



RTO Number: 40732

Australian NIT College Pty Ltd t/as  
trading as  
Swan Institute Australia



CRICOS Provider Code: 03376K

## CORPORATE TRAINING PARTICIPANT APPLICATION FORM

1. Company Details					
Title: Mr / Mrs / Ms / Miss					
Family Name:		Given Names:			
Company Address					
				Post Code:	
Number:		Mobile:			
Email Address: (compulsory) shocking1027@hotmail.com					
2. EMERGENCY CONTACT					
Relationship:		Title: Mr / Mrs / Ms / Miss			
Given Names:		Family Name:			
Address:				Post Code:	
Home Number:		Work Number:		Mobile :	
Email Address:					
3. Training required Please provide test result of IELTS or comparative English Language proficiency test for each participant					
<b>Name of Participant:</b>					
IELTS	S	L	R	W	Overall
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify)					
<b>Name of Participant:</b>					
IELTS	S	L	R	W	Overall
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify)					
<b>Name of Participant:</b>					
IELTS	S	L	R	W	Overall
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify)					
<b>Name of Participant:</b>					
IELTS	S	L	R	W	Overall
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify)					
<b>Name of Participant:</b>					
IELTS	S	L	R	W	Overall
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify)					

Add pages if required

Check list for supporting documents to be submitted together with this application form:

- Copy of passport
- IELTS or other acceptable English Proficiency test result
- Copy of valid Australian visa (if applicable)
- OSHC to cover the entire study period (if applicable)



**DECLARATION**

I, ..... declare that the information supplied in this application and supporting documentation is true and complete. I understand that Swan Institute Australia reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

Privacy Statement: I understand that the information provided in this form will be used for the purposes of and in relation to my enrolment at the college. Where the privacy principles apply, the college restricts access to staff members who may need the information in carrying out their responsibilities to the student. The college does not provide, by commercial arrangement or otherwise, the personal information of a student except in the following cases:

- a) when authorised in writing by the student to do so;
- b) where required or authorised by law to government and regulatory authorities; credit reporting and fraud-checking agencies; Information provided may be made available to Commonwealth and State government agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code of Practice.

**I AUTHORISE**

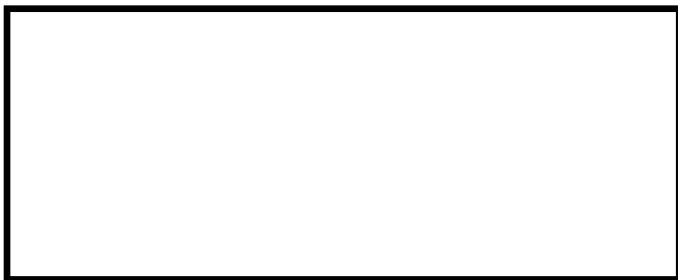
Swan Institute Australia to advise test results to: \_\_\_\_\_ .

Company Representative Name & Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company Representative signature: \_\_\_\_\_

Date: \_\_\_\_\_



**For Providers Use Only**

Admissions Officer ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_