



APPLICATION FORM

Please complete all sections of this application form and submit

Name of the AIHFE VET course you wish to apply for: _____

SECTION A: APPLICANTS PERSONAL INFORMATION

Title: Gender: M / F: Date of Birth:/...../..... Surname Name:

Given Name/s: Name you prefer to be called:

Email address (required):

☎ Mobile: ☎ Home: ☎ Work:

Postal Address:

Address during AIHFE study time:

Your unique student identifier number (Aust Students only):

(If you don't have one you can apply by visiting <https://www.usi.gov.au/>)

CITIZENSHIP, ETHNICITY & LANGUAGE

Do you identify with either of the following groups? (tick both if applicable) Aboriginal YES NO

Torres Strait Islander YES NO

Were you born in Australia? YES NO If NO, what is your

Country of birth:

Which year did you arrive in Australia?

(only if applicable)

Is English your primary language spoken in the home? YES NO If NO please advise the language spoken at home

****A certified copy of one of the following must be provided with this application: Birth Certificate / Passport / Citizenship Certificate / Visa**

DISABILITY / IMPAIRMENTS

Do you have any disability, special needs or current health problems? YES NO **If YES please indicate below.**

HEARING RELATED VISION RELATED MOBILITY RELATED MEDICALLY RELATED LEARNING ABILITY RELATED

OTHER (Please specify)

Do you feel your disability / impairment could impact your ability to study? YES NO **If YES, please arrange a meeting with either the Registrar or Dean of Studies to discuss any special needs or support you feel you may require.**

SECTION B: EMERGENCY CONTACT DETAILS (For on-campus students only)

Contact 1 Surname: Given Name:

Relationship to the applicant:

☎ Mobile: ☎ Home: ☎ Work:

Postal Address:

SECTION C: HIGHEST LEVEL OF QUALIFICATION AND EMPLOYMENT

What is your highest COMPLETED school level?

- Year 12 or equivalent Year 11 or Equivalent Year 10 or Equivalent
 Year 9 or Equivalent year 8 or Below Never Attended School

In which YEAR did you complete that school level - _____

Are you STILL attending secondary school? Yes No

Have you SUCCESSFULLY completed any of the following Qualification?

- Bachelor Degree or Higher Advanced Dip or Associate degree Diploma or Associate diploma
 Certificate IV Certificate III or Trade certificate certificate II
 Certificate I Certificates other than the above Not completed any qualification

Of the following categories, which BEST describes your current employment status?

- Full time Employee Part Time Employee Self Employed - Not employing others Employer
 Employed - Unpaid worker in Family Business Unemployed - Seeking Full time worker
 Unemployed - Seeking part time work Not employed - Not seeking employment

Of the following categories, which best describes your main reason for undertaking this course?

- To get a job To develop existing business To start my own business
 To try for a different career To get a better job/promotion I wanted extra skills for my job
 Personal Reason Self development To get in to another course of study
 Other Reason

SECTION E: ENROLMENT & PAYMENT OPTIONS

Select your preferred study option:

- FULL TIME PART TIME RPL

Mode of Study: On Campus Virtual Campus

The AIHFE offers various payment options, please indicate here the option you feel you would be MOST LIKELY to use. This is only an indicator of your preference and does not commit you to that option. During the course of study, you are able to choose/change your method of payment each term.

- PAYMENT IN CASH/CHEQUE DIRECT TO AIHFE – Payment will be made in one payment for the unit/s that you intend to enrol prior to the commencement of the unit of study
 DIRECT DEBIT FORTNIGHTLY INSTALMENTS – All direct debit instalments must be completed prior to the census date for the unit of study
 Pay Smart (Weekly Direct Debit)
 VSL (VET Student Loans) Only for eligible students for eligible courses. Please contact Institute before selecting this option.

SECTION F: MARKETING RESEARCH

How did you hear about the AIHFE as a training provider? *Please tick the appropriate boxes*

- Google search on the internet Internet search other than Google – please advise which search engine you used.....
 Attended AIHFE Clinic AIHFE Student / Graduate - please give details so we can thank them.....
 Yellow Pages Local Community Newspaper – please advise which local paper.....
 TV advertising Radio advertising – please specific which station, if you can recall
 Any other (please specify)

ACKNOWLEDGEMENT/DECLARATION

I declare that I have read and understood this document, in conjunction with the AIHFE Policy Manual and that the terms and conditions of this offer have been fully explained to me. I certify that the information on this form and the supporting documents provided are correct and complete.

I have accessed, read and understood the AIHFE policies, including the refund, withdrawal and grievance policies, on the AIHFE website at www.aihfe.wa.edu.au

I authorise the AIHFE to confirm any information provided in this application relating to my prior academic record and any other supporting documentation.

I acknowledge the provision of incorrect information or documentation relating to my application may result in cancellation of my enrolment.

Name: _____

Signature: _____

Date: _____