

Enrolment Form (International Students)



Application for Enrolment					
Which course would you like to enroll into?	<input type="checkbox"/>	Course Code	Course Name	CRICOS Course Code	Duration
	<input type="checkbox"/>	CHC30121	Certificate III in Early Childhood Education and Care	114318H	54 weeks
	<input type="checkbox"/>	CHC50121	Diploma of Early Childhood Education and Care	114319G	66 weeks
	<input type="checkbox"/>	HLTAID009	Provide cardiopulmonary resuscitation.		One day course
	<input type="checkbox"/>	HLTAID012	Provide First Aid in an education and care setting		One day course
Preferred start date:	<input type="checkbox"/> As soon as possible <input type="checkbox"/> From ____ / ____ / ____				

Have you ever studied with AITE before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Credit ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe – I'd like more information
Do you wish to apply for Recognition of Prior Learning ? If you indicate YES, you will be contacted to discuss this further	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe – I'd like more information
For international students: Are you applying for a Course Transfer (from another Australian registered CRICOS provider)? <i>If you indicate YES, a Course Transfer form must accompany this application.</i> <i>If you are transferring prior to completing 6 months of your principal course of study, you must provide a letter of release except in certain conditions (see our Student Handbook for more detail).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe – I'd like more information
Application Checklist <i>Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification). Please tick those that you are providing:</i>	<input type="checkbox"/> Valid passport copy <input type="checkbox"/> Valid visa (if you have one) <input type="checkbox"/> High School certificate or other relevant certificates <input type="checkbox"/> Proof of English Language Proficiency (i.e., test results) <input type="checkbox"/> Any other relevant documents to support your application (e.g., resume)

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Personal Details			
1.	Enter your full name <input type="checkbox"/> Single Name only (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').		
2.	Family name (surname):		
3.	First given name:		
4.	Second given name (middle):		
Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want AITE to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.			
5.	Enter your birth date	Day/month/year: ____/____/____	
6.	Gender (Tick ONE box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Enter your contact details			
7.	Home phone:	()	Work phone: ()
8.	Mobile:		
9.	Email address:		
10.	Alternative email address (optional):		
What is the address of your usual residence?			
Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area, use the address from your states or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.			
11.	Building/property name		
12.	Flat/unit details:	Street or Lot Number (e.g., 205 or Lot 118):	
13.	Street name:		
14.	Suburb, locality or town:		
15.	State/Territory:	Postcode:	
What is your postal address (if different from above)?			
16.	Building/ property name:		
17.	Flat/unit details:	Street or Lot Number (e.g., 205 or Lot 118):	
18.	Street name:		
19.	Suburb, locality or town:		
20.	State/Territory:	Postcode:	

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Language and cultural diversity		
21.	In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
22.	Do you speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often)</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, please specify: _____
23.	Are you of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Disability		
24.	Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: <i>(You may indicate more than one area) Please refer to the Disability supplement (at the back of this form) for an explanation of the following disabilities.</i>		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Learning <input type="checkbox"/> Vision </div> <div> <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition </div> <div> <input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Other </div> </div>		

Schooling		
What is your highest COMPLETED school level? (Tick one box only) <i>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. For example, if you are currently in Year 10 the Highest school level completed is Year 9.</i>		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 or equivalent </div> <div> <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below </div> <div> <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Never attended school </div> </div>		
25.	Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Previous qualifications achieved		
26.	Have you SUCCESSFULLY completed any of the qualifications listed in question?	<input type="checkbox"/> Yes – <u>indicate below Questions</u> <input type="checkbox"/> No – <u>Go to Question 27</u>
If yes, tick ANY applicable boxes Please indicate one of these Prior Education Achievement Recognition Identifiers any applicable qualification level A – Australian E– Australian equivalent I – International Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian 2. E– Australian equivalent 3. I – International		
<input type="checkbox"/> A/E/I Bachelor's degree or higher degree <input type="checkbox"/> A/E/I Advanced diploma or associate degree <input type="checkbox"/> A/E/I Diploma (or associate diploma) <input type="checkbox"/> A/E/I Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> A/E/I Certificate III (or trade certificate) <input type="checkbox"/> A/E/I Certificate II <input type="checkbox"/> A/E/I Certificate I <input type="checkbox"/> A/E/I Other education (including certificates or overseas qualifications not listed above)	

27. Employment		
Of the following categories, which BEST describes your current employment status? <i>(Tick one box only)</i> <i>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).</i>		
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Self-employed – employing others <input type="checkbox"/> Unemployed – seeking part-time work	<input type="checkbox"/> Part-time employee <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Not employed – not seeking employment	<input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Unemployed – seeking full-time work

Employment Details <small>Not applicable for class-based students or AITE employees – skip section if not applicable</small>			
These are people that AITE may need to contact in an emergency during your participation in training Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to AITE			
Employer's legal name:			
Your position:			
Business address:			
Phone:	()	Email:	
Supervisor:		Position:	

