



PERSONAL DETAILS					
Title:	Mr	Mrs	Ms	Miss	Other
Family name:					
Given name(s):					
Single name only:	<i>(tick this box if you have a single name. If this is the case, include your single name in the 'Family name' field).</i>				
Date of Birth:		Gender:	Male	Female	Other

CONTACT DETAILS			
Overseas Residential Address:			
Residential Address in Australia (<i>*these fields <u>must</u> not be left blank</i>):			
Unit/Flat number:			
Street:			
Suburb:			
State/Territory:		Postcode:	
*Contact Number:		*Work Contact Number:	
*Email Address:			

AGENT DETAILS		
Name of Agency:		
Counsellor Name:		
Address:		
Contact Number:		Email Address:



PASSPORT AND VISA DETAILS					
Nationality:		Country of Birth:			
Country of current residence:					
Passport Number:		Issue Date:		Expiry Date:	

ENGLISH PROFICIENCY				
Have you taken a recognised English language test such as IELTS, PTE-A or TOEFL? Yes No				
If yes, please complete the details below and provide a copy of the test results as part of the application.				
English Test:	IELTS	PTE	TOEFL	
Date of Test:		Overall score:		
Component score:	Writing	Reading	Speaking	Listening
Requires LLN Support:	Yes	No		

COURSES	
	General English (Power Language) Elementary to Advanced
	English for Academic Study (Upper Intermediate/Advanced)

SELECT YOUR PREFERRED COURSE INTAKE (ELICOS)			
Course Commencement Date:		Course Duration:	

LANGUAGE AND CULTURAL DIVERSITY (please select the relevant boxes)				
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	Yes, other (please specify):			
How well do you speak English?	Very well	Well	Not well	Not at all



HOW DID YOU LEARN ABOUT QIBA

Agent Friend Google Search Social Media Event/exhibition Other

STUDENT DECLARATION

- *I declare the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice below.*
- *I authorise QIBA to obtain further information for my application.*
- *I understand I will be required to complete an English Placement Test to determine my current level of English.*
- *I will be notified in an instance where QIBA are unable to assign me to a class due to low enrolment numbers or no available classes at the time for a specific level of English.*
- *I have read and understood the QIBA Student handbook available on the website www.qiba.edu.au.*
- *I have read, understood and agree to the above Terms and Conditions outlined above.*

Applicants Signature:
(use either field to the right)

Applicants Full Name:

Date of Application:

Submitted by: Self Agent Agent Contact Number:

FOR APPLICATION ASSISTANCE

QIBA ELICOS Programs Please email your application form to info@qiba.edu.au

t 07 3186 6449 **e** info@qiba.edu.au **e** marketing@qiba.edu.au