

# AIM Graduate Programs Application Form

**Use this form to apply for entry into a Graduate Certificate or Graduate Diploma qualification.**

Please complete this form and send to Australian Institute of Management Victoria & Tasmania: ABN 57 611 096 092

**Victoria:** PO Box 112 St Kilda Vic 3182  
 Fax: 03 9534 5050 Telephone: 03 9534 8181  
 or online: aimvic.com.au/programs  
 Email: training@aimvic.com.au

## Personal Details

### 1. Enter your full name

(Mr / Mrs / Miss / Ms / Dr / Other)
Family Name (Surname)
Given Names

### 2. Enter your birth date

Day/Month/Year
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### 3. Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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### 4. What is the address of your usual residence?

Suburb, locality or town
Postcode

### 5. What is your postal address?

Building/Property name	
Flat/Unit number, Street number	
Street name	
PO box or Roadside Delivery Box	
Suburb, locality or town	
State/Territory	Postcode

## Language and Cultural Diversity

### 6. In which country were you born?

<input type="checkbox"/> Australia (1101)	<input type="checkbox"/> Other - please specify
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### 7. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

<input type="checkbox"/> No, English only (1202) - go to Question 9
<input type="checkbox"/> Yes, other - please specify

### 8. How well do you speak English?

<input type="checkbox"/> Very well (1)	<input type="checkbox"/> Not well (3)
<input type="checkbox"/> Well (2)	<input type="checkbox"/> Not at all (4)

### 9. 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

## Disability

### 10. Do you consider yourself to have a disability, impairment or long-term condition?

<input type="checkbox"/> Yes	<input type="checkbox"/> No - go to Question 12
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### 11. If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area)

<input type="checkbox"/> Hearing/Deaf (11)	<input type="checkbox"/> Acquired Brain Impairment (16)
<input type="checkbox"/> Physical (12)	<input type="checkbox"/> Vision (17)
<input type="checkbox"/> Intellectual (13)	<input type="checkbox"/> Medical Condition (18)
<input type="checkbox"/> Learning (14)	<input type="checkbox"/> Other (19)
<input type="checkbox"/> Mental illness (15)	

## Employment

### 12. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

<input type="checkbox"/> Full-time employee (01)
<input type="checkbox"/> Part-time employee (02)
<input type="checkbox"/> Self employed - not employing others (03)
<input type="checkbox"/> Employer (04)
<input type="checkbox"/> Employed - unpaid worker in a family business (05)
<input type="checkbox"/> Unemployed - seeking full-time work (06)
<input type="checkbox"/> Unemployed - seeking part-time work (07)
<input type="checkbox"/> Not employed - not seeking employment (08)

Employer Name	
Employer Address	
Postcode	State
Work Telephone	
Mobile	
Work Email	
Organisation Size^	
What is your organisation's primary industry sector?	
Current Position Title	

Years in Position
Number of People Supervised Directly
Number of People Supervised Indirectly
Previous Position Title
Years in Position

^ Estimated number of full-time employees in Victoria/Tasmania.

## Previous Education

List in chronological order: final secondary school, TAFE, and university attended. Please attach certified copies of transcripts for all qualifications or partial qualifications.

Name of institution
Location
Qualifications received
Date
Name of institution
Location
Qualifications received
Date

### 13. Have you **SUCCESSFULLY** completed any of the following?

<input type="checkbox"/> Yes	<input type="checkbox"/> No - go to Question 17
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### 14. If **YES**, then tick **ANY** applicable boxes.

<input type="checkbox"/> Bachelor Degree or Higher Degree (008)
<input type="checkbox"/> Advanced Diploma or Associate Degree (410)
<input type="checkbox"/> Diploma or Associate Diploma (420)
<input type="checkbox"/> Certificate IV or Advanced Certificate/Technician (511)
<input type="checkbox"/> Certificate III or Trade Certificate (514)
<input type="checkbox"/> Certificate II (521)
<input type="checkbox"/> Certificate I (524)
<input type="checkbox"/> Certificates other than the above (990)

## Study Reason

### 15. Of the following categories, which **BEST** describes your main reason for undertaking this course?

(Tick ONE box only)

<input type="checkbox"/> To get a job (01)
<input type="checkbox"/> To develop my existing business (02)

<input type="checkbox"/> To start my own business (03)
<input type="checkbox"/> To try for a different career (04)
<input type="checkbox"/> To get a better job or promotion (05)
<input type="checkbox"/> It was a requirement of my job (06)
<input type="checkbox"/> I wanted extra skills for my job (07)
<input type="checkbox"/> To get into another course of study (08)
<input type="checkbox"/> For personal interest or self-development (12)
<input type="checkbox"/> Other reasons (11)

## Entrance Requirements

Normally, entry to a Graduate Diploma or Graduate Certificate requires an undergraduate degree or advanced diploma. Other candidates, with at least five years relevant work experience as a manager, team leader or supervisor may apply. Individuals are encouraged to apply and will be assessed on a case-by-case basis.

**Please attach current position description and certified copies of qualifications or partially completed qualifications.**

### 16. I am applying for: (Please tick)

<input type="checkbox"/> V14009 Graduate Diploma of Management
<input type="checkbox"/> V14010 Graduate Certificate in Management

### 17. How did you find out about this qualification? (Please tick)

<input type="checkbox"/> AIM's email newsletter	<input type="checkbox"/> AIM email promotion
<input type="checkbox"/> AIM's magazine	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> Expo/conference	<input type="checkbox"/> Website
<input type="checkbox"/> Print advertisement	<input type="checkbox"/> Referred by friend/colleague
<input type="checkbox"/> Radio advertisement	<input type="checkbox"/> Previous studies with AIM
<input type="checkbox"/> Other (Please specify)	

## Membership

### 18. Please provide your AIM membership type and number to receive your preferential member rate.

<input type="checkbox"/> AIM Professional	<input type="checkbox"/> AIM Corporate
<input type="checkbox"/> Other Industry Group (Name)	
Member number	

**PLEASE NOTE: WE WILL CONTACT YOU TO DISCUSS YOUR STUDY OPTIONS & PAYMENT.**

### 19. Do you give permission for AIM to release your assessment results to your employer? (Please tick)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
Signature of applicant		

In completing this form you are agreeing to the AIM Victoria & Tasmania Terms & Conditions – see website for details.

Privacy: Information supplied on this form is private and confidential and used solely to identify and service the entity. Furthermore, your personal details are never sold or distributed to any third party. This information may be used by a third party to communicate on behalf of AIM purposes and/or to perform the services as instructed by the Institute.

### AIM OFFICE USE

Approved

Date

Offer Sent

Entered on database