



**2022**

**LANGUAGE, LITERACY AND NUMERACY (LLN) ASSESSMENT**

**Student Name** .....

**Student Number** .....

**Course enrolled in** .....

**Language** English is my first Language .....

My first Language is .....

**Education** Graduated from school after year .....

Further education .....

.....

**SIGNATURE** .....

By submitting this ANIBT you are declaring that this is your own work.

DATE .....

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GRADED MCSP - Dale Sheather .....

**This is a test that must be completed individually – results will assist ANIBT in helping you if it is identified in the future that you have a Language, Literacy or numeracy problem. If your results in this test are perfect and at a time in the future it seems that you do have a problem then we may not be able to give the assistance you need.**

**Answer the following questions based on the ANIBT Student Handbook 2022– This Handbook is located in this Registration file.**

**SECTION 1**

**What is ANIBT's vision?**

.....  
.....

**TRUE OR FALSE (write T or F after each statement)**

ANIBT was established in 2013 .....

Ken Vong is the Chief Executive Officer .....

Student Administration Officer is Candice Zhang .....

Student Admissions Officer is Ken Vong .....

The 24 hour ANIBT emergency number is 0400 125 258 .....

AQF is ANIBT's Health Cover Provider .....

**List 2 things the trainers and assessors of ANIBT will have:**

1.....

2.....

**What does DHA stand for with reference to Visa conditions?**

.....

**What hours is the reception open?**

.....

**What does VET stand for?**

.....

**TRUE OR FALSE (write T or F after each statement)**

Students must have their mobile phone switched off during .....

class

Survey Monkey is an online survey site .....

You can use any email address to communicate with ANIBT .....

The cost of replacing your student card if you loose it is \$10.00 .....

**SECTION 1 – Policies and Procedures**

**Can you be prevented from attending class if you have made a complaint about anything regarding your study at ANIBT?**

.....

**If you are not happy with the way ANIBT handles your complaint, who can you get in touch with outside of ANIBT?**

.....  
.....

**What is the cost of re-assessment for a theory unit assessment during the term?**

.....

**In your own words, what is Plagiarism and is there a cost if you do it?**

.....  
.....  
.....

**And the charge for doing it is .....**

**On the last page of the handbook is a Version Table – When was this last updated?**

.....

**SECTION 3**

**Answer the following Numeracy questions based on the shopping list below. (you should not have to use a calculator for these)**

Shopping List

- Milk - \$4.00
- Bread - \$3.95
- Cosmetics - \$30.00
- Desserts - \$8.99
- Ironing Board - \$79.00

**What is the total cost of Bread, Milk and Desserts?**

.....

**How much would I receive in change from \$10.00 if I purchased 2 Milk?**

.....

**What is more expensive, 2 Desserts or 1 Cosmetics**

.....

**If the Cosmetics are discounted by 75% how much would I have to pay?**

.....

**If the Ironing Board is discounted by 50%, how much would I pay?**

.....

**If I purchased 1 of everything and they charged me 10% of the total to deliver them to my home, how much in total would I have to pay – that is for the products plus the delivery?**

.....

**Can you please complete the following questions to help us streamline your application and enrolment process.**

Circle

Circle

I came to ANIBT through an agent. Yes No

If yes what agent .....

I came to ANIBT by dealing with ANIBT marketers Yes No

If yes what was the ANIBT contacts name .....

Were you offered any incentives to sign up to the course(s) you are going to study with ANIBT?

Yes No

If Yes what was the incentive .....

Were you promise or guaranteed you would get a job if you completed the course?

Yes No

If yes, who promised you? .....

**Thank you for completing the LLN test and answering these few questions.**



Australian National  
Institute of **Business  
and Technology**

CRICOS: 02056B RTO: 21368

## New Students Obtaining Unique Student Identifier (USI) and Activating Student EMAIL acknowledgement form

Student Name ..... Student Number .....

Address .....

..... Postcode .....

Telephone ..... Mobile ..... Email .....

I acknowledge I will do the following in compliance with ANIBT Policies and Procedures.

- Obtain a Unique Student Identifying (USI).
- Activate my student email account.
- Complete the Enrolment and Induction survey which has been sent to my student email account.
- Access my student email account on a regular basis as I understand it is the only method ANIBT uses to communicate with students.

I, hereby declare that I have understood what I am to do and that if I fail to do so I am not compliant with my obligations as an International student and this **may** result in my enrolment being cancelled and being reported to the Department of Homeland Affairs (DHA).

