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DOMESTIC STUDENT ENROLMENT FORM

PERSONAL DETAILS

Title	☐ Miss ☐ Ms ☐ Mr
Family Name	
Given Name(s)	
Preferred Name	
Date of Birth	
Gender	☐ Male ☐ Female
Telephone	
Email	
Physical Address	
COURSE SELECTION	
Please select the course below	v:
VET Delivered to Secondary S	tudents
☐ Certificate IV in Information	n Technology
☐ Certificate IV in Business	
Higher Education Stream (uni	versity pathway)
☐ Diploma of Information Ted	chnology
☐ Diploma of Business Admin	istration
Preferred Intake/_	(Month/Year) – refer to the prospectus for intake dates
RESIDENT STATUS	
☐ Australian Citizen ☐ Local I	Resident

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PARENT/GUARDIAN DETAIL			
High School VET Coordinat	ors name	Phone	Email
	tly enrolled in high school)		
If yes, please complete the f			
Are you under 18 years old?	Yes □ No		
Physical Address			
Email			
Contact Number			
Relationship			
Name			
EMERGENCY CONTACT			
n which year did you compl Are you still attending high s	ete that school level?school? \square Yes \square No	-	
☐Year 10 or equivalent			
\square Year 11 or equivalent			
□Year 12 or equivalent			
What is your highest COMPI	ETED school level? (Tick one box o	nly)	
QUALIFICATION			

PAREINI/GOARDIAN DETAILS

Family Name		
First Name(s)		
Telephone		
Mobile		
Email		
Physical Address		

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LANGUAGE AND CULTURAL DIVERSITY

Is your main language English? ☐ Yes ☐ No		
If No, what is your main language?		
How well do you speak English? \square Very well \square Well	□ Not well □ No	ot at all
Was English the language of instruction in previous secon	dary or tertiary stu	ıdies? □ Yes □ No
Have you completed any test of English Language Proficie	ncy? ☐ Yes ☐ No)
If yes, what test did you sit? (e.g. IELTS, PTE)	Wh	at was the score?
Please provide a copy of the English test result if you have	any.	
DISABILITY		
Do you have any disability or medical condition? ☐ Yes [∃No	
If Yes, please indicate the areas of disability/condition		
\Box Hearing \Box Vision \Box Learning Difficulties \Box Mental	Illness	
Other (please specify)		
HOW DID YOU HEAR ABOUT US?		
\square Friend/family \square Social Media \square IIBT Website \square Pri	nted Marketing M	aterial
☐ High school (name of school)		
☐ Other source (please specify)		
UNIQUE STUDENT IDENTIFIER (USI)?		
DECLARATION		
I declare that the information I have supplied on this App	lication form is, to	the best of my understanding and
belief, complete and correct. I have read the IIBT Refund P	olicy, Confidential	ity Of Information Declaration, Offer
Letter, and have selected a payment method, and I agree	e to abide by all t	he terms and conditions contained
therein.		
Student Name (please print)		
Student Signature	Da	ate
Guardian Signature (if student is under 18yrs)		Date



IIBT REFUND POLICY

In situations where a person wishes to cancel their enrolment in a course, IIBT reserves the right to charge the participant according to the following sliding scale, based on the amount of notice they provide prior to commencement of the course:

In the event that:	The student is eligible for:
IIBT withdraws the offer, fails to provide the course or terminates the course before it commences	Full refund of all fees paid including the enrolment fee (if applicable) and deposit.
IIBT withdraws the offer, fails to provide the course or terminates the course after it commences	Refund of all the tuition fees paid to date including the (if applicable) enrolment fee and deposit.
The offer of a place is withdrawn because the offer conditions cannot be met.	Full refund of all the deposit and tuition fees paid to date. No refund of enrolment fee (if applicable).
Student withdraws prior to the first day of semester	Full refund of all the deposit and tuition fees paid to date. No refund of enrolment fee (if applicable).
Student withdraws after course commences and before the Census date*	50% of tuition fees refunded for current teaching period and 100% of fees for subsequent teaching periods if paid. No refund of enrolment fee (if applicable) or deposit.
Student withdraws after the Census date*	0% of tuition fees for current teaching period and 100% of fees for subsequent teaching periods if paid. No refund of enrolment fee (if applicable) or deposit.

^{*}Please note: for VET courses (e.g. Cert IV courses), the course commencement date and census date are the same, so "Student withdraws after the Census date" ONLY is applicable for all VET courses.

PAYMENT OPTIONS

Please select ONE option.
☐ Up-Front Payment
☐ Payment Plan
Refer to Offer Letter for details of fees and payment options.





PAYMENT METHODS
Please select ONE option.
☐ Payment by Electronic Funds Transfer
Bank: Australia and New Zealand Banking Group Limited (ANZ) BSB: 016263 Account No.: 219559482
For enrolment fee and deposit please use your (the student's) full name in the transaction description. For course fees (up-front and payment plan options) please use your student number in the transaction description.
☐ Payment by Credit Card
Please note: a surcharge of 2.5% will be added to the total amount of payments made to IIBT using the credit option when using MasterCard or Visa (a credit card or debit card).
I hereby authorise the International Institute of Business and Technology to debit the credit card below for the enrolment, deposit and course fees outlined in my letter of offer and according to the payment option selected.
Card No.: **CCV No: □□□
Expiry Date:
(**Final 3 numbers on reverse of card.)

Name of Cardholder (Please print):

Signature of Cardholder:



CONFIDENTIALITY OF INFORMATION DECLARATION
l,,
(please print full name)
declare that the information I have provided in this application is complete and correct and I authorise the International Institute of Business and Technology (IIBT) to verify any facts. I understand that if any information is found to be false this application may be cancelled.
If I subsequently accept an offer and enrol in the course I am applying for, I hereby agree that I will observe the Policy and Procedures of IIBT.
I acknowledge that it is my responsibility to enrol correctly in accordance with the course requirements of IIBT.
I accept sole responsibility and hereby declare that IIBT will be in no way liable for any breach by me of licenses and/or agreements covering the use of software or the breach of any relevant provisions of the copyright act 1968 (as amended).
I understand that:
 authority to collect the information on this form is contained in <i>The Higher Education Support Act 2003</i> information is collected for program administration purposes
 information may be shared for these purposes between the Taxation Office, Centrelink, the Department of Education, Science and Training and any other authorised departments
- information may not otherwise be disclosed without my consent unless authorised or required by law
I consent to receiving information electronically unless alternate communication arrangements have been approved by IIBT and agree to allow IIBT to access the contents of my IIBT student e-mail account on a regular basis.
I understand that giving false or misleading information is a serious offence under the Criminal Code.
I understand that during the period of my enrolment, IIBT may require me to provide documentation to verify my citizenship status.
STUDENT SIGNATURE DATE
Guardian (if under 18 years)



CHECKLIST

Before submitting this application, form have you:
\square Checked that you have completed all the sections of this form?
☐ Attached certified copies of your educational qualifications? (not necessary for Cert IV level courses)
$\ \square$ Read and signed the Declaration (your application will not be processed without your signature)?
$\ \square$ Read and understood the Refund Policy attached to this application form?
$\ \square$ Completed the Payment Options attached to this application form?
$\ \square$ Read and signed the Confidentiality of Information Declaration attached to this application form?
LODGING YOUR APPLICATION FORM
Please submit this application form, along with the necessary documentation (if necessary) and signatures to:

IIBT PERTH

Hardcopy delivery

IIBT Perth Campus front desk

350 Albany Highway

Victoria Park, Western Australia, 6100

Electronic delivery

Please send a scanned copy of your completed form to: admissions@iibt.edu.au