



Please complete all section and ensure all certified copies of your academic transcripts, English language assessments and passport are attached. Please note that AIDT will not be accepting students less than 18 years of age at the time of enrolment.

Please select y			□·	
		☐ Mrs.	Miss	
			-	ountry of Birth:sport Expiry Date:
· -				nt? Yes (Onshore) No (Offshore
, 3			,	_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 CONTACT D	ETAILS			
Unit/Flat/Suite: _		Street number:		Street name:
City/Suburb/Town:	State	State/Province/Region:		de: Country:
Phone number (Home)		Work:		Mobile:
Email Address:		Alternate Ema	il Address (optional):	
Do you give permission	to AIDT to contact you by	e-mail or SMS for mar	keting purposes?	Yes No
EMERGENCY CON	ITACT DETAILS			
Name:			Relations:	☐ Family ☐ Friend ☐ Oth
Address:				
3 PLEASE SEL	ECT THE AREA/S IN 1	THE FOLLOWING	LIST, IF YOU TICKED	ON "YES" ON THE BOX IN
	ECT THE AREA/S IN 1	THE FOLLOWING	LIST, IF YOU TICKED	ON "YES" ON THE BOX IN
THE PREVI	OUS SECTION:		_	_
	OUS SECTION:	☐ Physical	Learning	ON "YES" ON THE BOX IN Acquired Brain Impairment
THE PREVIO	Intellectual Mental illness	☐ Physical ☐ Vision	LearningMedical Condition	_
THE PREVIO	OUS SECTION:	☐ Physical ☐ Vision	LearningMedical Condition	_
THE PREVIOUS Hearing/Deaf Other	Intellectual Mental illness	Physical Vision	LearningMedical Condition	_
THE PREVIOUS THE P	☐ Intellectual ☐ Mental illness	Physical Vision The second se	☐ Learning ☐ Medical Condition	Acquired Brain Impairment
THE PREVIOUS THE P	Intellectual Mental illness allergies or medical proble	Physical Vision The second se	Learning Medical Condition	Acquired Brain Impairment
THE PREVIOUS THE P	Intellectual Mental illness allergies or medical proble urther information below:	Physical Vision The second of	Learning Medical Condition No	Acquired Brain Impairment
THE PREVIOUS THE P	Intellectual Mental illness allergies or medical proble urther information below:	Physical Vision ms? Yes (PLEASE ATTACH	Learning Medical Condition No	Acquired Brain Impairment
THE PREVIOUS Hearing/Deaf Other Do you suffer from any If yes, please provide for HIGH SCHOOL HIGH SCHOOL	Intellectual Mental illness allergies or medical proble urther information below:	Physical Vision The second of	Learning Medical Condition No	Acquired Brain Impairment
THE PREVIOUS Hearing/Deaf Other Do you suffer from any If yes, please provide for the provid	Intellectual Mental illness allergies or medical proble urther information below: NAL BACKGROUND OL, DIPLOMA, DEGRE st completed Qualiffica	Physical Vision The second of	Learning Medical Condition No	Acquired Brain Impairment
THE PREVIOUS THE P	Intellectual Intellectual Mental illness allergies or medical proble urther information below: NAL BACKGROUND OL, DIPLOMA, DEGRE st completed Qualiffication:	Physical Vision The second of	Learning Medical Condition No	☐ Acquired Brain Impairment US STUDIES UNDERTAKEN E.G.,



What is your highest completed Qualiffication from overseas?

ENROLMENT APPLICATION FORM (DOMESTIC STUDENTS)

Name of school/Institution:			
State/Country:	Years of study:	Years of stud	ty:
Name of qualification:			
5 ADVANCED STANDING			
Credit Transfer and Recognition of Pri	or Learning (RPL)		
Do you wish to apply for Course Credit/RPL?	Yes No		
Please attach a copy of your academic transc of the Application for Recognition Form for documents are not in English, please include	rom our website (admissions@aidt.edu.a		з сору
6 UNIQUE STUDENT IDENTIFIE	R (USI)		
Do you have a USI? Yes No			
If yes, please provide your USI number in the	box below-		
If you do not have a USI number, you can visi Officers to guide you how you could create you VET COURSES DETAILS What is your course and campus selection?			
Courses			Melbourne
Diploma Of Information Technology			
Advanced Diploma Of Information Technology	<i>f</i>		
Diploma of Information Technology (Cyber Se	curity)		
Advanced Diploma of Information Technology	(Cyber Security)		
Diploma of Information Technology (Telecom	munications Network Engineering)		
Advanced Diploma of Information Technolog	y (Telecommunications Network Engineering))	
Certificate III in Commercial Cookery			
Certificate IV in Kitchen Management			
Diploma of Hospitality Management			
Certificate III in Individual Support (Ageing G	Disability)		
Certificate IV in Ageing Support			
Certificate III in Early Childhood Education and	d Care		
Diploma of Early Childhood Education and Ca	re		
Diploma of Leadership G Management			
Advanced Diploma of Leadership G Managem	ent		
Graduate Diploma of Management (Learning			



