

Application form

Personal Details (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.

1	Family Name			
2	Given Names			
3	Citizenship	4	Country of Birth	
5	Date of Birth	6	Sex (tick a box)	<input type="checkbox"/> Male <input type="checkbox"/> Female
7	Passport Number			
8	Home Address			
9	Telephone	Fax	Email	

Emergency Contact Details

10	Name	11	Relationship	
12	Address			
13	Telephone	Fax	Email	

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

14	Name			
15	Address			
16	Telephone	Fax	Email	

Visa Details

17	Do you have a current visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	What type of visa do you have or will 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

Education Details

19	What is your highest completed school level?			
20	Year of completion.		24	Tick completed qualifications
21	Are you still attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 Trade Certificate
22	Since leaving school, have you completed any qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 2 Advanced/Technician Certificate
				<input type="checkbox"/> 3 Certificate other than above
				<input type="checkbox"/> 4 Diploma
				<input type="checkbox"/> 5 Bachelor degree
				<input type="checkbox"/> 6 Masters degree

Disability

24	Do you consider yourself to have a permanent and significant disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25	Do you require special assistance because of the disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	If you answered yes, please tick where applicable	<input type="checkbox"/> 1 Visual/sight/seeing	<input type="checkbox"/> 4 Intellectual disability
		<input type="checkbox"/> 2 Hearing	<input type="checkbox"/> 5 Chronic illness
		<input type="checkbox"/> 3 Physical disability	<input type="checkbox"/> 6 Other (specify) _____

English Language

27	Do you speak a language other than English at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, specify the language spoken.		
28	Do you have any IELTS Scores?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Score _____	<small>If yes please please enclose copies of your certificate</small>
29	Do you have any TOEFL Scores?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Score _____	

Travel and Accommodation

30	Do you need to be picked up from the Airport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31	Do you need ACIT to arrange accommodation for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Course selection and commencement date

32	Please enter the name of the course you wish to enrol in (refer to Course Information Sheets).			
	Course/package Name	Course Code	Start Date	Duration

33	<p>Declaration</p> <p>I have read the Australian College of Information Technology's refund policy.</p> <p>I agree to abide by all the rules and regulations of the Australian College of Information Technology.</p> <p>If you are under 18 years of age, you will also need the signature of your parent or guardian below.</p> <p>I hereby agree to the above terms and conditions:</p>
	<p>Signed _____ Student Date </p> <p>Signed _____ Parent or Guardian Date </p>