

## Student Enrolment Application Form

### Important Instructions:

Please complete this form to the fullest extent in black or blue ink pen and attach photocopies of the documents requested (do not attach original documents - see the IHMA enrolment checklist for guidance.

The student acknowledges and accepts that information collected on the IHMA application form and during student's enrolment is done so in order to meet our obligations under the ESOS Act and the National Code 2007; to ensure student compliance with the conditions of the students' visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007.

The student acknowledges and agrees that all information that is collected or generated during the students 'enrolment and/or study with IHMA, may be disclosed or shared with the National Centre for Vocational Education Research in accordance with Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) data collection, the Australian Skills Quality Authority (ASQA), the Department of Immigration and Border Protection (DIBP), the Department of Education via entry into Provider Registration and International Students Management System (PRISMS), including all other related or unrelated Information Technology managed systems and databases.

It is a compulsory requirement of your student visa conditions that you must advise IHMA of your residential address in Australia within 7 days of arriving in Australia, or if you change any of your residential address details or contact details when you are onshore. Failure to comply with this requirement could result in the cancellation of your enrolment and student visa by the Department of Immigration and Border Protection. To make changes to your details, please download and complete the 'Changes and Updates to Personal and Contact Details Form' then submit the completed form to the IHMA administration department.

Student ID number                      AIT/                      /M

### Personal details

#### 1. Enter your full name

Family name (surname)

Given names

#### 2. Enter your birth date

Day/month/year    |    |    |    |

#### 3. Sex (Tick ONE box only)

Male                       M

Female                       F

#### 4. What is the address of your usual residence?

Please provide the physical address (street number and name not post office box number) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

5. What is your postal address (if different from above)?

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. PO Box 254)

Suburb, locality or town

State/territory

Postcode

## Language and cultural diversity

6. In which country were you born?

Australia  1101

Other – please specify

7. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only  **English only – Go to question 9**  
1201

Yes, other – please specify

8. How well do you speak English?

Very well  1

Well  2

Not well  3

Not at all  4

9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

## Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes  Y

No  N **No – Go to question 12**

11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area)

Hearing/deaf  11

Physical  12

Intellectual	<input type="checkbox"/> 13
Learning	<input type="checkbox"/> 14
Mental illness	<input type="checkbox"/> 15
Acquired brain impairment	<input type="checkbox"/> 16
Vision	<input type="checkbox"/> 17
Medical condition	<input type="checkbox"/> 18
Other	<input type="checkbox"/> 19

## Schooling

12. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent	<input type="checkbox"/> 12
Year 11 or equivalent	<input type="checkbox"/> 11
Year 10 or equivalent	<input type="checkbox"/> 10
Year 9 or equivalent	<input type="checkbox"/> 09
Year 8 or below	<input type="checkbox"/> 08
Never attended school	<input type="checkbox"/> 02

Never attended school – go to question 14

13. In which YEAR did you complete that school level?

\_\_\_\_\_

14. Are you still attending secondary school?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

## Previous qualifications achieved

15. Have you SUCCESSFULLY completed any of the following qualifications?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

No – go to question 17

16. If YES, then tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Certificates other than the above	<input type="checkbox"/> 990

## Employment

17. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

Full-time employee	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed – not employing others	<input type="checkbox"/> 03
Employer	<input type="checkbox"/> 04
Employed – unpaid worker in a family business	<input type="checkbox"/> 05
Unemployed – seeking full-time work	<input type="checkbox"/> 06
Unemployed – seeking part-time work	<input type="checkbox"/> 07
Not employed – not seeking employment	<input type="checkbox"/> 08

## Study reason

18. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

To get a job	<input type="checkbox"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest or self-development	<input type="checkbox"/> 12
Other reasons	<input type="checkbox"/> 11

## Personal details required by IHMA

19. Enter your mobile number

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20. Enter your landline contact / alternate contact number

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21. Enter your email address

