



INNOVATIVEBUSINESSTRAINING

OFFICE USE ONLY

Trainee ID No:	Program
Eligibility Status	Assess date/...../.....
Exempt Status	Date entered/...../.....
Payment date and method	

Enrolment Application Form

Program Details

I wish to enroll in the following Innovative Business Training (IBT) Course Code and Name:.....
 Course 2 Code and Name:..... Course 3 Code and Name:.....
 (Refer to IBT's website www.innovativebusinesstraining.com.au/courselist)

This form must be submitted with your **Enrolment Eligibility Form** Attached YES NO
 Enrolment Fee: \$..... Payment method: Cheque Cash: : EFT:

IBT Bank Details Innovative Business Training Pty Ltd: **BSB: 083526 A/C: 451975771**

Your account details if applicable: BSB: A/C:

Personal Information (Please print clearly)

Title: Given Name..... Surname

Home Address

Suburb State Postcode

Employer Work Phone (.....).....

Mobile: Email

Gender Male Female Date of Birth/...../.....

Ethnicity and Language

Are you of Aboriginal and/or Torres Strait Islander Origin? Yes No
 If yes, please specify Aboriginal, Torres Strait Islander or both.....

Were you born in Australia? Yes No
 If no, in which country were you born?

Do you speak a language other than English at home? Yes No
 If yes, please specify the language spoken:

How often do you speak English? Regularly Conversation Occasionally Rarely

Disability

Do you consider yourself to have a permanent and significant disability? Yes No
 If Yes, please specify: Sight/visual impairment Hearing
 Intellectual Learning Medical Condition Physical
 Other disability - please give details:

Educational History

Are you still attending Secondary School? Yes No

What is your **highest** completed secondary school education level? YearLevel Attainment

In which year did you complete secondary school?..... Year 12 Student Number (if applicable)

Name of Secondary School.....State.....

Since leaving school have you successfully completed any qualifications? Yes No

If yes, please specify the level of qualification:

- Certificate I Certificate II Certificate III Certificate IV
 Diploma Advanced Diploma Associate Degree Bachelor Degree or higher

Higher Education Student Number (if applicable)

Please detail the post-secondary qualification(s) you completed since leaving school:

Qualification Name	Name of Institution	State / Country	Year completed

Please detail any qualifications you are currently undertaking

Qualification Name	Name of Institution	State / Country	Year commence	Year /Month to be completed

Employment

Which of the following best describes your employment Status?

- Full Time Part Time Not employed – not seeking work
 Self employed (not employing others) Employer Employed – unpaid family worker
 Unemployed – seeking full time work Unemployed – seeking part time work

Have you been involved in any training? (e.g. Staff development programs)

.....

Please outline your responsibilities in your current job

.....

Of the following categories, which best describes your main reason for undertaking this program? (tick one box only)

- To get a job To develop my existing business To start my own business
 To try for a different career To get a better job/promotion It's a requirement of my job
 I want extra skills for my job To get into another course of study For personal interest
 For self-development To obtain a qualification
 Other

.....

Payment Details

Is this an employer funded training program? No Yes If Yes, Please complete the following details:

Employer..... Manager/Supervisor:

Employer Postal Address Suburb

State Post Code

If not employer funded, how will payment be made Cash Cheque

Postal Address (if different from Home Address)

Suburb State Post Code

Privacy Statement

Innovative Business Training (IBT) is required to collect the personal information requested on this application form to:

- Assess your application for a government subsidised course; for enrolment administration procedures and to contact you about your training
- To meet the contractual and statistical reporting requirements of State and Federal Government agencies should you be offered and accept a subsidised IBT training place.

If you do not supply at least your name, telephone number and address, your application can not be processed. You can access your personal information by contacting IBT on 03 9347 0252.

Applicant's Declaration

I **would like to participate in the training program specified in my application.**

I acknowledge that:

- The information supplied regarding this application is **true and complete** to the best of my knowledge.
- The provision of incorrect information and/or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal of a place offered by Innovative Business Training, at any stage during the course undertaken.
- Information supplied will be disclosed to relevant State and Federal Government agencies and bodies (e.g. DEEWR, Office of Skills Victoria) as appropriate to report enrolment details and for statistical purposes
- Relevant information may be released to government and non-government agencies or other third parties (e.g. Department of Education Employment and Workplace Relations (DEEWR), the Department of Immigration and Citizenship, Skills Victoria, Centrelink and the Australian Taxation Office) for the purpose of confirming my identity, and to verify my entitlement to become an enrolled student and receive government support (if applicable).

I give permission for IBT

- To provide assessment results and other progress information relevant to my Employer Funded Training to the Human Resources Manager or designated representative
- To obtain further information with respect to my application from other organisations and through 'QualSearch' for the purpose of determining eligibility (e.g. Confirm study and results from previous or current study)
- To communicate with me by electronic means (e.g. Email)
- Provide information to government, educational, health and any other relevant institutions, in conjunction with my application.

Applicant certification

I have read and understood the above statements and accept its conditions

Signature Date/...../.....

Post to: Innovative Business Training
49 Morrah Street
Parkville, Melbourne, VIC 3052

Contact us on: (03) 9347 0252
Email: ibt@innovativebusinesstraining.com.au
Website: www.innovativebusinesstraining.com.au