Application for Enrolment Form 2014

Conditions of application

☐ A Student will only be enrolled at ANIBT upon written notification of acceptance of enrolment from Admissions (Domestic - student services).
☐ A sales agent or business development officer cannot make any guarantees to a student of a placement in any qualification.
☐ Students are not permitted to attend class unless they have a prior written notification of acceptance.
☐ ANIBT Admissions (Domestic - student services) may postpone, cancel a course if minimum numbers, and/or other reasons beyond our control occur. Upon cancellation of enrolment and if no training had taken place, a full refund of course fees will be returned.
☐ Upon acceptance a student who has not attended or engaged in training services for more than three months of the qualification will be withdrawn.

Course Advisor

Date

Please print in boxes using only BLOCK letters; TICK boxes or CIRCLE where applicable.

Title of Qualification
Course Code/Program:

Mode of Study: ☐ RPL ☐ Online ☐ Distance ☐ Classroom ☐ Workshop

Personal Details

Title: ☐ Mr. ☐ Mrs. ☐ Ms. Gender: ☐ Male ☐ Female

Date of birth

Family name: Given names:

Home address:

Town / suburb: State: Postcode:

Telephone: Mobile:

Fax: Email:

Emergency Contact Details

Contact Name Phone:

January 2014 version 1.14
Review 2015
Do you have a Victorian Student Number (VSN)?

- Yes, please provide your VSN
- Yes, I have a VSN but the number is unknown to me
- No, I have never been issued with a VSN

**Educational Details**

Have you attended secondary school?

- Yes
- No

What is your highest COMPLETED School Level / Year or equivalent if you attended school in your country of origin? (Tick ONE box only)

- Completed Year 12
- Completed Year 11
- Completed Year 10
- Completed Year 9 or equivalent
- Completed Year 8 or lower
- Completed Year 7 or lower
- Did not go to school

In which YEAR did you complete that school level? (Eg. 1995)

Have you successfully completed any of the following Qualifications?

- Yes
- No

If YES, then tick ANY applicable boxes:

- Graduate Diploma or higher post graduate qualification
- Graduate Certificate
- Bachelor Degree
- Advanced Diploma or Associate Degree
- Diploma or Associate Diploma

Name of Qualification:

**Additional Information**

January 2014 version 1.14
Review 2015
Have you previously enrolled as a Trainee or Apprentice?  

Yes  
No

If yes, name of qualification:  

Year completed:

Employment details

Are you employed?  

Yes  
No

If yes, what date did you commence?

What is the name of your current position?

Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

- Full-time employee
- Part-time employee
- Employed – not employing others
- Employer
- Employed – unpaid work
- Unemployed and seeking full-time work
- Self
- Unemployed and seeking part-time work
- Not employed and not seeking employment

If employed, please provide employer details:

Business name:

Address:

Town / suburb:  

State:  

Postcode:

Name of primary contact person:

His / her position:  

ABN:

Telephone:  

Email:

January 2014 version 1.14

Review February 2015
Study Reason

Which of the following best describes your main reason for undertaking this course /traineeship?

(Tick ONE box only)

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

How did you hear about us?

☐ Web  ☐ Newspaper  ☐ Mail out  ☐ Facebook  ☐ other promotion

Statistical Information

Were you born in Australia?  ☐ Yes  ☐ No
If no, which country?

Are you an Australian Citizen / Permanent Resident?  ☐ Yes  ☐ No

Do you speak a language other than English at home?  ☐ Yes  ☐ No

If yes, which language?

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

Are you of Aboriginal or Torres Strait Islander origin?

☐ No  ☐ Yes, ☐ Yes, Aboriginal  ☐ Yes, Torres Straight Islander

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

☐ Yes  ☐ No
(If 'Yes', please indicate areas of disability)

<table>
<thead>
<tr>
<th>Hearing Impaired/ Deafness</th>
<th>Physical</th>
<th>Intellectual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td>Mental illness</td>
<td>Acquired brain impairment</td>
</tr>
<tr>
<td>Vision</td>
<td>Medical condition</td>
<td>Other: Please detail below</td>
</tr>
</tbody>
</table>

January 2014 version 1.14
Review February 2015
Enrolment form

Privacy Statement

I understand that:

Government may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organizations. For more information in relation to how student information may be used or disclosed please contact ANIBT’s Communications and Student Services Coordinator on phone 03 9620 2922 or email admin@anibt.vic.edu.au

I acknowledge and agree to the terms described in this privacy statement:

Trainee / Student Signature: __________ Date: __________

ANIBT respects your right to information privacy. Information collected is kept in accordance with the Privacy Legislation. Please contact us if you would like a copy of our Privacy Policy and/or information on privacy.

This section must be completed if you are applying for a State Government Securing Jobs for Your Future – Skills for Victoria, or Commonwealth funded position.

Responsibilities

The responsibility for determining eligibility for government funding lies with the enrolling training provider Australian National Institute of Business & Technology (ANIBT).

It is the responsibility of you the applicant to provide complete and accurate information as required by the Government and ANIBT for the purpose of determining eligibility for a funded position. Please supply and attach a copy of the following document/s:

1. Victorian Drivers License for Victorian residential address, age and your GREEN Healthcare Card for Australian Citizen/Permanent Resident

Or

2. Passport showing Citizenship and Victorian residential address/Age

Or

3. Birth certificate and Victorian Drivers License

Government Subsidized Training Eligibility

<table>
<thead>
<tr>
<th>Citizenship/residency status – Please tick ONE box</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Citizen</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Holder of a Special Category Visa (subclass 444)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>East Timorese Asylum Seeker</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Australian Permanent Resident (holder of a PR visa)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills for Growth</th>
<th>Do you have a Skills for Growth referral?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

January 2014 version 1.14
Review February 2015
**Enrolment form**

**Prior Qualification Eligibility Exemption**

Eligibility exemption for government funding is available under certain conditions. Our enrolment staff will advise of this process.

Do you wish to apply for an eligibility exemption?  
Yes ☐ No ☐

1. **2. You are unemployed as a result of redundancy or retrenchment**
   - Date of redundancy/retrenchment: __/__/__
   - For how long have you been unemployed? ___________ (months/years)
   - Who was your last employer? _______________________________
   - Have you had any community support since then? _______________________________

2. **3. You are disadvantaged in the labour market because of factors that constitute a barrier to employment or re-employment. Please tick relevant area below:**
   - Special skill / license / training required for chosen occupation ☐
   - Social factors/Economic Hardship ☐
   - Prolonged medical/health issues ☐
   - Physical/psychological ☐

**Declaration:**

ANIBT is a fee for service provider and as such fees and refunds are important factors to all ANIBT stakeholders. As an RTO, ANIBT is proactive in managing receipts of student fees and payments such as refunds, risk management, and meeting business cash flow requirements for day-to-day operations to ensure viability as a training organisation.

I declare that the information provided on this application is accurate and true and I give ANIBT permission to investigate that all information is valid and reliable.

I confirm that I have read and fully understand the detailed information about course requirements, Refund Policy and Procedures.

Student Signature: ___________________________  Date: ___________________________