

Empowering knowledge for corporate excellence

Domestic Student Application Form

Applicant Personal Details			
Family Name		Given Name	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not Say <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>		
Do you require disability assistance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have learning, language, literacy, numeracy or accessibility needs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
AILFE will review this information and provide reasonable adjustments.			
COURSE SELECTION (tick your selection in the box)			
Intake Date:	Class Format: MON <input type="checkbox"/> WED <input type="checkbox"/>		

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English	<input type="checkbox"/> General English <div>Start Date Study Weeks</div>
Business and Management	<input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB60420 Advanced Diploma Leadership and Management <input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning)
Individual Support and Community Services	<input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC52021 Diploma of Community Services <input type="checkbox"/> CHC62015 Advanced Diploma of Community Sector Management
Early Childhood Education	<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50121 Diploma in Early Childhood Education and Care
Commercial Cookery	<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery <input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management
Patisserie	<input type="checkbox"/> SIT31021 Certificate III in Patisserie <input type="checkbox"/> SIT40721 Certificate IV in Patisserie
Hospitality Management	<input type="checkbox"/> SIT50422 Diploma of Hospitality Management <input type="checkbox"/> SIT60322 Advanced Diploma of Hospitality Management
Automotive	<input type="checkbox"/> AUR30620 Certificate III in Light Vehicle Mechanical Technology <input type="checkbox"/> AUR40216 Certificate IV in Automotive Diagnosis

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

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

Type	Forms	Next Revision Date	01.03.2026	Document Owner	Admission Manager
Version	5.4	Date Amended	01.03.2025	Original Issue Date	07.05.2014
Title	Domestic Student Application Form Australian Institute of Language and Further Education RTO: 41041 CRICOS: 03402B				
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APPLICATION DOCUMENTS - ATTACHMENT CHECKLIST

- Certified copies of all academic documents
- 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)

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