

APPLICATION FORM

Office Use Only:

Enrolment fee waived? Yes No

Signature: _____ Date: _____

PERSONAL INFORMATION

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr
Given Name			Last Name	
Date of Birth				
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer to not disclose
Do you identify yourself as	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander	
Nationality			Country of Birth	
Main language spoken at home				
Do you have a disability, impairment or long-term condition that will affect your studies?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have indicated Yes above, please provide more details below and submit all the supporting documents with your application. If no supporting documents are provided, your claim might not be considered.				

USI Number	
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You should have a USI number if you have already studied in Australia. You will need to create a USI number if you are planning to study for the first time. Visit <https://www.usi.gov.au/students/get-a-usi> to create it. You can only create a USI number if you are currently in Australia

CONTACT DETAILS

Please include your permanent address outside Australia

Address			
City		State / Province	
Country		Postcode	
Home Number		Mobile Number	

Please include your contact details in Australia

Address			
City		State / Province	
Country		Postcode	
Home Number		Mobile Number	

Email address	
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APPLICATION FORM

EMERGENCY CONTACT

Given Name		Last Name	
Relationship to you		Home number	
Email			

PREVIOUS EDUCATION AND EMPLOYMENT

Please include originals or certified copies of your academic documents and/or professional accreditations.
For more information on how to certify and verify your documents, please check www.aibihe.edu.au

Course	Institution	Country	Start Date	End Date

Do you wish to apply for credit for prior learning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend on meeting program admission criteria based on work and/or life experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No

As part of the admissions process, you might be requested to attend an interview.
Please indicate the best contact number or email below.

Contact number		Email address	
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PROGRAM SELECTION

Qualification	<input type="checkbox"/> Bachelor of Cyber Security	Location	<input type="checkbox"/> Sydney
	<input type="checkbox"/> Bachelor of Enterprise Management Systems		<input type="checkbox"/> Melbourne
	<input type="checkbox"/> Bachelor of International Business	Preferred Intake Date	

ENGLISH PROFICIENCY

Please include originals or certified copies of your academic documents and/or professional accreditations.
For more information on how to certify and verify your documents, please check www.aibihe.edu.au

Is English your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have you taken any of the following English Proficiency Test?	<input type="checkbox"/> IELTS	<input type="checkbox"/> TOEFL	<input type="checkbox"/> CAE	<input type="checkbox"/> CPE	<input type="checkbox"/> PTE Academic
Test Date					

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REPRESENTATIVE DETAILS

Name of Representative (Agent)	
Counsellor	
Country	
Email	
Phone	

DECLARATION

I certify that the information on the form is current and correct. I acknowledge that I have read and understood AIBI Higher Education policies and procedures. I consent to the collecting, processing, storage, use and disclosure of my personal information to the extent set out in AIBI Higher Education's Privacy Policy. I can contact AIBI HE by email at admissions@aibihe.edu.au if I would like a copy of the policy and/or the application form.

If I instruct an education agent to complete this Application Form on my behalf, I do so on the basis that the agent is acting for me and it remains my responsibility to read the Policies and Procedures.

I authorise AIBI Higher Education to verify the authenticity of my qualifications and/or work experience and/or life experience, and I understand AIBI Higher Education may inform other organisations or regulatory agencies if any of the information in my application is not accurate.

All information provided in this application is bound by AIBI privacy policy available [here](#).

By submitting this application, I agree to the above declaration.

Name of Student			
Signature		Date	
Name of Legal Guardian/Parent			
Signature		Date	

Need help? Please lodge the completed Application Form to admissions@aibihe.edu.au or through a AIBI Higher Education educational agent in your country.

SUBMITTING APPLICATION

Please submit your application with all supporting documents through: admissions@aibihe.edu.au

Intake Dates

2023

Trimester	Orientation/ Transition	Start	Finish	Census	Break
1	January 30	February 06	April 30	February 22	May 01 to May 28
2	May 22	May 29	August 20	June 14	Aug 21 to Sep 17
3	September 11	September 18	December 10	October 04	Dec 11 to Feb 04

2024

Trimester	Orientation/ Transition	Start	Finish	Census	Break
1	January 29	February 05	April 29	February 21	April 30 to May 26
2	May 20	May 27	August 18	June 12	Aug 19 to Sep 15
3	September 09	September 16	December 08	October 02	Dec 09 to Feb 02

2025

Trimester	Orientation/ Transition	Start	Finish	Census	Break
1	January 27	February 03	April 27	February 19	April 28 to May 25
2	May 19	May 26	August 17	June 11	Aug 18 to Sep 14
3	September 08	September 15	December 07	October 01	Dec 08 to Feb 15

2026

Trimester	Orientation/ Transition	Start	Finish	Census	Break
1	January 26	February 09	May 05	February 25	May 04 to May 31
2	May 18	June 01	August 22	June 17	Aug 23 to Sep 20
3	September 07	September 21	December 13	October 07	Dec 14 to Feb 07

READY TO TAKE YOUR NEXT STEP?