

Electronic version: Please complete this form then save it and return to AIHE email: [info@aihe.edu.au](mailto:info@aihe.edu.au)

Application date  Course Name

Your USI\* number

### Personal details

Family name (surname)\*\*

Given names

Date of birth

Gender

Telephone

Mobile

Email address

### Emergency contact details

Contact name

Relationship

Telephone number

### Residential address

Building/property name  Unit number

Street number  Street name

Suburb, locality, town  State, territory  Postcode

### Postal address

Same as residential address

Building/property name  Unit number

Street number  Street name

PO Box details

Suburb, locality, town  State, territory  Postcode

\* From 1 January 2015, we the Australian Institute of Healthcare Education can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on a computer or mobile device.

\*\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

## Language and cultural diversity

Are you of Aboriginal or Torres Strait Islander origin?

Country of birth

If other please indicate country of birth here if not Australia

Do you speak a language other than English at home?

How well do you speak English?

if you answered "Yes" to the question above please state which language(s) you speak at home other than English

Note: If you are not native english speaking you are required to submit your IELTS level 7 certificate with this application. Have you included this with your application?

## Disability

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

If you answered yes to previous question please indicate the area(s) from this list

Acquired Brain impairment (16)

Learning (14)

Other

Hearing/deaf (11)

Medical Condition (18)

Physical (12)

Intellectual (13)

Mental illness (15)

Unspecified

Vision (17)

## Schooling

Are you still attending secondary school?

What is your highest completed school level?

In which year did you compete that school level?

Where completed

Have you successfully completed any of the following qualifications?

If yes, tick any applicable boxes. (you may tick more than one)

Bachelor degree or higher (008)

Certificate III (or trade certificate) (514)

Advanced diploma or associate degree (410)

Certificate II (521)

Diploma (or associate diploma) (420)

Certificate I (524)

Certificate IV (or advanced certificate/technician) (511)

Certificates other than the above (990)

## Employment

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

## Citizenship

Proof of Australian citizenship / residency (please submit a copy)

Other details to include expiry date of visas

## Study reason

Which of these categories BEST describes your main reason for undertaking this course?

## Fees payment

Please pay tuition fees on commencement of studies to the account below. Please clearly state your name on the transaction and send a copy of the payment receipt with your completed application.

Account name: AIHE  
BSB number: 062 438  
Account number: 1023 1114

**Privacy statement:** The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.

Once you have completed this form please save and return it to AIHE alongside the required accompanying documents and application fee to support your application.

If you have any questions regarding this form please call AIHE on 1300 656 036 or email us: [info@aihe.edu.au](mailto:info@aihe.edu.au)