

Domestic Student Enrolment Application

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other (specify):	Unique Student Identifier (USI): <i>www.usi.gov.au (compulsory)</i>			
Family Name:	Given name:			
Middle name:	Date of Birth:	Marital Status:		
Country of Birth:	Gender: Male Female Other			
Are you an Australian Citizen Permanent Resident	Other:	Please state your VISA type:		

CONTACT DETAILS

ADDRESS:

Unit No:	Street Address:	Suburb:	State:	Postcode:
Email Address:	Phone (home):			
Mobile:	Postal Address: (if different from above)			

EMERGENCY CONTACT IN AUSTRALIA:

Name:	Phone (home/work):
Mobile:	Relationship of this person to you?

COURSE ENROLMENT (please tick your choice)

SCHOOL OF EDUCATION AND COMMUNITY SERVICES

CHC33015 Certificate III in Individual Support
CHC33021 Certificate III in Individual Support (Ageing and Disability)
CHC30121 Certificate III in Early Childhood Education and Care
CHC50121 Diploma of Early Childhood Education and Care
CHC50221 Diploma of School Age Education and Care
CHC52021 Diploma of Community Services
CHC62015 Advanced Diploma of Community Sector Management

SCHOOL OF WORK HEALTH AND SAFETY

BSB41419 Certificate IV in Work Health and Safety
BSB51319 Diploma of Work Health and Safety
BSB60619 Advanced Diploma of Work Health and Safety

SCHOOL OF REAL ESTATE

CPP41419 Certificate IV in Real Estate Practice
CPP51119 Diploma of Property (Agency Management)

SCHOOL OF BUSINESS

BSB20120 Certificate II in Workplace Skills
BSB30120 Certificate III in Business
BSB40120 Certificate IV in Business
BSB50420 Diploma of Leadership and Management
BSB60420 Advanced Diploma of Leadership and Management

SCHOOL OF LANGUAGE

PSP50922 Diploma of Interpreting
PSP60822 Advanced Diploma of Translating (English – Chinese)

Short Course:
Please provide details

Start Date:

OR

Type of Program

Fee for Service

Job Skills WA
Funded Training:

Traineeship - Employer
School Based Traineeship
(Min. 7.5hr/week) - No Fees
Priority Industry Training (PIT)

Delivery
Mode:

Term 1

Term 2

Term 3

Term 4

Face to Face
Short Course

Flexi-learn

CREDIT TRANSFER & RECOGNITION OF PRIOR LEARNING

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

I would like to apply for RPL *(Please contact AIWT for an RPL Application Kit)*

PAYMENT OF FEES

Who is paying the fees? I am paying the fees My parents are paying the fees My employer is paying the fees

If you are accessing a TRAINEESHIP or PIT Funded Training, you may be eligible for a reduced fee if you hold:

Health Care Card Youth Allowance AUSTUDY/ABSTUDY I would like to apply for Financial Hardship *(please check eligibility)*

LANGUAGE, LITERACY, NUMERACY & COMPUTER SKILLS

Is English your first language? Yes No Do you experience difficulties in reading or writing? Yes No

Do you find working with numbers difficult? Yes No Do you require any special assistance? Yes No

Do you require special support during your course of study?

(This could be related to a disability, learning difficulty, concentration issues or a medical condition)

Yes No

How would you rate your computer skills?

Never used a computer I struggle to operate a PC I am confident in Word/Excel I am proficient in the full Office Suite

MARKETING

How did you find out about AIWT?

Education Agent	Exhibition/Seminar	Friend/Relative:	<input type="text"/>
AIWT website	Magazine/Newspaper	Colleague/Employer:	<input type="text"/>
Social Media	Brochure	Other <i>(specify)</i> :	<input type="text"/>

AVETMISS DATA

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? Australia Other:

Do you speak a language other than English at home?
(If more than one language, indicate the one that is spoken most often)

No, English only Yes (please specify):

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

No Yes, Aboriginal Yes, Torres Strait Islander

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

SCHOOLING

What is your highest COMPLETED school level? *(Tick ONE box only)*. If you are currently enrolled in secondary education, the highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking.

Year 12 or equivalent	Year 11 or equivalent	Year 10 or equivalent	Year 9 or equivalent
Year 8 or below	Never attended school	Never completed any primary or secondary level education – go to next section	

Are you still enrolled in secondary or senior secondary education? Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the qualifications listed? Yes No, go to next section

If YES, tick ANY applicable boxes

Bachelor degree or higher degree	Advanced diploma or associate degree	Diploma (or associate diploma)
Certificate IV (or advanced certificate/technician)	Certificate III (or trade certificate)	Certificate II
Certificate I	Other education (including certificates or overseas qualifications not listed above)	

EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

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

STUDY REASON

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/ traineeship/ apprenticeship (Tick ONE box only)

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

Name:	Date:	Signature:
Guardian Name: (For applicants below 18 years old)	Date:	Guardian Signature:

Note to applicants: This document is an application form and does not guarantee a training place in the nominated course. AIWT will assess the entry requirements and pre-requisites. If all requirements are met, AIWT will issue a Letter of Offer which you will need to accept with yours or your guardians signature. The Letter of Offer and deposit will then need to be forwarded to AIWT.

AIWT will not accept prepaid fees exceeding \$1,500 at any one time. For more information on our Domestic Fees, Charges and Refund Policy, please download and read our policy on www.aiwt.edu.au/new-students-domestic/student-resources/

Please submit this Enrolment Application in person or via email to futurestudents@aiwt.edu.au, along with Photo ID and relevant documents.

AIWT OFFICE USE ONLY (Do Not Complete)

Date Approved: