



## DOMESTIC STUDENT ENROLMENT FORM

### PERSONAL DETAILS

Title (Miss/Ms/Mr) \_\_\_\_\_ USI \_\_\_\_\_

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY) Gender Male  Female

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COURSE SELECTION

Please select the course below:

#### English Course

General English  Academic English III  Academic English IV

#### VET DSS Program

ICT40120 - Certificate IV in Information Technology  
 BSB40120 - Certificate IV in Business  
 BSB40320 - Certificate IV in Entrepreneurship and New Business

#### Higher Education Stream (university pathway)

Diploma of IT  
 Diploma of Business Administration

#### Diploma Course Intakes

Trimester 1 – January  
 Trimester 2 – April  
 Trimester 3 – August/September

Preferred Intake \_\_\_\_ / \_\_\_\_ (Month/Year) – refer to intake dates flyer for more details



## RESIDENT STATUS

Are you an Australian Citizen  OR Local Resident

If a local resident, what is your Visa Subclass \_\_\_\_\_, Visa Expire Date \_\_\_\_\_

## QUALIFICATION

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

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Other \_\_\_\_\_

In which year did you complete that school level? \_\_\_\_\_

Are you still attending high school? \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**Are you under 18 years old?** \_\_\_\_\_ (YES/NO)

*If yes, please complete the following information.*

High School (if currently enrolled in high school) \_\_\_\_\_

High School VET Coordinator email \_\_\_\_\_ Phone \_\_\_\_\_

## Parent/Guardian details

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_



### LANGUAGE AND CULTURAL DIVERSITY

Is your main language English? Yes , No

If No, what is your main language: \_\_\_\_\_

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

Was English the language of instruction in previous secondary or tertiary studies? Yes , No

Have you completed any test of English Language Proficiency? Yes , No

If yes, what test did you sit? (e.g. IELTS, PTE) \_\_\_\_\_ What was the score? \_\_\_\_\_

Please provide a copy of the English test result if you have any

### DISABILITY

Do you have any disability or medical condition? Yes , No

If Yes, please indicate the areas of disability/condition

Hearing  Vision  Learning Difficulties  Mental Illness

Other (please specify) \_\_\_\_\_

### HOW DID YOU KNOW ABOUT US?

Friend or family  Social Media  IIBT Website  Printed Marketing Material

Referred by IIBT student  (Name or IIBT ID of the student) \_\_\_\_\_

Education Agency  (Name of Agency) \_\_\_\_\_

Other source: (Please specify) \_\_\_\_\_

### DECLARATION

I declare that the information I have supplied on this Application form is to the best of my understanding and belief, complete and correct. I have read the IIBT Refund Policy, Confidentiality Of Information Declaration, Offer Letter, and have selected a payment method, and I agree to abide by all the terms and conditions contained therein.

Student Name (please print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if student under 18yrs) \_\_\_\_\_ Date \_\_\_\_\_



## IIBT REFUND POLICY

In situations where a person wishes to cancel their enrolment in a course, IIBT reserves the right to charge the participant according to the following sliding scale, based on the amount of notice they provide prior to commencement of the course:

<b>In the event that</b>	<b>The student is eligible for:</b>
IIBT withdraws the offer, fails to provide the course or terminates the course before it commences	Full refund of all fees paid including the enrolment fee (if applicable) and deposit.
IIBT withdraws the offer, fails to provide the course or terminates the course after it commences	Refund of all the tuition fees paid to date including the (if applicable) enrolment fee and deposit.
The offer of a place is withdrawn because the offer conditions cannot be met.	Full refund of all the deposit and tuition fees paid to date. No refund of enrolment fee (if applicable).
Student withdraws prior to the first day of semester	Full refund of all the deposit and tuition fees paid to date. No refund of enrolment fee (if applicable).
Student withdraws after course commences and before the Census date*	50% of tuition fees refunded for current teaching period and 100% of fees for subsequent teaching periods if paid. No refund of enrolment fee (if applicable) or deposit.
Student withdraws after the Census date*	0% of tuition fees for current teaching period and 100% of fees for subsequent teaching periods if paid. No refund of enrolment fee (if applicable) or deposit.

\*Please note: for VET courses (e.g. Cert IV courses), the course commencement date and census date are the same, so "Student withdraws after the Census date" ONLY is applicable for all Higher Education courses.



## PAYMENT OPTIONS

Please select **ONE** option.

Up-Front Payment

Payment Plan

Refer to Offer Letter for details of fees and payment options.

## PAYMENT METHODS

Please select **ONE** option.

**Payment by Electronic Funds Transfer**

Bank: Australia and New Zealand Banking Group Limited (ANZ)

BSB: 016263

Account No.: 219559482

For enrolment fee and deposit please use your (the student's) full name in the transaction description.

For course fees (up-front and payment plan options) please use your student number in the transaction description.

**Payment by Credit Card**

Please note: a surcharge of 2.5% will be added to the total amount of payments made to IIBT using the credit option when using MasterCard or Visa (a credit card or debit card).

I hereby authorise the International Institute of Business and Technology to debit the credit card below for the enrolment, deposit and course fees outlined in my letter of offer and according to the payment option selected.

MasterCard       Visa

Card No.: \_\_\_\_\_ \*\*CCV No:  Expiry Date: \_\_\_\_\_

(\*\*Final 3 numbers on reverse of card.)

Name of Cardholder (Please print): \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_



**CONFIDENTIALITY OF INFORMATION DECLARATION**

I, .....,  
(please print full name)

declare that the information I have provided in this application is complete and correct and I authorise the International Institute of Business and Technology (IIBT) to verify any facts. I understand that if any information is found to be false this application may be cancelled.

If I subsequently accept an offer and enrol in the course I am applying for, I hereby agree that I will observe the Policy and Procedures of IIBT.

I acknowledge that it is my responsibility to enrol correctly in accordance with the course requirements of IIBT.

I accept sole responsibility and hereby declare that IIBT will be in no way liable for any breach by me of licences and/or agreements covering the use of software or the breach of any relevant provisions of the copyright act 1968 (as amended).

I understand that:

- authority to collect the information on this form is contained in *The Higher Education Support Act 2003*
- information is collected for programme administration purposes
- information may be shared for these purposes between the Taxation Office, Centrelink, the Department of Education, Science and Training and any other authorised departments
- information may not otherwise be disclosed without my consent unless authorised or required by law

I consent to receiving information electronically unless alternate communication arrangements have been approved by IIBT and agree to allow IIBT to access the contents of my IIBT student e-mail account on a regular basis.

I understand that giving false or misleading information is a serious offence under the Criminal Code.

I understand that during the period of my enrolment, IIBT may require me to provide documentation to verify my citizenship status.

**STUDENT SIGNATURE** .....

**DATE** .....

**Guardian(if under 18years)**.....

**DATE**.....



## CHECKLIST

Before submitting this Application Form have you:

- checked that you have completed all the sections of this form?
- attached a copy of your photo ID (e.g. School ID, Drivers Licence, Passport, or any official document with a photo)?
- attached certified copies of your educational qualifications? (not necessary for Cert IV level courses)
- read and signed the Declaration (your application will not be processed without your signature)?
- read and understood the Refund Policy attached to this application form?
- completed the Payment Options attached to this application form?
- read and signed the Confidentiality of Information Declaration attached to this application form?

## LODGING YOUR APPLICATION FORM

Please submit this application form, along with the necessary documentation (if necessary) and signatures to:

IIBT Perth.

### Hardcopy delivery

IIBT Perth campus front desk

350 Albany Highway

Victoria Park, Western Australia 6100

OR

### Electronic delivery

Please send a scanned copy of your completed form to: [admissions@iibt.edu.au](mailto:admissions@iibt.edu.au)