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

\_\_\_\_\_  
Date



**AUTHORITY TO PARTICIPATE IN ANNUAL EXCURSIONS OR  
OTHER SUPERVISED/ UNSUPERVISED STUDENT ACTIVITY**

**MEDICAL DETAILS**

Students attending excursions are required to provide the following medical information. The details are confidential and will be known only to the teacher/s in charge and to the staff member who approves the activity. **(Please attach further information if required)**

**Please circle your answer:**

1. Are you allergic to any medicines? (eg penicillin, etc) YES/NO  
If YES, please give details: \_\_\_\_\_
2. Are you currently receiving any medical treatment? YES/NO  
If YES, please give details: \_\_\_\_\_
3. Do you suffer from any disabilities or require any special care? YES/NO  
If YES, please give details: \_\_\_\_\_
4. Do you carry any medication with which you may require assistance? YES/NO  
If YES, please give details: \_\_\_\_\_
5. Name of OSHC Fund (eg Medibank Private, etc): \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

It is important that ANIBT have the details of person/s to contact in case of emergency and to gain consent for medical or surgical treatment:

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone: (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Student General Practitioners Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**AGREEMENT:** I agree to attend any activity scheduled for the duration of my course at ANIBT. I am aware that an excursion may involve day/evening attendance and that I could be expected to organise transport, to pay for my ticket and to attend in my own time. Further, in the event of accident or illness, I authorise the staff member in charge to consent, where it is impracticable to communicate with me, to receive such medical or surgical treatment as may be deemed necessary by a qualified medical practitioner. I acknowledge that ANIBT will not be liable for any accident or injury which occurs in the course of the excursions, and I indemnify ANIBT for any loss or damage caused through any act of negligence of myself.

**Student's Signature:** \_\_\_\_\_

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



## Acknowledgement Form

### Credit Transfer – Recognition of Prior Learning and Industry experience

Please note: information pertaining to this process can be found on the ANIBT web site under Policies and Procedures and is documented in the student hand book (which is also available on the web site).

Student Name: \_\_\_\_\_

Course enrolling/enrolled: \_\_\_\_\_

Have you completed (with Competence) any units as part of, or obtained an Australian Government recognised qualification?

**Please circle**

**YES**

**NO**

Do you have any working experience pertaining to the industry associated with the qualification you are enrolling in?

**Please circle**

**YES**

**NO**

If No, please just sign the form below.

If YES, you may be eligible to receive Credit Transfer or Recognition of prior learning or Current Competency for some of the units, thereby resulting in the acceleration of your progress through the qualification you are enrolled in.

Have you already discussed the options with the Admissions Office?

**Please circle**

**YES**

**NO**

If YES, please just sign the form below.

If NO, please make an appointment to see the Manager of Academic Delivery and Compliance to discuss your prior qualifications or experience.

Appointment made.

Please Circle

**YES**

**NO**

Students Signature \_\_\_\_\_

Date \_\_\_\_\_





## ANIBT Student Information Form

Title: (Mr / Mrs / Miss / Ms) \_\_\_\_\_

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

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

Address in Australia: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Suburb: \_\_\_\_\_

Gender: Male / Female \_\_\_\_\_

Post Code: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Phone No. (Home): \_\_\_\_\_

Visa Type: \_\_\_\_\_

Phone No. (Mobile): \_\_\_\_\_

(i.e. student, visitor, PR)

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

Visa Expiry Date: \_\_\_\_\_

Course Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Course Start Date: \_\_\_\_\_

Level of English Achieved: \_\_\_\_\_

Course End Date: \_\_\_\_\_

(i.e. VCE, IELTS, etc.)

Referring Education Agent: \_\_\_\_\_

Previous Educational Experience:

Parents Contact Phone: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

\_\_\_\_\_

Any Special Needs: (Medical or Other)

Work Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Registration and Induction Acknowledgement Form

Student Name ..... Student Number .....

Address .....

..... Postcode .....

Telephone ..... Mobile ..... Email .....

I acknowledge receipt of the following ANIBT Policies and Procedures in the Student Handbook and have read the required documents on ANIBT's website:

- Student Code of Conduct Policy
- Student Welfare, Security and Safety Measures Policy and Procedure
- Student Transfer Policy and Procedure
- Deferment, Suspension and Cancellation Policy
- Course Progress and Academic Intervention Strategy Policy
- Complaints and Grievances Process Policy
- Appeals Process Policy and Procedure
- Assessment and Re-Assessment Policy and Procedure
- Fees and Refunds Policy and Procedure
- Fees, Payment Options Policy and Procedure

I acknowledge receipt of the following information while I was reading the documents on ANIBT's website

- Information regarding ANIBT facilities, laboratories, resources, emergencies and evacuation
- Information regarding ANIBT welfare-related support services and student support personnel
- Information regarding health services
- Information regarding legal services
- Information regarding my Student Visa conditions
- The requirement to ANIBT and Department of Home Affairs (DHA) of any change of contact numbers and residential address

By submitting this form I, hereby declare that I have participated in the Orientation/Induction ProgramOnline and abide by the codes, policies and procedures of ANIBT.

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

\_\_\_\_\_  
Date