



in association with



Application form

Please print in BLOCK LETTERS

Personal Details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <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:
Nationality:
Passport number:
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 (eg. a certified copy of your birth certificate, passport, citizenship certificate or visa). Unless verification is supplied, international fees and conditions apply.
Will you be applying for FEE-HELP assistance to pay for all or part of your tuition fees? (NB: Only applicable to Australian citizens). <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Details

Address in Australia (if known):
Address overseas (must be applicant's address - not agent's address):
Home telephone:
Mobile telephone:
Business telephone:
E-mail:

Education Details

Highest level achieved

Name of qualification (eg. Year 12, HKALE or 'A' Levels):
School attended:
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Country/State:
Language of instruction:
Will you be applying for exemptions? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

If you believe you have relevant employment experience, please attach resume and references.

Course Preferences

English <input type="checkbox"/> General Course start date: _____ No. of weeks ____ <input type="checkbox"/> Academic Course start date: _____ No. of weeks ____
Pre-University <input type="checkbox"/> Certificate IV in University Foundation Studies <input type="checkbox"/> Law - Certificate IV in University Foundation Studies <input type="checkbox"/> Engineering - Certificate IV in University Foundation Studies
Diploma - University Level <input type="checkbox"/> Business - Bachelor of Business (all majors) <input type="checkbox"/> Hotel Management <input type="checkbox"/> Computing & Information Technology <input type="checkbox"/> Communications <input type="checkbox"/> Science (Health Studies)
Post-Graduate Please indicate which Masters course you wish to study. An assessment will be made based on academic qualifications, English proficiency and work experience to determine whether students are eligible for the PQP-Standard or PQP-Extended. Business: <input type="checkbox"/> Master of Business Administration <input type="checkbox"/> Master of Business Administration (International) <input type="checkbox"/> Master of Management Information Systems <input type="checkbox"/> Master of International Business <input type="checkbox"/> Master of Professional Accounting <input type="checkbox"/> Master of Professional Finance and Banking <input type="checkbox"/> Master of Professional Marketing <input type="checkbox"/> Master of Human Resource Management <input type="checkbox"/> Master of Sport Management Computing: <input type="checkbox"/> Master of Computer Science <input type="checkbox"/> Master of Computer Security <input type="checkbox"/> Master of Information Technology <input type="checkbox"/> Master of Information Security & Intelligence Communications: <input type="checkbox"/> Master of Professional Communications (select stream): <input type="checkbox"/> Advertising <input type="checkbox"/> Broadcasting <input type="checkbox"/> Creative Services <input type="checkbox"/> Film and Video <input type="checkbox"/> Journalism <input type="checkbox"/> Mass Communications <input type="checkbox"/> Media & Cultural Studies <input type="checkbox"/> Photomedia <input type="checkbox"/> Public Relations <input type="checkbox"/> Interactive Media Development <input type="checkbox"/> Scriptwriting <input type="checkbox"/> Master of Communication
Please specify the semester in which you wish to begin your studies: Year <input type="text"/> February <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/>

AUSTRALIAN EDUCATION CONSULTANTS
 Ground Flr, Centro Hse, Westlands,
 P.O Box 39669-00623, Nairobi,
Kenya. Dialing Code:+255(0)20
 T: 444 87 42 F: 444 87 43
 M: (0)722 859 578
 e-mail: info@aec-australia.com

International Students Only

English proficiency

IELTS or TOEFL score:

Other:

Visa

Please indicate below the type of Visa for which you have applied.

- Student
 Tourist
 Working Holiday Visa
 Other

Are you currently enrolled in another institution in Australia?

Yes No

If yes, you may be required to supply a release letter and a certificate of attendance.

Name of Institution:

Other Information

How did you first learn about PIBT? You may tick more than one.

- Exhibition/Seminar
 Newspaper/Magazine
 Recommended by a friend/relative
 Is your friend/relative a PIBT student? Yes No
 Recommended by an education agent
 Internet, please specify: _____
 Other

Please specify: Australian Education Consultants (AEC)

Ground Floor, Centro House, Westlands,

Nairobi, Kenya

Application Checklist

Check that you have:

- Completed all sections of the Application Form
 Read and understood the Conditions of Enrolment including the Fee Refund Policy on page 38

Check that you have attached:

- Certified copies of your academic qualifications
 Evidence of your English language proficiency (if required)
 A copy of your passport, visa or birth certificate (if required)
 Any relevant employment documentation (if required)

Disability Declaration:

Do you have a disability or any long term medical condition which may affect your studies? Yes No

If yes please indicate the area of impairment to enable PIBT to provide assistance:

Hearing Learning Mobility Vision Medical

Other please indicate: _____

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 the refusal of my application or cancellation of enrolment.

I give permission for PIBT to obtain records and information from my current OSHC provider and any educational institutions previously attended by me. I also agree that PIBT is able to exchange information with my OSHC provider relevant to ensuring I fulfill my visa requirements with respect to maintaining my OSHC cover. I understand, that any information gathered by PIBT relating to me, "may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code; and that PIBT is required under S19 of the ESOS Act 2000, to tell the Commonwealth about certain changes to the student's enrolment and any breach by the student of a student visa condition relating to attendance or satisfactory academic performance" (ESOS Act 2000).

I also understand that fees may increase (usually not more than 5% annually). I accept liability for payment of all fees as explained in the PIBT brochure, and I agree to abide by the Refund Policy as specified in the PIBT brochure. I have also read the section in the PIBT brochure relating to the cost of living and I understand that living expenses in Australia may be higher than in my own country and confirm that I am able to meet these costs. I also accept all conditions of enrolment as listed on page 38.

Applicant's signature

Date: / / (day/month/year)

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

Parent's/Guardian's signature (if applicable)

Date: / / (day/month/year)

Postal address for applications

Admissions Office
 Perth Institute of Business and Technology
 Edith Cowan University, Building 10
 Mt Lawley Campus
 2 Bradford Street
 Mt Lawley WA 6050 Australia
 Telephone + 61 8 6279 1100
 Facsimile + 61 8 6279 1111
 E-mail info@pibt.wa.edu.au
 Internet www.pibt.wa.edu.au

PIBT CRICOS Provider number: 01312J

Edith Cowan University CRICOS Provider number: 00279B

AUSTRALIAN EDUCATION CONSULTANTS
 (AEC) Ground Floor, Centro House,
 Westlands, Nairobi. P.O Box 39669
 - 00623, Nairobi, Kenya.
 T: + 254 (0) 20 444 87 42
 F: + 254 (0) 20 444 87 43
 M: + 254 (0) 722 859 578 e)
 e-mail: info@aec-australia.com