



in association with



# Application form

Please print in BLOCK LETTERS

## Personal details (As shown in passport)

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	
Given names:	
Preferred name:	
Date of birth: DAY / MONTH / YEAR	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:	Passport number:
Nationality (on passport):	
Passport expiry date: DAY / MONTH / YEAR	
Are you a citizen or permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide evidence of citizenship or residency (e.g. a certified copy* of your birth certificate, passport, citizenship certificate or visa). If verification is not supplied, fees and conditions for international students will apply. * See the next page for information about certified documents.	
Will you be applying for FEE-HELP assistance for all or part of your tuition fees? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: This scheme is only available to Australian citizens).	
Have you previously studied at PIBT? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide your PIBT student ID number: _____	
Do you grant PIBT permission to provide your parent or guardian listed below with any information pertaining to your application to study, ongoing academic progress, results and attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Contact details

### Applicant's contact details (Compulsory)

Address in Australia (if known):	
Address overseas:	
Telephone:	Mobile:
Email address:	

### Parent's/guardian contact details (Compulsory)

Family name:	
Given names:	
Relationship to applicant:	
Address:	
Telephone:	Mobile:
Email address:	

### Agent's contact details

Agent name:	
Agent office code:	
Address:	
Country:	Post/zip code:
Telephone:	Mobile:
Facsimile:	
Email address:	

## Previous studies

### Secondary Education – highest level achieved

Name of qualification (e.g. Year 12, HKDSE or 'A' Levels):	
Name of school:	
Country/state:	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year completed:
Language of instruction:	

### Post-secondary/tertiary education: highest level achieved

Name of qualification (e.g. degree, diploma):	
Name of school/institution:	
Country/state:	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year completed:
Language of instruction:	
Will you be applying for exemptions (recognition of prior learning)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide copies of relevant academic transcripts detailed syllabus and a completed Recognition of Prior Learning form, available at <a href="http://piibt.wa.edu.au/students/documents">piibt.wa.edu.au/students/documents</a> .	
Have you ever been expelled or your study been terminated by a college or university in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide name of the college or university: _____	

## Employment history

If you believe you have employment experience that is relevant to the program you are applying for, please attach a CV and references.

## Program selection

<b>English program</b> <input type="checkbox"/> Academic Course start date: DAY / MONTH / YEAR Number of weeks: _____	
<b>Pre-university (Certificate) program</b> <input type="checkbox"/> Certificate IV Tertiary Preparation Program (TPP) Discipline/stream: _____	
<b>University-level (Diploma) program</b> <input type="checkbox"/> Business <input type="checkbox"/> Communications and Creative Industries <input type="checkbox"/> Hotel Management <input type="checkbox"/> Science (Computing/IT) Stream: _____ (mandatory) <input type="checkbox"/> Science (Engineering Studies) Stream: _____ (mandatory) <input type="checkbox"/> Science (Health Studies) Stream: _____ (mandatory)	
<b>Please specify when you prefer to begin your studies:</b> Year: _____ <input type="checkbox"/> February <input type="checkbox"/> June <input type="checkbox"/> October	

## Request for disability support

Do you have a disability that may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please specify: <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Other (please specify): _____ Please attach relevant information so that PIBT can arrange assistance if possible.

## International students only

### English proficiency

(Please tick and attach documentary evidence where applicable)
<input type="checkbox"/> English is my first language
<input type="checkbox"/> English was the language of instruction during my secondary school studies and I gained a satisfactory pass in final-year English (results attached).

<input type="checkbox"/> I have taken an IELTS or TOEFL test (results attached).	
<input type="checkbox"/> I have obtained a satisfactory mark or score in another examination or test acceptable to PIBT (e.g. completion of at least the first year of a post-secondary/tertiary course at a college or university where the language of instruction was English).	
IELTS (Academic) or TOEFL score:	
Other English test:	Score:
Are you currently enrolled in an ELICOS school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', please provide name of school: _____	

Overseas Student Health Cover (OSHC)

PIBT will provide all international students with an OSHC policy provided by Allianz Global Assistance

OSHC required: <input type="checkbox"/> Single <input type="checkbox"/> Family	
<input type="checkbox"/> Please tick if you do not want your email address given to Allianz.	
If you DO NOT wish to use the OSHC policy provided by Allianz Global Assistance, please provide the details of your preferred provider.	
OSHC provider name:	
OSHC number:	
OSHC expiry date: DAY / MONTH / YEAR	

Visa

Which type of visa will you be applying for?	
<input type="checkbox"/> Student <input type="checkbox"/> Tourist <input type="checkbox"/> Working Holiday Visa	
<input type="checkbox"/> Other (please specify): _____	

If you are currently studying in Australia, please complete the following fields.