PRE-TRAI	NING REVIEW						
Why have you chosen t	to enrol in this course? (tie	ck ONE box only)):				
To get a job	To develop my exis	sting business	To start	my own business	☐ To try f	or a different career	
☐ To get a better job or promotion		☐ To get a	better job or promoti	on	It was a requirement of my job		
☐ I wanted extra skills for my job		☐ To get in	to another course of	study	Other reasons		
For personal interes	its or self-development						
	u seeking from completin		g., career/better emp	loyment/ further acad	demic pathways		
Do you have any learni	ng difficulties so that we	could provide ex	tra support?				
Reading support	☐ Writing s	support	oport One-on-one guidance		Additional resources		
Others (please specify):	:						
No, none of the aboDo you have any speciaYes □ No	ve al cultural requirements? Prayer room	☐ Other (ple	ease specify below):				
10 FEEDBAC							
Google [Parent	Expo	Magazine	☐ Interna	al memo	Website	
Newspaper	☐ Facebook	☐ Ir	nternet	Friend		Teacher	
Agent (Please provide i	nformation)						
Agent name :							



I I SUMMARY CHECKLIST	
Please ensure that you submit the following:	
Completed signed Application Form	Proof of other studies or employment (if required)

12 PRIVACY POLICY

Why we collect your personal information and how we use and maintain it?

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrollment in avocational education G training (VET) course with us. We use your personal information to enable us to deliver VET courses to you, G otherwise, as needed, to comply with our obligations as an RTO. We are required by law (under the National Vocational Education G Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing G communicating research G statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

Why we collect your personal information and how we use and maintain it?

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; G understanding the VET market. The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at https://www.dese.gov.au/national-vet-data/vet- privacy-notice.

Surveys: You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information: At any time, you may contact Australian Institute of Digital Technology to: request access to your personal information; correct your personal information; make a complaint about how your personal information has been handled; ask a question about this Privacy Notice

Australian Institute of Digital Technology

Phone: 0459 380 166

Melbourne Address: Suites 4-5, Level 1, 108 Bourke Street, Melbourne 3000, VIC, Australia

Email: admissions@aidt.edu.au



Student Declaration and Consent					
I declare that the information I have provided to the best of my knowledge is true and correct.					
I acknowledge that I have read and understood Australian Institute of Digital Technology Privacy	Policy.				
I confirm that I have read G understood Australian Institute of Digital Technology current Interprovided on Australian Institute of Digital Technology (www.aidt.edu.au) which details informating G progress requirements, English entry requirements, LLN requirements. I also understand for explanation of what occurs, if for some unforeseen reason, the course is not delivered. I agree that will be for study purposes only. I understand that OSHC is compulsory for all international stude own health cover. I understand that if I have reappointed an education agent, I have authorised release personal information and visa documentation relevant to my application to that agent Technology to obtain official records from any educational institution previously attended by me	on about ees paym t my tem ents, and I Australia t. I autho	the ESOS ents G re porary ent I will be n an Institut orise Aust	framework fund policy try to Austra responsible te of Digital	c, course erdincludingalia, if grantto arrangeTechnology	ntry an ted, my y to
Applicant Acknowledgement and Signature					
Student full name:					
Student Signature:	Date:				
		Day	Month	Year	
Applicant Checklist Please ensure you attach the following documents with your application.					
Completed all sections of the International Student Application Form					
Certified copy of personal details page of your passport					
Certified copy of your English language qualification or provide details of your English proficie	ncy				
Certified copy of all academic qualifications, including secondary school studies					
CoE document(s) for all courses enrolled - if you are currently studying in Australia					
Certified official translation of any document not in English					