



# Application for Enrolment Form



## For Domestic Student Use Only

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  Unspecified

Date of birth: \_\_\_\_\_ Family name: \_\_\_\_\_ Given names: \_\_\_\_\_

Home address: \_\_\_\_\_ Town/suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone: Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Emergency Contact Details

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Victorian Student Number

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 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"/> Bachelor Degree or higher degree                   | <input type="checkbox"/> Certificate II                          |
| <input type="checkbox"/> Advanced Diploma or Associate Degree               | <input type="checkbox"/> Certificate I                           |
| <input type="checkbox"/> Diploma or Associate Diploma                       | <input type="checkbox"/> Other education (including certificates |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician | or overseas qualifications not listed above                      |
| <input type="checkbox"/> Certificate III (or trade certificate)             |  |

**Name of Qualification:** \_\_\_\_\_

**Any additional information:**

### **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                       |
| <input type="checkbox"/> To get skills for community/voluntary work |  |

### **Unique Student Identifier**

Do you have a Unique Student Identifier (USI)?

- Yes, please provide your USI: \_\_\_\_\_
- Yes, I have a USI but the number is unknown to me
- No, I have applied for a USI



**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    |

**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, Aboriginal  
 Yes, Torres Strait Islander

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

**If yes, please describe:**



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## Privacy Statement & Student Declaration

### Privacy Notice

Under the *Data Provision Requirements 2012*, ANIBT is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by ANIBT for statistical, administrative, regulatory and research purposes. ANIBT may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

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.

### 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 give ANIBT permission to obtain official records from any educational institution attended by me.**

**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 have read and understood the published course information in the brochure or website and I have sufficient information about ANIBT to enroll and I confirm that I have read and fully understand the detailed information about course requirements, Refund Policy and Procedures.**

**I understand that I may have to attend a pre training review interview and complete an LLN test.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

