

International Student Enrolment Application



PERSONAL DETAILS

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (specify): <input type="text"/>	Family Name: <input type="text"/>	
Given name: <input type="text"/>	Middle name: <input type="text"/>	
Date of Birth: <input type="text"/>	Marital Status: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Country of Birth: <input type="text"/>	Passport Number: <input type="text"/>	Passport Expiry Date: <input type="text"/>
Are you an <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: <input type="text"/>	Please state your VISA Type <input type="text"/>	
Do you have a Visa to study in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state what type of Visa <input type="text"/>	
	If No, where will you be making your visa application? <input type="checkbox"/> Australia <input type="checkbox"/> Offshore: <input type="text"/>	
Do you have family members in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: <input type="text"/>	
Do you have Overseas Student Health Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is your provider? <input type="text"/>	Membership Number: <input type="text"/>
		<i>Please attach a copy of your current insurance cover</i>
If No, would you like AIWT to organise it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need cover for: <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	

CONTACT DETAILS

OVERSEAS PERMANENT ADDRESS:

Unit No: <input type="text"/>	Street Address: <input type="text"/>	Suburb: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Email Address: <input type="text"/>			Country: <input type="text"/>	
Phone (home): <input type="text"/>	Mobile: <input type="text"/>			

ADDRESS IN AUSTRALIA:

Unit No: <input type="text"/>	Street Address: <input type="text"/>	Suburb: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Email Address: <input type="text"/>			Country: <input type="text"/>	
Phone (home): <input type="text"/>	Mobile: <input type="text"/>			

EMERGENCY CONTACT IN AUSTRALIA:

Family Name: <input type="text"/>	Given Name(s): <input type="text"/>		
Phone (home/work): <input type="text"/>	Mobile: <input type="text"/>	Relationship of this person to you? <input type="text"/>	

EQUITY AND DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? Yes No, go to next section

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

Hearing/deaf Physical Intellectual Mental illness Acquired brain impairment Medical condition Vision

Other

MARKETING

How did you find out about AIWT?

Education Agent Exhibition/Seminar Social Media Friend/Relative:
 Magazine/Newspaper AIWT website Other (specify):

CREDIT TRANSFER

I have studied a similar course before and would like to apply for a Credit Transfer (Please provide your Transcript and/or Statement of Attainment)

Please note: Application Fee Payment is non refundable

COURSE ENROLMENT (please tick your choice)

Start date: _____

SCHOOL OF EDUCATION AND COMMUNITY SERVICES

- CHC30113 Certificate III in Early Childhood Education and Care
CRICOS CODE: 080858J
- CHC50113 Diploma of Early Childhood Education and Care
CRICOS CODE: 080860D
- CHC52015 Diploma of Community Services
CRICOS CODE: 0100663
- CHC62015 Advanced Diploma of Community Sector Management
CRICOS CODE: 091826D

SCHOOL OF BUSINESS

- BSB40215 Certificate IV in Business
CRICOS CODE: 0100662
- BSB51918 Diploma of Leadership and Management
CRICOS CODE: 098723K
- BSB61015 Advanced Diploma of Leadership and Management
CRICOS CODE: 088504D

SCHOOL OF REAL ESTATE

- CPP41419 Certificate IV in Real Estate Practice
CRICOS CODE: 0101748
- CPP51119 Diploma of Property (Agency Management)
CRICOS CODE: 0101749

SCHOOL OF LANGUAGES

- PSP50916 Diploma of Interpreting (LOTE-English)
CRICOS CODE: 099137J Mandarin - English Arabic - English
- PSP60816 Advanced Diploma of Translating
CRICOS CODE: 092523M English to Chinese English to Arabic

SCHOOL OF WORK HEALTH AND SAFETY

- BSB41419 Certificate IV in Work Health and Safety
CRICOS CODE: 0101208
- BSB51319 Diploma of Work Health and Safety
CRICOS CODE: 0101205
- BSB60619 Advanced Diploma of Work Health and Safety
CRICOS CODE: 0101514

ENGLISH LEVEL

Complete only relevant fields and attach evidence (certificates/results) for any courses/tests you have undertaken.

Is English your first language? Yes No

Was English the language of instruction during your schooling/studies? Yes No

Have you undertaken an English course in Australia? Yes No

If yes, please give details: _____

Have you undertaken a formal English test? Yes No

IELTS score: _____

Pearson (PTE) score: _____

TOEFL score: _____

Other English test: _____

DECLARATION

- I declare that all information I have provided in this form is accurate and I do understand that if I would supply incorrect information, AIWT reserves the right to cancel the enrolment if any information is found to be incorrect, false or misleading.
- I have read and fully understand the AIWT Refund Policy www.aiwt.edu.au/InternationalFees,ChargesandRefundPolicy
- I understand that if I am not able to pay my tuition fees, AIWT will issue a Notice of Intention to Cancel (NOITC). Non-payment of fees can result in cancelling the enrolment which will affect my student visa.
- I am aware that I must abide by my visa conditions and that my student visa may be cancelled if I breach the conditions. For more information, please go to www.homeaffairs.gov.au/Trav/Stud/More/Student-Visa-Living-Costs-and-Evidence-of-Funds
- I consent that my personal information may be made available to Australian Commonwealth and State agencies including the Department of Home Affairs pursuant to obligations under the ESOS Act and the National Code.
- I consent that AIWT may provide information to the Department of Home Affairs with any information about my application, enrolment or study status.
- I understand and agree that AIWT may disclose information in relation to my enrolment status, visa status, including any possible breach of visa conditions along with copies of my course progress and results to my parents or agent.

Name:	Date:	Signature:
Guardian Name: <i>(For applicants below 18 years old)</i>	Date:	Guardian Signature:

APPLICATION FEE PAYMENT AUD\$250 (Non-refundable)

PAYMENT BY CREDIT CARD OR BANK TRANSFER

Bank: Westpac **Account Name:** AIWT Pty Ltd **Reference:** (List your Full Name)
BSB: 036 082 **Account Number:** 474 959 **SWIFT:** WPACAU2S

CREDIT CARD PAYMENT: (Credit card surcharge may apply)

Please complete Card Details or Pay secure online at www.aiwt.edu.au

Name on card: _____

Card type: Visa Mastercard

Card no.: _____

Card expiry: _____ CCV Code: _____

Cardholder's Signature: _____

AIWT does not collect more than 50% of the total tuition fee unless the student or their sponsor informs AIWT in writing to choose to pay more than 50%. Prepaid fees are protected through the Tuition Protection Service (TPS). For further information about the Tuition Protection Service (TPS), please visit: <https://tps.gov.au/StaticContent/Get/StudentInformation>

CHECKLIST

Please attach the following documents with your application form:

- Passport Bio Page
- Current Student Visa (if applicable)
- GTE Evidence
- Overseas Student Health Cover
- CV or Resume
- Qualifications
- Course Credit Transfer Form
- Evidence of English Language Testing
- Financial Evidence (not for Level 1 countries)
- Signed Terms & Conditions Form

Applications will not be processed unless these documents are provided. Please see Document Checklist tool on www.homeaffairs.gov.au for country specific details.

AGENT REPRESENTATIVE STAMP

AIWT OFFICE USE ONLY (Do Not Complete)

Date Approved: _____