

PERSONAL DETAILS			
Title			
First name			
Last name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of birth		Age	
Passport number			
Nationality			
Country of birth			
Email			
ADDRESS IN HOME COUNTRY			
Address line 1			
Address line 2			
Town/City			
Country			
Mobile			
ADDRESS IN AUSTRALIA			
Address line 1			
Address line 2			
Town/City			
Country			
Mobile			
VISA TYPE			
<input type="checkbox"/> Student	<input type="checkbox"/> Tourist		
<input type="checkbox"/> Working holiday	<input type="checkbox"/> Other		
APPLYING FROM			
<input type="checkbox"/> Australia (Onshore)			
<input type="checkbox"/> Outside Australia (SSVF application also required)			
ACADEMIC QUALIFICATIONS			
What is your highest educational qualification?			
<input type="checkbox"/> Certified and translated copies are attached			
TRANSFER FROM ANOTHER PROVIDER			
Are you currently enrolled with another provider?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, have you attached a Letter of Release?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ENGLISH LANGUAGE PROFICIENCY		
What evidence do you have of English proficiency?		
<input type="checkbox"/> I am a native speaker of English		
<input type="checkbox"/> IELTS	Score :	
<input type="checkbox"/> TOEFL	Score :	
<input type="checkbox"/> OTHER	Score:	
<input type="checkbox"/> ABS entry test	Score:	
COURSE OFFERINGS	DAY	NIGHT
General English (Morning)	<input type="checkbox"/>	N/A
BSB20115 - Certificate II in Business	<input type="checkbox"/>	N/A
BSB30115 - Certificate III in Business	<input type="checkbox"/>	N/A
BSB40215 - Certificate IV in Business	<input type="checkbox"/>	N/A
BSB42618 - Cert IV in New Small Business	<input type="checkbox"/>	N/A
BSB51918 - Diploma Leadership & Management	<input type="checkbox"/>	<input type="checkbox"/>
BSB51415 - Diploma of Project Management	<input type="checkbox"/>	N/A
CHC33015 - Cert III in Individual Support	N/A	<input type="checkbox"/>
CHC43015 - Cert IV in Ageing Support	N/A	<input type="checkbox"/>
CHC32015 - Cert III in Community Services	<input type="checkbox"/>	N/A
CHC52015 - Diploma of Community Services	<input type="checkbox"/>	N/A
ICT30115 - Cert III in Information, Digital Media and Technology	<input type="checkbox"/>	N/A
ICT40815 - Certificate IV in Digital Media Technologies	<input type="checkbox"/>	<input type="checkbox"/>
ICT50915 - Diploma of Digital Media Technologies	<input type="checkbox"/>	N/A
MY CHOICE OF COURSES IN ORDER		
1		
Intake date		
2		
Intake date		
3		
Intake date		
HOW DID YOU HEAR ABOUT ABS? Tick all that apply		
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Agent	
<input type="checkbox"/> Internet	<input type="checkbox"/> ABS website	
<input type="checkbox"/> Social media	<input type="checkbox"/> Other	

PAYMENT ARRANGEMENTS	
Do you require a tuition fee payment plan?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
What payment plan would you prefer?	
Payment plan per term	<input type="checkbox"/>
Payment plan per month (\$100 fee – not available for offshore applicants)	<input type="checkbox"/>
PAYMENT TYPE	
Cash	<input type="checkbox"/>
Credit card	<input type="checkbox"/>
Local bank deposit	<input type="checkbox"/>
International transfer	<input type="checkbox"/>
EDUCATION AGENT	
Agency name	
Agent name	
Agent email	
Agent stamp / signature	

APPLICANT DECLARATION & SIGNATURE	
<input type="checkbox"/> I agree with the Terms and Conditions of this enrolment form. I understand that any later variations must be provided in writing by me to Australian Business School	
<input type="checkbox"/> I hereby declare that the information I have supplied is true and correct. I consent to having this information provided to relevant authorities as required	
<input type="checkbox"/> I understand that I must complete compulsory work placement in Certificate III in Individual Support, Certificate IV in Ageing Support, Certificate III in Community Services or Diploma of Community Services	
<input type="checkbox"/> I have attached a copy of my passport and if applicable a copy of my English language scores and academic transcripts	
<input type="checkbox"/> I agree to provide evidence of Overseas Student Health Cover (OSHC) no later than Orientation Day	
<input type="checkbox"/> I will advise Australian Business School immediately if I change my arrival details, or no longer require accommodation, or if I later wish to cancel my enrolment.	

Applicant name	
Signature	
Date	

Please forward your completed enrolment form and supporting document to marketing@abs.qld.edu.au