INTERNATIONAL STUDENT ENROLMENT FORM

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

**CoE Details**
- CoE Start date at IIBT ____________________________ University you are going to ____________________________
- CoE End date at IIBT ____________________________ Course you are studying at University ____________________________
- IIBT Student ID ____________________________ Start date at University ____________________________

**Current Street Address**
- Address: ____________________________
- City/Town/Suburb: ____________________________ State __________ Postcode: __________
- Home phone: ____________________________ Mobile: ____________________________

**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: ____________________________ 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 ☐ Employed – seeking full-time work
- ☐ Self-employed – not employing others ☐ Unemployed – seeking part-time work
- ☐ Employer ☐ Not employed – not seeking employment

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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 (if Agent, what is the Agent’s name)

Other ________________________________

Emergency contact

Name: ________________________________
Relationship: __________________________
Contact Phone ________________________ Number: ______
Address: ____________________________________________
Email 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  ☐ Academic English IV
☐ Certificate II in Spoken and Written English  ☐ Certificate IV in TAE
☐ Certificate III in Spoken and Written English  ☐ Certificate IV in TESOL
☐ Academic English III  ☐ First Aid Certificate
INFORMATION DECLARATION

Information Collection:
Information is collected on this form and during your enrolment in order to meet your obligations under the ESOS Act and the National Code 2007; to ensure student compliance with the conditions of their visas and their obligations under Australian Immigration Laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain situations, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances, information collected on this form during your enrolment can be disclosed without your consent where authorised or required by law.

I, ..................................................................................................................……………………...,
declare that the information supplied in this application and supporting documentation is true and complete.

I understand that the International Institute of Business and Technology (IIBT) reserves the right to change or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I agree that I have read and agree to be bound by the Policies and Procedures of IIBT.

Privacy Statement: I understand that the information provided in this form will be used for the purposes of and in relation to my enrolment at IIBT. Where the privacy principles apply, IIBT restricts access to staff members who may need the information in carrying out their responsibilities in the academic and/or personal interests of the student. IIBT does not provide, by commercial arrangement or otherwise the personal information of students except in the following cases:

a) when authorised in writing by the student to do so
b) where required or authorised by law to government and regulatory authorities; credit reporting and fraud-checking agencies; or to your authorised representative (e.g. legal representative).

Information provided may be made available to Commonwealth and Stage Agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code of Practice.

Signature of Applicant: _____________________________ Date: ____________ (DD/MM/YYYY)
Signature of Guardian (if Applicant under 18 years old) _____________________________ Date: ____________

Office Use Only:

Prisms Updated By: ______________ Date: ____/____/____
RTOmanager:
Enrolment Updated By: ______________ Date: ____/____/____
Profile Updated By: ______________ Date: ____/____/____

(Please use back of form if you require more space)