

|                  |   |                  |
|------------------|---|------------------|
| PERSONAL DETAILS | SURNAME   |                  |
|                  | GIVEN NAMES   |                  |
|                  | DATE OF BIRTH   |                  |
|                  | CITIZENSHIP   | COUNTRY OF BIRTH |
|                  | PASSPORT NUMBER   | EXPIRY DATE      |
|                  | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                  |
|                  | HOME ADDRESS  |                  |
|                  | EMAIL   | PHONE            |

|                |              |              |
|----------------|--------------|--------------|
| AGENCY DETAILS | COMPANY NAME | CONTACT NAME |
|                | ADDRESS 1    |              |
|                | EMAIL        | PHONE        |

(If you are under 18 years age, you need the consent of your parent or guardian)

|             |         |              |
|-------------|---------|--------------|
| NEXT OF KIN | NAME    | RELATIONSHIP |
|             | ADDRESS |              |
|             | EMAIL   | PHONE        |

|              |   |  |
|--------------|---|--|
| VISA DETAILS | DO YOU HAVE A CURRENT VISA <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|              | WHAT TYPE OF VISA DO YOU HAVE OR WILL YOU BE APPLYING FOR?                          |  |
|              | <input type="checkbox"/> 1 STUDENT VISA   | <input type="checkbox"/> 4 WORKING VISA  |
|              | <input type="checkbox"/> 2 TOURIST VISA   | <input type="checkbox"/> 5 BUSINESS VISA |
|              | <input type="checkbox"/> 3 PERMANENT VISA   | VISA DURATION                            |
|              |   | SUBCLASS TYPE                            |

|                     |  |  |
|---------------------|--|--|
| EDUCATIONAL DETAILS | WHAT IS YOUR HIGHEST COMPLETED SCHOOL YEAR (E.G. YEAR 12)?                       | YEAR OF COMPLETION   |
|                     | ARE YOU STILL ATTENDING SECONDARY SCHOOL?  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
|                     | HAVE YOU COMPLETED ANY GCE LEVELS?   | <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes please enclose copies</small> |
|                     | SINCE LEAVING SCHOOL HAVE YOU COMPLETED ANY QUALIFICATIONS?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
|                     | IF YOU ANSWERED YES TO THE ABOVE QUESTION PLEASE TICK THE APPLICABLE BOXES BELOW |  |
|                     | <input type="checkbox"/> CERTIFICATE   |  |
|                     | <input type="checkbox"/> DIPLOMA   |  |
|                     | <input type="checkbox"/> BACHELORS   |  |
|                     | <input type="checkbox"/> MASTERS   |  |

PLEASE ENSURE ALL FIELDS ARE COMPLETED.

Any information provided may be made available to Commonwealth and State agencies and the fund manager of the ESOS Assurance Fund.

|            |   |  |
|------------|---|--|
| DISABILITY | DO YOU CONSIDER YOURSELF TO HAVE A PERMANENT AND SIGNIFICANT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|            | IF YOU ANSWERED YES, PLEASE TICK BELOW WHERE APPLICABLE   |  |
|            | <input type="checkbox"/> VISUAL / SIGHT / SEEING  | <input type="checkbox"/> HEARING                 |
|            | <input type="checkbox"/> PHYSICAL DISABILITY  | <input type="checkbox"/> INTELLECTUAL DISABILITY |
|            | <input type="checkbox"/> CHRONIC ILLNESS  | <input type="checkbox"/> OTHER (PLEASE SPECIFY)  |
|            | DO YOU REQUIRE SPECIAL ASSISTANCE BECAUSE OF THIS DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO            |  |

|                  |  |                         |
|------------------|--|-------------------------|
| ENGLISH LANGUAGE | DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO             |                         |
|                  | IF SO, SPECIFY THE LANGUAGE SPOKEN:  |                         |
|                  | DO YOU HAVE ANY IELTS/TOEFL SCORES? <input type="checkbox"/> YES <input type="checkbox"/> NO                             | SCORE:                  |
|                  | ARE YOU ENROLLING IN AN ELICOS COURSE PRIOR TO STUDY WITH ACIT? <input type="checkbox"/> YES <input type="checkbox"/> NO | ELICOS COMPLETION DATE: |



Don't forget to attach copies of relevant qualifications and supporting documents

|   |  |                        |   |
|---|--|------------------------|---|
| TRAVEL/ACCOMMODATION FEES   | WOULD YOU LIKE ACIT TO ARRANGE YOUR OSHC? <input type="checkbox"/> YES <input type="checkbox"/> NO     | HOW MANY MONTHS? _____ | <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY |
|   | PLEASE PROVIDE DETAILS OF FAMILY ON OSHC (GIVEN NAME, SURNAME, DATE OF BIRTH, RELATIONSHIP TO YOU)     |                        |   |
|   |  |                        |   |
|   |  |                        |   |
|   | DO YOU NEED TO BE PICKED UP FROM THE AIRPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO | \$100 pickup fee       |   |
| DO YOU NEED ACIT TO ARRANGE ACCOMMODATION FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO | \$500 accommodation placement fee  |                        |   |

For information about your preferred course please refer to our course brochure or price list. ACIT reserves the right to change dates, courses and fees without notice.

| COURSE DETAILS | COURSE NAME | START DATE | DURATION | CAMPUS |
|----------------|-------------|------------|----------|--------|
|                |             |            |          |        |
|                |             |            |          |        |
|                |             |            |          |        |
|                |             |            |          |        |

|                                  |   |       |
|----------------------------------|---|-------|
| TERMS AND CONDITIONS             | <b>DECLARATION</b>  |       |
|                                  | I have read the Australian College of Information Technology's terms and conditions.<br>I agree to abide by all the rules and regulations of the Australian College of Information Technology.<br><i>If you are under 18 years of age, you will also need the signature of your guardian below.</i> |       |
|                                  | I HEARBY AGREE TO THE ABOVE TERMS AND CONDITIONS:   |       |
|                                  | SIGNATURE STUDENT: _____  | DATE: |
| SIGNATURE PARENT/GUARDIAN: _____ | DATE:   |       |

Send your completed application form with supporting documents by email, fax or post to the below details. If you are applying through a local agent, return the form to your agent.