

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	Other: Please state your VISA type:		
Are you an Australian Citizen Permanent Resident				

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
- CHC30121 Certificate III in Early Childhood Education and Care
- CHC50121 Diploma of Early Childhood Education and Care
- CHC50213 Diploma of School Age Education and Care
- CHC52015 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

- PSP50916 Diploma of Interpreting (LOTE-English)
Mandarin - English Arabic - English
- PSP60916 Advanced Diploma of Interpreting (LOTE-English)
Mandarin - English
- PSP60816 Advanced Diploma of Translating
English to Chinese English to Arabic

Short Course: <i>Please provide details</i>
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Type of Program	Start Date:	OR			
Fee for Service	Term 1	Term 2	Term 3	Term 4	
Job Skills WA Funded Training:	Delivery Mode:	Face to Face	Flexi-learn		
	Traineeship - Employer	Short Course			
	School Based Traineeship (Min. 7.5hr/week) - No Fees				
	Priority Industry Training (PIT)				

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: <i>(For applicants below 18 years old)</i>	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: