

# Application for Enrolment Form 2015



## 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a student who has not attended or engaged in training services for more than three months of the qualification will be withdrawn.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:

## Victorian Student Number

Do you have a Victorian Student Number (VSN)?	<input type="checkbox"/> Yes, please provide your VSN	
	<input type="checkbox"/> Yes, I have a VSN but the number is unknown to me	
	<input type="checkbox"/> 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 9 or equivalent  
 Completed Year 11  Completed Year 8 or lower  
 Completed Year 10  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:

- |   |  |
|---|--|
| <input type="checkbox"/> Graduate Diploma or higher post graduate qualification | <input type="checkbox"/> Certificate I   |
| <input type="checkbox"/> Graduate Certificate                                   | <input type="checkbox"/> Certificate II  |
| <input type="checkbox"/> Bachelor Degree  | <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Advanced Diploma or Associate Degree                   | <input type="checkbox"/> Certificate IV  |
| <input type="checkbox"/> Diploma or Associate Diploma                           |  |

Name of Qualification:

Any additional information

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)

- |  |   |
|--|---|
| <input type="checkbox"/> Full-time employee              | <input type="checkbox"/> Employed – unpaid work                     |
| <input type="checkbox"/> Part-time employee              | <input type="checkbox"/> Unemployed and seeking full-time work Self |
| <input type="checkbox"/> Employed – not employing others | <input type="checkbox"/> Unemployed and seeking part-time work      |
| <input type="checkbox"/> Employer                        | <input type="checkbox"/> 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:

### Unique Student Identifier

Do you have a Unique Student Identifier (USI)?	<input type="checkbox"/> Yes, please provide your USI	<input type="text"/>
	<input type="checkbox"/> Yes, I have a USI but the number is unknown to me	
	No, I have applied for a USI	

## Study Reason

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

(Tick ONE box only)

- |  |  |
|--|--|
| <input type="checkbox"/> To get a job                              | <input type="checkbox"/> To develop my existing business     |
| <input type="checkbox"/> To start my own business                  | <input type="checkbox"/> To try a different career           |
| <input type="checkbox"/> To get a better job or promotion          | <input type="checkbox"/> It is a requirement of my job       |
| <input type="checkbox"/> I want extra skills for my job            | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self development | <input type="checkbox"/> 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 <input type="checkbox"/>	Yes, <input type="checkbox"/>	Yes, <input type="checkbox"/>
		Aboriginal	Torres Strait Islander

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

(If 'Yes', please indicate areas of disability)

Hearing Impaired/ Deafness	Physical	Intellectual
Learning	Mental illness	Acquired brain impairment
Vision	Medical condition	Other: Please detail below

# 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](mailto: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

Citizenship/residency status – Please tick ONE box			
Australian Citizen	<input type="checkbox"/>	Holder of a Temporary Protection Visa	<input type="checkbox"/>
Holder of a Special Category Visa (subclass 444)	<input type="checkbox"/>	Asylum Seeker (referred by the ASRC)	<input type="checkbox"/>
East Timorese Asylum Seeker	<input type="checkbox"/>		<input type="checkbox"/>
Australian Permanent Resident (holder of a PR visa)	<input type="checkbox"/>		
			<input type="checkbox"/>

January 2014 version 1.14  
Review February 2015  
Revised May 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 <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	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? _____
<input type="checkbox"/>	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:
<input type="checkbox"/>	Special skill / license / training required for chosen occupation
<input type="checkbox"/>	Social factors/Economic Hardship
<input type="checkbox"/>	Prolonged medical/health issues
<input type="checkbox"/>	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: