



1. STUDENT DETA	ILS						
Title: Mr / Mrs / M	s / Miss	Male	Female	Othe	r Da	ate of Birth	/ /
Surname:			Given N	lames:			
Home Phone:				Mobile:			
Residential Address:				Suburb		Postco	ode:
Postal Address:				Suburb	Postcode:		
Email Address:							
Preferred contact:	Ema	il	Pho	one		Skype	
Passport No:				Expiry o	late:	/ /	′
Country of issue:							
Have you ever had or any other count		ion refused (	or visa cand	elled for A	ustralia	☐ Yes	□ No
Have you ever been failing to meet visa	-	Australia's De	epartment	of Home A	ffairs for	☐ Yes	□ No
2. TRAINING PRO	GRAM DETAIL	S					
Program Code:	ICT50220 Program Cost: AUD\$20,600.00						
Program Name:	Diploma of Information Technology (Front End Web Development)						
Preferred Start Date:	/	/	Preferred End Date:		/	/	
3. UNIQUE STUDENT IDENTIFIER (USI)							
USI No:						(10 digi	ts in total)
If you do not have and Management A	_					Yes	No

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To raise a USI we will need one of the following proof of Identity evidences.								
Visa No:	Expiry Date:	/	/ Ту	oe:				
4. WELFARE								
Do you require homestay?	Yes	No	How r	many we	eks?			
Do you require airport pickup?	Yes	No	Flight No: Date:			e: / /		
Do you require Overseas Student Health Cover?	Yes	No	Single or Family		y:			
5. LANGUAGE								
Proof of English Language	IELTS Proficiency: TOEFL Test Date: PTE							
Have you studied in Australia before?	Yes	No	Detail	s:				
6. DISABILITY								
Do you have a disability?	Yes		No					
Please state your disability, impairment or injury.		Hearing Learning		Intellectual Mental Illness		Physical Acquired		
7. PRIOR EDUCATION								
What is your highest level of school completed?		Primary School High School		Senior High School Other				
In which year did you complete school?								
Have you successfully completed any of the following	owing qualifications?			Ye	:S	No		
Bachelor's degree or Higher Degree	Certificate III or Trade Certificate							
Advanced Diploma or Associate Degree	Certificate II							
Diploma or Associate Diploma	Certificate I							
Certificate IV or Advance Certificate	Certificates - other							

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Do you wish to apply for Overseas Health Cover (OSHC) through college?						6	No		
Do you wish to apply for Recognition of Prior Learning or Credit Transfer?						5	No		
Do you have any	special needs that v	we should plan support	for?		Yes	6	No		
If yes, please pr	ovide some details:								
8. REASON FOI	R STUDY								
To develop To start m	b or better job o my existing busine y own business ra skills for my job	To try for a			equirement of my job a different career nal interest or self- ent				
9. EMERGENCY	CONTACT								
Name:				Relations	ship:				
Home Phone:		Mobile:							
10. MARKETING	AND IMAGES								
How did you hear about us?  Existing Student Agent Other  Website Social Media						er			
International Institute of Technology and Management Australia may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below.									
I do not wish to be contacted regarding future training opportunities.									
During training, photos or footage may be taken of you. Do you give International Institute of Technology and Management Australia permission to use these photos or footage for such things as improving training resources, promotional documents and reports?						No			

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11. PAYMENT METHODS								
Credit Card Details (required to reserve a place in the course)								
Mastercard Visa								
Card Holder Name:								
Card Number:								
Expiry Date: / / Card (CVC Code)								
Note: Credit cards will not be charged without prior notification.								

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12. STUDENT DECLERATION
By signing this form, I certify that the information provided is true and correct. I further certify that:
<ul> <li>I have reviewed the Learner Handbook supplied to me and have been informed about and accept my rights and obligations.</li> </ul>
<ul> <li>I have reviewed and accept the Schedule of Fees and Payments and have been informed of the refund policy.</li> </ul>
I have reviewed the Course Brochure and have been informed of and accept the training and

• I have reviewed the National VET Data Privacy Policy Notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance with this notice.

assessment services to be provided and the units of competency to be completed.

- I understand that International Institute of Technology and Management Australia may refuse my application or cancel my enrolment if any information is found to be incorrect or misleading.
- By submitting this form, I agree that International Institute of Technology and Management
  Australia will independently verify the information supplied by me in this form and request
  further information or documentation as required.
- I authorise my booking agent to act on my behalf in all matters relating to this application and associated visa application.

Documents to attach with your application:								
☐ Passport including photo page and signature page								
☐ Evidence of English language proficiency								
☐ Academic certificates/transcripts (translation needed if not in English)								
Please submit your application to <a href="mailto:admin@iitma.vic.edu.au">admin@iitma.vic.edu.au</a> . You will receive a response within two business days. Please note that International Institute of Technology and Management Australia may request additional information from you in support of your application.								
Signature:	Date: / /							

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RTO use only:								
Details entered into the system? No / Yes								
Enrolment confirmation sent? No / Yes								
English language proficiency confirmed? No / Yes								
Has payment	been received?	No	/	Yes	Amount paid :			
					Receipt No :			
USI verified?		No	/	Yes				
Training sche	duled to commen	ce on	the f	followi	ng date:			
Note:								
Full Name:								
Signature:						Date:		/

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