



APPLICATION FORM



This is NOT an enrolment form. You will need to attend an enrolment session.
Contact the CIT Student Services Hub on 6207 3188 for information.

INSTRUCTIONS

1. Use a pen and write in BLOCK LETTERS.
2. Use a separate application form for each program.
(This form may be photocopied)
3. Complete each section of the form.
4. Attach copies of any documents that may support your application.
5. Forward your completed application form to:

Canberra Institute of Technology
GPO Box 2825
CANBERRA ACT 2601

or fax to:
(02) 6207 3177

This application does not guarantee you a place in the program.

Check the CIT website, some program may require you to attend an interview. CIT will contact you.

Have you previously enrolled at the Canberra Institute of Technology? Yes No

If YES, what was your Student ID No

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Personal Details:

Family name

First name Middle name

Date of Birth dd mm yyyy Sex M F Are you a permanent resident of Australia or New Zealand? Yes No

Number & Street

Suburb / Town

Australian State Postcode

Home phone Work phone

Mobile

Email address

(please print clearly to ensure you receive acknowledgement of your application and details of enrolment sessions)

Emergency Contact:

Name

Phone

Program being applied for:

Program

Award level

Preferred study mode (see advertisement for available modes):

Full-Time Part-Time Number box in order of preference

OFFICE USE ONLY

Program Code

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Processed Date



Your information is protected from unauthorised disclosure by the Privacy Act 1988.
There are severe penalties for submitting false information.

Work History:

Please attach any evidence of paid and unpaid work, including places of employment, types of positions and periods of employment. List work experience reports, certificates, supervisor reports or references. Please attach only copies of relevant information.

Supporting Statement:

Please attach a supporting statement and add any further information which you believe will support your application (e.g. reasons for applying for program, knowledge of industry).

The following information is collected for the purposes of National Reporting and Planning

ADDITIONAL INFORMATION	Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <small>(For persons of both Aboriginal AND Torres Strait Islander origin, mark both YES boxes)</small>
	In which country were you born? <input type="checkbox"/> Australia Other please specify <input type="text"/>
	Do you speak a language other than English at home? (tick one box) <input type="checkbox"/> Yes <input type="checkbox"/> No – English only Other please specify <input type="text"/>
	How well do you speak English? (tick one box) <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
	Do you think you will need help with English? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you still attending secondary school? (tick one box) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 School Name <input type="text"/>
	What is your highest COMPLETED school level? (tick one box only) <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Did not go to school
	In which YEAR did you complete that school level? <input type="text"/> In which Australian State did you complete that school level? <input type="text"/> What is the name of the school at which you completed that school level? <input type="text"/>
Of the following categories, which BEST describes your current employment status? (tick one box only) <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in the family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment	
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you may tick more than one area <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Learning <input type="checkbox"/> Other <input type="checkbox"/> Mental Illness Do you require special assistance because of your disability? (tick one box) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you SUCCESSFULLY completed any of the following qualifications? (tick one box) <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, then tick ANY applicable boxes <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate II <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate other than above	
Have you ever been enrolled at the University of Canberra? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes) Program <input type="text"/> Attended from year <input type="text"/> to year <input type="text"/>	
Of the following categories, which BEST describes your main reason for undertaking this program/traineeship/apprenticeship? (tick ONE box only) <input type="checkbox"/> To get a job <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get into another course of study <input type="checkbox"/> To try for a different career <input type="checkbox"/> For personal interest or self development <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> Other reasons	
What is the postcode of the suburb or town in which you usually live? <input type="text"/>	

Declaration and Signature:

I declare that the information I have supplied in this application form is correct and complete. I acknowledge that upon enrolment I am subject to the rules and regulations of the Canberra Institute of Technology.

Signature:

Date:

(you can find information about your program enrolment session time at www.cit.act.edu.au)

Please attach further information including COPIES of relevant documentation. CIT will not accept responsibility for this documentation.
NOTE: Portfolios of original art and design work should NOT be included at this stage, but may be listed as part of your resume.