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22. Enter your status

Single   
 Married

23. Enter your country of current citizenship

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24. If you are currently in Australia on a visit, temporary or student visa please state the visa number, class/sub class and expiry date

Visa number 

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Class/ subclass number 

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Expiry date

Day/month/year | | | |

25. Enter your current passport number and expiry date

Passport number 

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Expiry date

Day/month/year | | | |

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## Emergency contact details required by IHMA

**ONSHORE**

26. Onshore- Enter your emergency contact person full name

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27. Onshore- Enter your emergency contact person contact number

\_\_\_\_\_

28. Onshore- Enter your emergency contact person email address

\_\_\_\_\_

29. Onshore- Describe your relationship with your emergency contact person

\_\_\_\_\_

**OFFSHORE**

30. Offshore -Enter your emergency contact person full name

\_\_\_\_\_

31. Offshore- Enter your emergency contact person contact number

\_\_\_\_\_

32. Onshore- Enter your emergency contact person email address

\_\_\_\_\_

33. Offshore- Describe your relationship with your emergency contact person

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## Courses available

34. Of the following courses, please select your intention of enrolment? (Tick at least ONE box )

SIT 30813	Certificate III in Commercial Cookery	<input type="checkbox"/>
SIT 30913	Certificate III in Asian Cookery	<input type="checkbox"/>
SIT 31113	Certificate III in Patisserie	<input type="checkbox"/>
SIT 40413	Certificate IV in Commercial Cookery	<input type="checkbox"/>
SIT 40513	Certificate IV in Asian Cookery	<input type="checkbox"/>
SIT 40713	Certificate IV in Patisserie	<input type="checkbox"/>
SIT 50313	Diploma of Hospitality	<input type="checkbox"/>
SIT 60313	Advanced Diploma of Hospitality	<input type="checkbox"/>

35. Please select one of your enrolment status (Tick ONE box only)

International student require ECoE	<input type="checkbox"/>
Domestic training and assessment	<input type="checkbox"/>

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## Education agent details

36. Enter your agent full name (if applicable)?

Family name (surname)

\_\_\_\_\_

Given names

\_\_\_\_\_

37. Enter your agent company name

Company name

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38. What is your agent address ( ?

Building/property name

\_\_\_\_\_

Flat/unit details

\_\_\_\_\_

Street or lot number (e.g. 205 or Lot 118)

\_\_\_\_\_

Street name

\_\_\_\_\_

Postal delivery information (e.g. PO Box 254)

\_\_\_\_\_

Suburb, locality or town

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 State/territory
 

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 Postcode
 

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## Student overseas contact details required by the Department of Education and PRISMS

39. Enter your overseas mobile number

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40. Enter your overseas landline contact/alternate contact number

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41. Enter your overseas contact email address

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42. What is the OVERSEAS address of your usual residence?

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for returning to your home.

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 Building/property name
 

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 Line 1
 

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 Line 2
 

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 Line 3
 

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 Line 4
 

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 Suburb/ city/ state
 

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 Postcode
 

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 Contry
 

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### Declaration:

I declare that I have read the relevant IHMA course information and ESOS framework and that the above information provided by me is true and correct. I acknowledge that IHMA reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, fraudulent or incomplete information. I accept that the information provided by me and/or course enrolment details, changes to information I have supplied and the circumstances of any suspected breach of visa condition will be made available to the Australia Government and designated authorities and if relevant the Tuition Protection Service under the ESOS Act 2000 and the National Code obligations relating to conditions of the student visa I hold. I have read and understood the Tuition Fees and Charges Structure and Refund Policy. I undertake to make timely payments of any fees or associated costs for which I am liable. I have the necessary financial capacity to meet all such costs for the duration of my course. I further accept that IHMA reserves the right to discontinue or alter any course, subject, fees, admission requirement, staffing or other arrangements without prior notice. I have read and understand the above conditions and accept them fully.

43. Enter applicant full name

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 Family name (surname)
 

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 Given names
 

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44. Applicant signature

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45. Application date

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 Day/month/year | | | |
 

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