**DOMESTIC STUDENT ENROLMENT FORM**

### Personal Information

- **Title**: Miss/Ms/Mr  
- **First name**  
- **Family name**  
- **Date of Birth**: _____/_____/____ (DD/MM/YYYY)  
- **Email Address**  
- **Gender**: Male ☐ Female ☐  
- **Country of Birth**  
- **Nationality**  
- **Nickname**

### Current Street Address

- **Address**:  
- **City/Town/Suburb**:  
- **State**:  
- **Postcode**:  
- **Home phone**:  
- **Mobile**:

### 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 11 or equivalent  
  - ☐ Year 10 or equivalent  
  - ☐ Year 9 or equivalent  
  - ☐ Year 8 or equivalent  
  - ☐ Never attended school

- **In which YEAR did you complete that school level?**________

- **Are you still attending secondary school?**  
  - Yes ☐  
  - No ☐
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 ____________________________
Emergency contact

Name: ________________________________________

Relationship: ________________________________________

Contact Phone Number: ________________________________________

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 terminates the course before it commences.</td>
<td>Full refund of all fees paid including enrolment fee.</td>
</tr>
<tr>
<td>IIBT withdraws the offer, fails to provide the course or terminates the course after it commences.</td>
<td>Refund of all unused tuition fees paid to date. No refund of enrolment fee.</td>
</tr>
<tr>
<td>Student withdraws up to 7 days prior to the commencement of course.</td>
<td>Full refund of all tuition fees paid to date. No refund of enrolment fee.</td>
</tr>
<tr>
<td>Student withdraws from commencement day to 6 days prior to the first day of course.</td>
<td>50% of tuition fees refunded. No refund of enrolment fee.</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