AILFE
AUSTRALIAN INSTITUTE OF LANGUAGE AND FURTHER EDUCATION

*Empowering knowledge for corporate excellence*

# Domestic Student Application Form

| **Applicant Personal Details** | | | |
|---|---|---|---|
| Family Name | | Given Name | |
| Date of Birth | | Gender | Male ☐ Female ☐ Other ☐ Prefer not Say ☐ |
| Contact Details in Australia | Address | | |
| | Mobile | Email | |
| **Photo ID Details** | | | |
| ID Number | | Country of Issue | |
| Expiry Date | | Country of Birth | |
| **Emergency Contact Details** | | | |
| Full Name | | Relationship | |
| Contact Number | | Email | |
| Address | | | |
| **Unique Student Identifier (USI)** | USI is mandatory for enrolment. If you ask AILFE to create a USI on your behalf, you authorise AILFE to verify your identity documents with the document issuer and you have read the USI Privacy Notice (https://www.usi.gov.au/about-us/privacy/privacy-and-your-usi) | | |
| | Yes ☐ No ☐ | | |
| Do you require disability assistance? | Yes ☐ No ☐ | | |
| Do you have learning, language, literacy, numeracy or accessibility needs? AILFE will review this information and provide reasonable adjustments. | Yes ☐ No ☐ | | |
| **COURSE SELECTION (tick your selection in the box)** | | | |
| **Intake Date:** | **Class Format:** MON ☐ WED ☐ EVE ☐ WKD ☐ | | |

| | |
|---|---|
| **English** | ☐ General English<br>Start Date Study Weeks |
| **Business and Management** | ☐ BSB50420 Diploma of Leadership and Management<br>☐ BSB60420 Advanced Diploma Leadership and Management<br>☐ BSB80320 Graduate Diploma of Strategic Leadership |
| **Individual Support and Community Services** | ☐ CHC52025 Diploma of Community Services<br>☐ CHC62015 Advanced Diploma of Community Sector Management |
| **Early Childhood Education** | ☐ CHC30121 Certificate III in Early Childhood Education and Care<br>☐ CHC50125 Diploma in Early Childhood Education and Care |
| **Commercial Cookery** | ☐ SIT30821 Certificate III in Commercial Cookery<br>☐ SIT40521 Certificate IV in Kitchen Management<br>☐ SIT50422 Diploma of Hospitality Management (Commercial Cookery Pathway) |
| **Patisserie** | ☐ SIT31021 Certificate III in Patisserie<br>☐ SIT40721 Certificate IV in Patisserie<br>☐ SIT50422 Diploma of Hospitality Management (Patisserie Pathway) |
| **Hospitality Management** | ☐ SIT50422 Diploma of Hospitality Management (Commercial Cookery Stream)<br>☐ SIT50422 Diploma of Hospitality Management (Patisserie Stream)<br>☐ SIT50422 Diploma of Hospitality Management (Food and Beverage)<br>☐ SIT60322 Advanced Diploma of Hospitality Management |
| **Automotive** | ☐ AUR30620 Certificate III in Light Vehicle Mechanical Technology<br>☐ AUR40226 Certificate IV in Automotive Mechanical Diagnosis |
| **Construction** | ☐ CPC30220 Certificate III in Carpentry<br>☐ CPC40120 Certificate IV in Building and Construction<br>☐ CPC50220 Diploma of Building and Construction (Building) |

## By signing this form

- I declare the information in this application and supporting documentation is true.
- I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in cancellation of my enrolment.
- I consent that my personal information may be made available to Australian Commonwealth and State agencies by law.
- I declare that I have the financial capacity to meet tuition fees and related expenses while enrolled.
- I understand that if I am unable to pay my tuition fees in line with the payment due date, AILFE may cancel my enrolment.
- I am aware of AILFE Privacy Policy which is available on AILFE website www.ailfe.wa.edu.au.
- I fully understand the AILFE Refund Policy available on AILFE's website www.ailfe.wa.edu.au.
- I acknowledge AILFE Complaints & Appeals Policy and understand the internal and external review options.
- I confirm I have received and understood the Student Handbook, including policies on attendance, course progress.
- I consent to AILFE communication with me electronically, including by email and through student systems

AILFE
AUSTRALIAN INSTITUTE OF LANGUAGE AND FURTHER EDUCATION

*Empowering knowledge for corporate excellence*

Signature of applicant

Legal Guardian Name (if under 18)
(Required to submit Local Carer Duty Statement & Under 18 Student Welfare and Accommodation Approval Form)

Legal Guardian Signature (if under 18)

Date

*Agent Name & Stamp*

| APPLICATION DOCUMENTS - ATTACHMENT CHECKLIST | |
|---|---|
| • Certified copies of all academic documents<br>• Certified copy of your ID | ☐ |

**BANK DETAILS** *for online payment (**Please use your FULL NAME as reference**)*

*Bank Name & Address: Commonwealth Bank of Australia (CBA), 150 St Georges Terrace, Perth, WA 6000.*
*Swift Code: CTBAAU2S Account No: 11924902 BSB: 066000*
*Account Name: AUSTRALIAN ASSOCIATION OF EDUCATION AND RESEARCH PTY LET T/AS AUSTRALIAN INSTITUTE OF LANGUAGE AND FURTHER EDUCATION* (AILFE)