



Domestic Student Application Form

Instructions:

Please complete this form fully in black or blue ink pen and attach certified photocopies of the documents requested – **do not attach original documents.**

Send the completed form to:

Enrolment Office – Australian Institute of Entrepreneurship
Level 1, 367 Victoria Street
Abbotsford VIC 3067
Phone: 61 03 9428 9432

Email: info@aiemel.vic.edu.au

<u>Office Use Only</u>
Processed by:

Section – A: Personal Details

Mr. Mrs. Miss. Ms.

Family Name (Legal name)

Givens Names (Legal name)

Date of Birth

Gender: Male

Female

Other

Nationality

Country of Birth

Permanent Address

Number and Street

Suburb / Town

State / Province

Postcode

Country

Contact Details

Home Phone

Mobile Phone

Email Address

Postal Address

Use my Home address

(If different from above)

Number and Street

Suburb / Town

State / Province

Postcode

Country

Emergency Contact Details

Name

Relationship

Home Phone

Mobile Phone

Email Address



Section B - Language and Cultural Diversity

In which country you were born?

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>

Do you speak a language other than English at home?

No, English only

Yes, other - please specify

How well do you speak English? Very well Well Not well Not at all

Have you taken an IELTS test in the past 12 months? (Tick as applicable)

Academic Band Score General Band Score

Section C - Education Details

Are you still attending secondary school?

Yes No

What is your highest COMPLETED school level? (Tick one box only)

Year 12 or equivalent	<input type="checkbox"/>	Year of Completion <input type="text"/>
Year 11 or equivalent	<input type="checkbox"/>	
Year 10 or equivalent	<input type="checkbox"/>	
Year 9 or equivalent	<input type="checkbox"/>	
Year 8 or below	<input type="checkbox"/>	
Never attended school	<input type="checkbox"/>	

Prior education achievement

Have you SUCCESSFULLY completed any of the following qualifications?

Yes If YES, then tick ANY applicable boxes below

No go to the next question

Bachelor degree or higher degree	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>
Certificate III (or trade certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Certificates other than the above	<input type="checkbox"/>



Section D – Employment Details

Current Employment Status

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

Current Employment

Name of Employer
 Start Date
 End Date
 Job Title

Previous Employment – If you believe you have relevant employment experience (Please attach certified copies of all employment certificates)

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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Section E – Study Reason

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop any existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons |

Section F - Course(s) Preferences

Management	<input type="checkbox"/>	BSB40415	Certificate IV in Small Business Management	26 Weeks
	<input type="checkbox"/>	BSB60915	Advanced Diploma of Management (Human Resources)	52 Weeks
	<input type="checkbox"/>	BSB61015	Advanced Diploma of Leadership and Management	52 Weeks
	<input type="checkbox"/>	BSB50615	Diploma of Human Resource Management	52 Weeks
	<input type="checkbox"/>	BSB51915	Diploma of Leadership and Management	52 Weeks

Intake Preference:

Dec / Jan
 Feb / Mar
 Apr / May
 Jun / Jul
 Aug / Sept
 Oct / Nov
 Year



Section G – Support Services

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

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area)

Hearing/deaf	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>
Acquired brain impairment	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Medical condition	<input type="checkbox"/>
Other	<input type="checkbox"/>

Are you seeking Credit Transfer/Recognition of Prior Learning?

Yes No

Section H – Checklist

Before submitting your application, please make sure you have:

- Completed all sections of this Application Form
- Attached certified academic transcripts (English translation as necessary)
- Attached evidence of your IELTS Score / other recognised English Exam result sheet
- Attached copy of your passport (including address details)
- Attached copy of Australian Visa and/or eCoE / PVA (if applicable)
- Attached relevant employment details (if applicable)

Section I – Educational Agent Details (AIE’s approved educational agent only)

Agent's Number	<input type="text"/>	Agent's Stamp	<input type="text"/>
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>



Section J – Privacy statement and Applicant’s Declaration

I [NAME]

- 1) Understand that the RTO is required to submit data sourced from this enrolment form and the training data to the national VET administrative collection as a regulatory reporting requirement.
- 2) Understand that the RTO and the regulatory departments may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of student enrolment and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER) as necessary and where lawful,
- 3) Understand that the information contained on my application form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:
 - Government departments and agencies and authorised VET related bodies.
 - VET regulators.
- 4) Authorize Australian Institute of Entrepreneurship to check my visa status on VEVO
- 5) Authorize Australian Institute of Entrepreneurship to check IELTS result on IELTS Test Report Form verification service
- 6) Read and understood the RTO’s policies on “Student Fee and Refund Policy”, “Complaints and Appeals”, “Assessment” and other policies that are published on the college website or prospectus or student’s handbook.
- 7) Read and understood institute prospectus, flyers and/or relevant information on the institute website relating to my selected courses.
- 8) Declare that the information I have provided in this application form is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by AIE.

Applicant’s Signature _____ Date _____

(Must be signed by a Parent or Legal Guardian if the applicant is under 18 years of age at time of application)

Parent / Legal guardian Signature _____ Date _____