Name of institution:	
Visa type:	Visa expiry date: DAY / MONTH / YEAR
OSHC provider name:	
OSHC number:	OSHC expiry date: DAY / MONTH / YEAR

Sponsored students only

Name of sponsoring organisation:
Type of sponsorship (e.g. tuition fees, living expenses):

Other information

How did you first learn about PIBT? You may tick more than one.	
<input type="checkbox"/> Exhibition/seminar	
<input type="checkbox"/> Newspaper/magazine	
<input type="checkbox"/> Recommended by a friend/relative – if so, is your friend/relative a PIBT student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Recommended by an education agent	
<input type="checkbox"/> Internet, please specify: _____	
<input type="checkbox"/> Other (please specify): _____	

Application checklist

Check that you have:	
<input type="checkbox"/> completed all sections of the Application form	
<input type="checkbox"/> read and understood the Enrolment Terms of Offer available at <a href="http://pibt.wa.edu.au/policies">pibt.wa.edu.au/policies</a>	
Check that you have attached:	
<input type="checkbox"/> certified copies of your academic qualifications*	
<input type="checkbox"/> evidence of your English language proficiency (if required)	
<input type="checkbox"/> a copy of your passport, visa or birth certificate (if required)	
<input type="checkbox"/> any relevant employment documentation (if required)	
<input type="checkbox"/> certified translations of any documents not in English	
* A certified copy is signed by an authorised officer to acknowledge that it matches the original document exactly. Authorised officers include:	
• staff of the PIBT office in Perth	
• an authorised PIBT representative (visit <a href="http://pibt.wa.edu.au">pibt.wa.edu.au</a> for details)	
• staff of the institution that issued the document	
• a Justice of the Peace or Public Notary	
• staff of an Australian Embassy, Consulate or High Commission	

Declaration

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to my application being refused or my enrolment cancelled. I have read and understood the relevant program information in this brochure and/or on the PIBT website and I have sufficient information about PIBT to enrol. I understand that the pathway may lead to future studies at ECU, subject to ECU's entry requirements. I understand that PIBT fees may increase. I accept liability for payment of all fees as explained in the PIBT brochure, and I agree to abide by the Refund policy as outlined in [pibt.wa.edu.au/policies](http://pibt.wa.edu.au/policies). I have read the information about living expenses on page 26 and I understand that living expenses in Australia may be higher than in my own country. I confirm that I am able to meet these expenses. I have understood and I accept the Enrolment Terms of Offer at [pibt.wa.edu.au/policies](http://pibt.wa.edu.au/policies). I understand that PIBT may, by written notice, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Commonwealth of Australia or the State of Western Australia. I give permission for PIBT and ECU to obtain official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to. I authorise PIBT to provide my personal information, including my contact details and enrolment details, to third parties in accordance with PIBT's Privacy policy. These third parties include PIBT representatives (agents) acting on my behalf; ECU (to facilitate progression from PIBT to the next stage of my studies); and Navitas Limited and its affiliates (to communicate regarding pathways and services offered by Navitas Limited and its related companies).

**International students only:** I understand that it is my responsibility to maintain valid Overseas Student Health Cover (OSHC). I also understand that if I am no longer enrolled at PIBT, my OSHC membership can be transferred. I understand that if I have applied through an approved PIBT/ECU agent, all correspondence relating to my application will be forwarded to that agent. In the circumstances of any suspected breach of my student visa conditions, I authorise PIBT to provide my personal information, including my contact details and enrolment details, to the Australian Government's designated authorities, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager.

**Protection:** I give permission for PIBT to obtain records and information from my current OSHC provider (if applicable). I also agree that PIBT is able to exchange information with my OSHC provider with respect to meeting my visa requirements and maintaining my OSHC cover.

I understand that any conditions concerning an offer of admission will be contained in my letter of offer from PIBT, which I will be required to read and sign.

<b>Applicant's signature:</b> (must be the same signature as in your passport)	
Date: DAY / MONTH / YEAR	

If you are under 18 years of age, your parent or guardian must also sign this application form.

<b>Parent's/guardian's signature:</b>	
Date: DAY / MONTH / YEAR	

\*Unsigned applications cannot be processed. Agents cannot sign on an applicant's behalf.

Application submission

This application form has been submitted in:	
City:	Country:

Postal address for applications

Admissions Office  
Perth Institute of Business and Technology  
Edith Cowan University, Building 10 Mount Lawley Campus  
2 Bradford Street Mount Lawley WA 6050 Australia  
  
T +61 8 6279 1100 F +61 8 6279 1111  
E [info@pibt.wa.edu.au](mailto:info@pibt.wa.edu.au) W [pibt.wa.edu.au](http://pibt.wa.edu.au)

Or through a PIBT representative:

Representative's stamp
<b>A.E.Q. Siddique</b> <b>Managing Partner</b> <b>Student Connection International</b>