Domestic Student Enrolment Application

Australian Institute Of Workplace Training

PERSONAL DETAILS

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other *(specify)*:

Unique Student Identifier (USI): *www.usi.gov.au (compulsory)*

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

- ☐ 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
- ☐ CHC50125 Diploma of Early Childhood Education and Care*
- ☐ CHC50221 Diploma of School Age Education and Care
- ☐ CHC52021 Diploma of Community Services
- ☐ CHC52025 Diploma of Community Services (Case Management)*
- ☐ CHC62015 Advanced Diploma of Community Sector 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)

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
- ☐ CPP51122 Diploma of Property (Agency Management)

** Not available for DTWD funding.*

☐ Short Course: *Please provide details*

Start Date: **OR**

☐ Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4

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: ☐ Face to Face ☐ Flexi-learn ☐ Short Course

City Campus: Ground Floor, 823 Wellington Street, West Perth WA 6005
Tel: +61 8 9249 9688 | **Email:** futurestudents@aiwt.edu.au | **Web:** www.aiwt.edu.au | RTO Code 51174 CRICOS Provider No 02645B

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 dificulties 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:

☐ AIWT website ☐ Magazine/Newspaper ☐ Colleague/Employer:

☐ Social Media ☐ Brochure ☐ Other *(specify)*:

AVETMISS DATA

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? ☐ Australia ☐ Other:

Do you speak a language other than English at home? ☐ No, English only ☐ Yes (please specify):
(If more than one language, indicate the one that is spoken most often)

Are you of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander
(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

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

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AVETMISS DATA *(CONTINUED)*

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

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:

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