

# AIM VET Application Form

Use this form to apply for entry into an AIM Vocational Education & Training (VET) 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

**Tasmania:** PO Box 172, Hobart, Tasmania 7001  
Fax: 03 6231 2802 Telephone: 03 6224 9555  
or online: aimgtasmania.com.au/programs  
Email: training@imgtasmania.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

### 3. Gender

Male

Female

### 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

\*Mandatory section - please complete all.

## Language and Cultural Diversity

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

Australia (1101)

Other - please specify

### 7. Do you speak a language other than English at home?

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

No, English only (1202) - go to Question 9

Yes, other - please specify

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

Very well (1)

Not well (3)

Well (2)

Not at all (4)

### 9. Are you of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

## Disability

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

Yes

No - go to Question 12

### 11. If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area)

Hearing/Deaf (11)

Acquired Brain Impairment (16)

Physical (12)

Vision (17)

Intellectual (13)

Medical Condition (18)

Learning (14)

Other (19)

Mental illness (15)

## Schooling

### 12. What is your highest COMPLETED school level?

(Tick one box only)

Year 12 or equivalent (12)

Year 9 or equivalent (9)

Year 11 or equivalent (11)

Year 8 or below (8)

Year 10 or equivalent (10)

Never attended school (2) - go to Question 14

### 13. In which YEAR did you complete that school level?

### 14. Are you still attending secondary school?

Yes

No

Please turn over...

## Previous Qualifications Achieved

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

|                          |     |                          |                        |
|--------------------------|-----|--------------------------|------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No - go to Question 17 |
|--------------------------|-----|--------------------------|------------------------|

### 16. 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)                 |

## Employment

### 17. 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)         |

## Study Reason

### 18. 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

There are no mandatory requirements for entry into vocational qualifications.

The expectation is that applicants will possess numeracy and literacy skills that will enable the achievement of the learning outcomes.

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

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | BSB40207 Certificate IV in Business                |
| <input type="checkbox"/> | BSB40607 Certificate IV in Business Sales          |
| <input type="checkbox"/> | BSB40807 Certificate IV in Frontline Management    |
| <input type="checkbox"/> | BSB41507 Certificate IV in Project Management      |
| <input type="checkbox"/> | TAE40110 Certificate IV in Training and Assessment |
| <input type="checkbox"/> | BSB60407 Advanced Diploma of Management            |
| <input type="checkbox"/> | BSB51107 Diploma of Management                     |
| <input type="checkbox"/> | BSB51407 Diploma of Project Management             |

### 20. 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"/> | Management Today 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

### 21. 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            |                             |                          |               |

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

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

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

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 |