ABN 39 660 638 835

RTO Code: 46175 CRICOS No: 04238A

137 Days Road, Regency Park, SA 5010, Australia

www.aiwer.edu.au | Email: info@aiwer.edu.au | Phone: +61 8 7200 6650



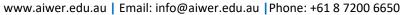
INTERNATIONAL STUDENT ENROLMENT APPLICATION

1. STUDENT DETAILS											
Title: Mr / Mrs / M	s / Miss 🔲 I	☐ Othe	r Date of Birth			/	/				
Surname:		Given Na	imes:								
Home Phone:				Mobile:							
Residential Address:				Suburb			Postco	ode:			
Postal Address:				Suburb			Postco	ode:			
Email Address:	ess:										
Skype:											
Preferred contact:	☐ Ema	I	☐ PI	☐ Skype							
Passport No:		Expiry o	date: / /								
Country of issue:	Country of issue:										
Have you ever had a visa application refused or visa cancelled for Australia or any other country?											
Have you ever been reported to Australia's Department of Home Affairs for failing to meet visa conditions?											
2. TRAINING PROGRAM DETAILS											
Program Code:			Program C	Cost:							
Program Name:											
Preferred Start Date:	/ /	,	Preferred End Date:			/	/				
3. UNIQUE STUDENT IDENTIFIER (USI)											

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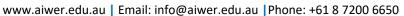


USI No: (10 digits in total) If you do not have a USI do you give AIWER permission to apply for one on ☐ No ☐ Yes your behalf? To raise a USI we will need one of the following proof of Identity evidences. Type: Visa No: Expiry Date: / / 4. WELFARE Do you require homestay? ☐ Yes How many weeks? _____ ☐ No Flight No: _____ Date: / Do you require airport pickup? □ Yes П No Do you require Overseas Student □ Yes П No Single or Family: Health Cover? 5. LANGUAGE Proof of English Language ☐ IELTS ☐ TOEFL Proficiency: Have you studied in Australia ☐ Yes □ No Details: before? 6. DISABILITY ☐ Yes □ No Do you have a disability? Hearing ☐ Intellectual ☐ Physical Please state your disability, impairment or injury. ☐ Mental Illness ☐ Acquired Learning 7. PRIOR EDUCATION What is your highest level of school **Primary School** ☐ Senior High School ☐ Other completed? **High School** In which year did you complete school? Have you successfully completed any of the following qualifications? ☐ Yes ☐ No ☐ Bachelor Degree or Higher Degree ☐ Certificate III or Trade Certificate

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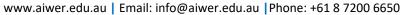
☐ Advanced I	Diploma or Associate Degree				Certificate II						
☐ Diploma or	r Associate Diploma				☐ Certificate I						
☐ Certificate IV or Advance Certificate ☐ Certificates - other											
Do you wish to apply for Recognition of Prior Learning or Credit Transfer?							☐ Yes		No		
Do you have any special needs that we should plan support for?							☐ Yes		No		
If yes, please provide some details:											
8. REASON FOR STUDY											
☐ To get a jo	b or better job				☐ It was a requirement of my job						
☐ To develo	p my existing busines	SS			☐ To try for a different career						
☐ To start m	y own business			For personal in	tere	st or self-de	evelo	pment			
☐ I want extra skills for my job ☐ Other											
9. EMERGENCY CONTACT											
Name:	Relationship:										
Home Phone:					Mobile:						
10. MARKETING AND IMAGES											
How did you hear about us? Existing Student						☐ Oth	ner				
AIWER may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below.											
☐ I do not wish to be contacted regarding future training opportunities.											
During training, photos or footage may be taken of you. Do you give AIWER permission to use these photos or footage for such things as improving training resources, promotional documents and reports?											
11. PAYMENT METHODS											
Credit Card Details (required to reserve a place in the course)											
☐ Mastercard				□ Visa							

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Card Holder Name:									
Card Number:									
Expiry Date:	/ /	Card (CVC Code)							
Credit cards will not be charged without prior notification, but will be charged upon the students'									
cancellation of their place in the course. (See cancellation policy)									
Tax invoice for Existing Account Holders									
Company Name:		Purchase Ord	er No:						

12. STUDENT DECLERATION

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Learner Handbook supplied to me and have been informed about and accept my rights and obligations.
- I have reviewed and accept the Schedule of Fees and Payments and have been informed of the refund policy.
- I have reviewed the Course Brochure and have been informed of and accept the training and assessment services to be provided and the units of competency to be completed.
- I have reviewed the National VET Data Privacy Policy Notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance with this notice.
- I understand that AIWER may refuse my application or cancel my enrolment if any information is found to be incorrect or misleading.
- By submitting this form, I agree that AIWER will independently verify the information supplied by me in this form and request further information or documentation as required.

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 I authorise my booking agent to act on my behalf in all matters relating to this application and associated visa application. 										
Documents to attach with your application:										
☐ Passport i	☐ Passport including photo page and signature page									
☐ Evidence of English language proficiency										
☐ Academic certificates/transcripts (translation needed if not in English)										
Please submit your application to info@aiwer.edu.au. You will receive a response within two business days. Please not that AIWER may request additional information from you in support of your application.										
Signature:							Date:	/	/	
RTO use only	:							I		
Is learner sup	port indicated?	No	/	Yes		Referred to:				
Details entered into system? No / Yes										
Enrolment confirmation sent? No / Yes										
English language proficiency confirmed? No / Yes										
Has payment being received? No / Yes Amount paid :						_				
						Receipt No :				_
USI verified?		No	/	Yes						
Training scheduled to commence on the following date:										
Note:										
Full Name:										
Signature:							Date:	/	/	