INSTITUTE OF INTELLECT BLENDING

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Application for Enrolment Form

☐ International Application ☐ Onshore Application ☐ Offshore Application ☐ Domestic Application

Note: Please write in black ink and neatly, where a tick is needed please ☑

Personal Details

Given Name:		**Surname:**	
Date of Birth:		**Gender:**	
Passport No:		**Country of Birth:**	
Mobile No:		**Nationality:**	
Email Address:		**USI Number:**	
Home Address:			

Course Selection

ELICOS

Course: ☐ **General English** ☐ **EAP** ☐ **IELTS** ☐ **PTE**

Weeks: **Start Date:** *Note: ELICOS courses enrolment commences every Monday*

BSB50215 Diploma of Business (52 weeks)

2021: ☐**01 Feb** ☐ **08 Mar** ☐ **03 May** ☐ 07 Jun ☐ 02 Aug ☐ 06 Sep ☐ 01 Nov ☐ 06 Dec

BSB60215 Advanced Diploma of Business (52 Weeks)

2021: ☐**01 Feb** ☐ **08 Mar** ☐ **03 May** ☐ 07 Jun ☐ 02 Aug ☐ 06 Sep ☐ 01 Nov ☐ 06 Dec

2022: ☐31 Jan ☐ 07 Mar ☐ 02 May ☐ 30 May ☐ 01 Aug ☐ 05 Sep ☐ 31 Oct ☐ 05 Dec

☐ *DD/MM - Applies to special case or bundle with another course when courses undergo transition.*

BSB50180 Diploma of Project Management (102 weeks)

2021: ☐ **12 Apr** ☐ **17 May** ☐ **12 Jul** ☐ **16 Aug** ☐ **11 Oct**

2022: ☐ **10 Jan** ☐ **14 Feb** ☐ **11 Apr** ☐ **11 Jul** ☐ **15 Aug** ☐ **10 Oct**

2023: ☐ **09 Jan** ☐ **10 Apr** ☐ **15 May** ☐ **10 Jul** ☐ **14 Aug** ☐ **09 Oct**

Payment

☐ I would like to pay half of the tuition fees of above course*(s)* before the start of the course*(s)*

☐ I would like to pay more than half of the tuition fees of above course*(s)* before the start of the course*(s)*

Note: a student can pay full fees if they wish to, but they are not required to pay more than 50 percent up front in accordance to the ESOS Act 2018.

Education

Have you completed Year 11 equivalent or above? ☐ **Yes** ☐ **No**

Have you completed Year 12 or equivalent or above? ☐ **Yes** ☐ **No**

Have you completed a bachelor's degree or equivalent? ☐ **Yes** ☐ **No**

Disability

Do you consider yourself to have a disability, impairment, or long-term condition? ☐ **Yes** ☐ **No**

Note: If Yes, please specify the areas of disability, impairment or long-term condition. You may indicate more than one area. Please attach documentation describing your disability, impairment or long-term condition in more detail.

☐ Hearing/ deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental illness ☐ Vision ☐ Medical condition ☐ Brain impairment

	☐ Others *(please specify):*	

Other services

Do you require IIB to arrange your OSHC?	☐ **Yes**	☐ **No**
If YES, please select policy type: ☐ Single ☐ Family		
Do you require IIB to Arrange your accommodation?	☐ **Yes**	☐ **No**
Do you require IIB to arrange Airport Pick-Up?	☐ **Yes**	☐ **No**
Do you require any language, literacy, or numeracy assistance?	☐ **Yes**	☐ **No**
Are you seeking Credit Transfer /Recognition of Prior Learning?	☐ **Yes**	☐ **No**
If YES, Application for Credit Transfer/Recognition of Prior Learning along with relevant supporting documents must accompany this application form		

Education Agent Details

If you were referred by an Education Agent, please provide details below:

Agent Name/ Business Name:	
As an approved agent of IIB, I am also certifying that I have verified all the original documents of the student.	*Signature of Agent*

Application Document Checklist

Documents to be attached with the Application for Enrolment must either be certified as 'T rue Co py ' and/or verified. All documents must be English translated.

☐ Passport including photo & signature page

☐ Evidence of English language proficiency

☐ Evidence of highest academic qualifications

☐ Related work experience if any

☐ Copy of current Australian Visa *(if applicable)*

Declaration

Have you ever had a visa application refused or visa cancelled for Australia or any other country?	☐ **Yes**	☐ **No**
Have you ever been reported to DHA for failing to meet visa conditions?	☐ **Yes**	☐ **No**
Have you ever been convicted of a crime or offence in Australia or any other country?	☐ **Yes**	☐ **No**
Do you authorise your agent to act on your behalf regarding this application & associated visa application?	☐ **Yes**	☐ **No**
Will you be using IIB's COE to apply for a visa?	☐ **Yes**	☐ **No**

I state that all the information provided in the application is complete and correct. I understand that Institute of Intellect Blending (IIB) may refuse my application or cancel my enrolment if any information is found to be incorrect or misleading. I give written consent to IIB to independently verify the information supplied by me in this form and, request further information or documentation as required.

Applicant's Name		**Signature**		**Date**	

Submitting your Application:

Please submit your application to admin@iib.edu.au. You will receive a response within 2 business days. Please note that IIB may request additional information from you in support of your application.