

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			
ADDRESS IN HOME COUNTRY			
Address line 1			
Address line 2			
Town/City			
Country			
Email			
Mobile			
ADDRESS IN AUSTRALIA			
Address line 1			
Address line 2			
Town/City			
Country			
Email			
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			
Highest educational qualification?			
Year completed			
<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	<input type="checkbox"/>	N/A
IELTS Preparation	<input type="checkbox"/>	N/A
Certificate II in Business	<input type="checkbox"/>	N/A
Certificate III in Business	<input type="checkbox"/>	N/A
Certificate IV in Business	<input type="checkbox"/>	N/A
Cert IV in New Small Business	<input type="checkbox"/>	N/A
Dipl Leadership & Management	<input type="checkbox"/>	<input type="checkbox"/>
Dipl of Project Management	<input type="checkbox"/>	N/A
Cert III in Individual Support	<input type="checkbox"/>	N/A
Cert IV in Ageing Support	<input type="checkbox"/>	N/A
Cert III in Community Services	<input type="checkbox"/>	N/A
Dipl of Community Services	<input type="checkbox"/>	N/A
Cert III in Information, Digital Media and Technology	<input type="checkbox"/>	N/A
Certificate IV in Digital Media Technologies	<input type="checkbox"/>	<input type="checkbox"/>
Diploma of Digital Media Technologies	<input type="checkbox"/>	N/A
MY CHOICE OF COURSES IN ORDER		
1		weeks
Click here to enter a date.		Intake date
2		weeks
Click here to enter a date.		Intake date
3		
Click here to enter a date.		Intake date
4		weeks
Click here to enter a date.		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"/> Pay by term <input type="checkbox"/> No
Do you require a flexible plan? (Onshore only)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	

AIRPORT PICK UP	
I require a pickup at Brisbane Airport	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> International	<input type="checkbox"/> Domestic
Airline	
Flight number	
Arrival date	Click here to enter a date.
Arrival time	
ACCOMODATION PLACEMENT	
Please book the following provider:	
<input type="checkbox"/> Student ONE	
<input type="checkbox"/> Saystay	
<input type="checkbox"/> Homestay Saystay	
Please book the following room type:	
<input type="checkbox"/> Single	
<input type="checkbox"/> Couple	
<input type="checkbox"/> Twinshare	
Name of person I am sharing with:	
	<input type="checkbox"/> N/A
Weeks required:	
Date in	Click here to enter a date.
Date out	Click here to enter a date.

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 have attached a certified 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	Click here to enter a date.

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