

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. I agree to abide by all the rules and regulations of the Australian College of Information Technology. <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.