Written English ☐ Certificate IV in TAE

☐ Certificate III in Spoken and Written English ☐ Certificate IV in TESOL

☐ Certificate III in Academic English ☐ First Aid Certificate

Refund policy

In situations where a person wishes to cancel their enrolment in a course, IIBT reserves the right to charge the participant according to the following sliding scale, based on the amount of notice they provide prior to commencement of the course:

<table>
<thead>
<tr>
<th>In the event that</th>
<th>The student is eligible for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIBT withdraws the offer, fails to provide the course or</td>
<td>Full refund of all fees paid including enrolment fee.</td>
</tr>
<tr>
<td>terminates the course before it commences.</td>
<td></td>
</tr>
<tr>
<td>IIBT withdraws the offer, fails to provide the course or</td>
<td>Refund of all unused tuition fees paid to date. No refund of</td>
</tr>
<tr>
<td>terminates the course after it commences.</td>
<td>enrolment fee.</td>
</tr>
<tr>
<td>Student withdraws up to 7 days prior to the commencement</td>
<td>Full refund of all tuition fees paid to date. No refund of</td>
</tr>
<tr>
<td>of course.</td>
<td>enrolment fee.</td>
</tr>
<tr>
<td>Student withdraws from commencement day to 6 days prior to</td>
<td>50% of tuition fees refunded. No refund of enrolment fee.</td>
</tr>
<tr>
<td>the first day of course.</td>
<td></td>
</tr>
<tr>
<td>Student withdraws after course commences</td>
<td>No refund of tuition fees. No refund of enrolment fee.</td>
</tr>
</tbody>
</table>
Declaration

I declare that the information I have supplied on this Enrolment form is, to the best of my understanding and belief, complete and correct. I have read and understood the Refund Policy.

Student Name (please print)

Student Signature ___________________________ Date ______________

Guardian Signature (if student under 18yrs) ________________________ Date ______________

Lodging your enrolment form

Please submit this enrolment form to:

IIBT Perth Campus

Address: 350 Albany Highway
Victoria Park, Western Australia 6100
Phone: +61 8 6180 2188
Fax: +61 8 9355 5781
Email: applications@iibt.wa.edu.au