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28. Study reason

Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job [07] |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other reasons | |

29. Next of kin/emergency contact

These are people that AITE may need to contact in an emergency during your participation in training Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to AITE

Name:		Relationship to you:	
Address:			
Home Phone:	()	Work:	()
Mobile:		Email:	

30. How did you learn about Australian Institute of Tertiary Education

- | | | | | | |
|--------------------------------|------------------------------------|-----------------------------------|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Other |
|--------------------------------|------------------------------------|-----------------------------------|--|-------------------------------------|--------------------------------|

Agent Information (If applicable)

If you are applying through an agent, you should ensure that your agent is an authorized representative of AITE. A list of Authorized agents has been provided on the website.

Agency Name: _____ Assessing Officer Name: _____

Signature of Assessing Officer: _____

Date: _____

31. Fee Payment

- Do you wish to pay more than 50% of the course/s tuition fee? ☐ Yes ☐ No
- How would you like to pay your tuition fee? ☐ Electric Fund Transfer ☐ Direct Debit

32. Overseas Student Health Cover, Accommodation and Airport Pickup

Do you currently hold Overseas Student Health Cover (OSHC)? ☐ Yes ☐ No

Name of the provider: _____

Membership Number: _____

Expiry Date: _____

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If no, do you want AITE to organize OSHC for you?

☐ Yes ☐ Single ☐ Couple ☐ Family

☐ No

Do you require airport pickup? ☐ Yes ☐ No
if yes, airport pickup fee of \$150

Do you require accommodation assistance? ☐ Yes ☐ No
If yes, an accommodation placement fee of \$150 applies

Important – Application Checklist

Please check that you have:

- | | | |
|---|---|--|
| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> Copy of Passport | <input type="checkbox"/> Evidence of Release (if applicable) |
| <input type="checkbox"/> Academic certificates | <input type="checkbox"/> Copy of Visa (if applicable) | <input type="checkbox"/> GS Statement |
| <input type="checkbox"/> Evidence of English (IELTS/PTE etc.) | <input type="checkbox"/> OSHC details (if applicable) | <input type="checkbox"/> Other |

Student Declaration

- I have read, understood, and agree to be bound by the Terms and Conditions as outlined by Australian Institute of Tertiary Education.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I understand that if I have applied through an approved Australian Institute of Tertiary Education agent, all correspondence relating to my application will be forwarded to that agent.
- I understand that all Australian Institute of Tertiary Education courses are offered based on full-time study and that I am required to attend a minimum of 16 scheduled course contact hours per week plus 4 hours self-paced study.
- I understand that any vocational placement undertaken as a part of any of the courses offered at Australian Institute of Tertiary Education will be unpaid.
- I confirm I have been informed about the training and assessment and support services to be provided and about my rights and obligations as a student at Australian Institute of Tertiary Education.
- I understand that I must attend orientation since it is a legal requirement and falls within my study plan. Failing to do so is reportable to DHA. A rescheduling fee shall apply if the students are unable to attend the orientation on the scheduled date. (Your Orientation date and time will be emailed to you before the orientation and course commencement).

☐ Tick here to confirm you have declared and consented to the above-mentioned.

Name of Applicant:

Signature of applicant

Date

Note: Australian Institute of Tertiary Education does not enrol any students under the age of 18.

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PRIVACY INFORMATION

Why we collect your personal information

As a registered training organization (RTO), we (AITE) collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

We are required to collect the information on this form, and as such cannot enroll you as a student if this form is incomplete.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analyzing and communicating research and statistics about the Australian VET sector. We are also authorized by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorized to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organizations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorized by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

International Student Information

AITE is required to collect personal information and information about course enrolment and course progress for all international students which may be shared with the Australian Government including the Department

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of Education, Skills and Employment and the Department of Home Affairs as well as the Tuition Protection Service as relevant for the purposes of:

- promoting compliance with the ESOS Act and the National Code
- assisting with the regulation of providers
- promoting compliance with the conditions of a particular student visa or visas, or of student visas generally
- or facilitating the monitoring and control of immigration.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorized agency. Please note you may opt out of these surveys at the time of being contacted.

You may also be contacted by or on behalf of our regulatory body, the Australian Quality Skills Authority (ASQA) in relation to a survey about the training and assessment services that you have been provided with. These survey responses do not belong to AITE and are separate to any surveys that AITE asks you to complete which are to contribute to improving the courses and services it provides.

Contact information

At any time, you may contact AITE to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

DISABILITY SUPPLEMENT

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximizes residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or

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injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behavior, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumor, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalization; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

RTO ADMIN ONLY:

All mandatory fields complete and legible?

☐ Yes

☐ No - comments: _____

Date: _____

Initial: _____