

Application Form

Please print in **BLOCK LETTERS**.

Personal Details

Title: Mr Ms 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

Yes 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).

Yes 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: Yes No

Country/State:
Language of instruction:

Employment History

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

Course Preferences

Pre-University and University Level

English

Certificate III in English for Academic Purposes

Academic – the level of course will be determined based on academic background. (see page 24 for admission requirements).

Law – Certificate IV University Foundation Studies – February or June intake only

Business – Bachelor of Business (all majors)

Hotel Management

Computing & Information Technology

Communications

Engineering

Science

Science Stream*

* Applications can not be processed if stream is not indicated.

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:

Master of Business Administration

Master of Business Administration (International)

Master of Management Information Systems

select stream:

Information System

E-Commerce

Master of International Business

Master of Professional Accounting

Master of Professional Finance and Banking

Master of Professional Marketing

Master of Human Resource Management

Master of Sport Management

Master of Strategic Project Management

Computing:

Master of Computer Consultancy

Master of Computer Science

Master of Computer Security

Master of Information Technology

Master of Information Security & Intelligence

Master of Internet Computing

Communications:

Master of Professional Communications (select stream):

Advertising

Film and Video

Journalism

Communications

Media & Cultural Studies

Photomedia

Public Relations

Interactive Multimedia Technologies

Please specify the semester in which you wish to begin your studies:

Year February June October

International Students Only**English proficiency**

IELTS or TOEFL score:

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/relativeIs your friend/relative a PIBT student? Yes No Recommended by an education agent Internet Other

Please specify:

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 30**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: _____**Office Use Only**

Identification number:

Application number:

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 30.

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 19
Churchlands Campus, Pearson Street
Churchlands WA 6018 AUSTRALIA
Telephone + 61 8 9442 1300
Facsimile + 61 8 9442 1311
E-mail: info@pibt.wa.edu.au
Internet: www.pibt.wa.edu.au

(PIBT is expected to move to the Mount Lawley Campus in June 2008.
Please check our website for updates)

PIBT CRICOS Provider number: 01312J

Edith Cowan University CRICOS Provider number: 00279B