

Course details

Course name:

Course number:

Competencies:

Course venue:

Course date:

Student details

Title:

Date of birth: ____/____/____

Sex: Male Female

First name:

Middle name:

Surname:

*(As it will appear on your certificate)

Street address:

Suburb/Town:

State:

Post code:

Country:

Billing address, if different to above:

Postal address, if different to above :

Employer name :

Email address:

Mobile :

Work :

Home:

Your citizenship and residency status (Students residing in Australia only)

Australian citizen

New Zealand citizen

Australian permanent resident

Australian temporary visa holder and my visa sub class is

Not residing in Australia

Country of birth

Australia

Other (specify)

Previous education

Highest school year completed:

Year completed:

Tertiary or other qualification:

Year completed:

(attach evidence)

Language spoken

English	<input type="checkbox"/>	Other	<input type="checkbox"/>	(specify)				
<hr/>								
How well do you speak English?	Very well	<input type="checkbox"/>	Well	<input type="checkbox"/>	Not well	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
<hr/>								
Are you an Australian Aboriginal?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<hr/>								
Are you a Torres Strait Islander?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<hr/>								
Do you consider you have a disability, impairment or long term condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<hr/>								
Do you require assistance because of this?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

Study reason

To get a job	<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>	To start my own business	<input type="checkbox"/>
<hr/>					
Try for a different career	<input type="checkbox"/>	To get a better job or promotion	<input type="checkbox"/>	It is a requirement of my job	<input type="checkbox"/>
<hr/>					
I want extra skills for my job	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>

Employment status

Full time employee	<input type="checkbox"/>	Employed- unpaid work in family business	<input type="checkbox"/>
<hr/>			
Part time employee	<input type="checkbox"/>	Unemployed – seeking full time employment	<input type="checkbox"/>
<hr/>			
Self employed not employing others	<input type="checkbox"/>	Unemployed-seeking part time employment	<input type="checkbox"/>
<hr/>			
Employer	<input type="checkbox"/>	Not employed- not seeking employment	<input type="checkbox"/>

Student declaration

This form has been completed by me personally and all the information is correct.

I consent to the Institute of Management obtaining relevant information to verify my application and sharing my personal information with the appropriate bodies. Institute of Management abides by all the relevant legislation regarding collecting and sharing of personal information as a Registered Training Organisation (RTO).

Student signature

Name:

Signature:

Date _____/_____/_____

How did you hear about us?

Website Word of mouth Advertisement Email