

APPLICATION FORM



1. PREVIOUS ENROLMENT

Have you previously applied to study, or enrolled at AIMS?

No Yes name on past record: _____ Student ID (if known): _____

2. PERSONAL DETAILS (As they appear on your passport where applicable)

Family name		Title (Mr, Mrs, other)	
First name		Preferred name	
Other names		Previous name (if changed)	
If your academic records are submitted in another name, please provide certified evidence of change of name. <input type="checkbox"/> <input type="checkbox"/>			
Date of birth (dd/mm/yyyy)	dd / mm / yyyy	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of citizenship		Passport number	
Country of birth	<input type="checkbox"/>	<input type="checkbox"/>	
Which country do you currently reside in?	<input type="checkbox"/> My country of citizenship _____ <input type="checkbox"/> Another country <input type="checkbox"/> Please specify: _____		

Do you speak a language other than English at your permanent home address? No Yes Please specify: _____

Do you have a disability for which additional assistance may be required? No Yes Please attach a separate sheet outlining this disability and assistance required.

3. CONTACT DETAILS (All applicants must complete this section in full)

Permanent home address		Current mailing address	
Email address 1		Email address 2	
Telephone numbers (incl. international area code)	Home	Work	
	Mobile/cell	Other	

4. COUNSELLOR DETAILS

Counsellor		Branch name	
Email address		Phone number	

5. EDUCATION HISTORY			
Please list all studies you have undertaken including high school, preparation/bridging courses, university or college, as well as studies undertaken at ACU:			
Course	Institution	Date Commenced	Date Completed
Please submit transcripts and certificates for all prior studies, along with a certified translation if the original documents are not in English. If you have been awarded professional qualifications (e.g. hospital training), please provide evidence of completion.			

6. EMPLOYMENT HISTORY				
Type of Work	Employer	Date Commenced	Date Completed	FT/PT
Please submit a copy of your résumé and work certificates or statements of employment for all work experience listed, along with a certified translation if the original documents are not in English.				

7. ENGLISH PROFICIENCY
How long have you been studying English? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1–3 years <input type="checkbox"/> 3–6 years <input type="checkbox"/> 6+ years
What is your present level of English? <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Have you taken any English proficiency examinations? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Please attach your results

9. DIPLOMA PATHWAY PROGRAM: Please indicate your study preferences below		
Course Name	Campus	Start Date
1.		
2.		
3.		

10. UNDERGRADUATE / POSTGRADUATE DEGREE PROGRAM: Please indicate your study preferences below		
Course Name	Campus	Start Date
1.		
2.		
3.		

13. HOW DID YOU FIRST HEAR ABOUT AIMS?

Education Agent

Friends or relative

Internet

Other – please specify: _____

14. WHAT IS THE MAIN REASON YOU DECIDED TO STUDY AT AIMS?

AIMS has the best reputation for my course

Other – please specify: _____

AIMS has affordable tuition fees.

I know someone who studies at AIMS already.

Applicant's Signature

Date

dd / mm / yyyy

Applications that are not signed will not be processed. Applications MUST be signed by the applicant personally. Third parties and/or agents must not sign on behalf of the applicant.