

Your responses to the items in this form are an important part of your application. Responses may be checked for authenticity and reviewed by senior staff.

Please note that questions relating to age, gender, ethnicity, and disabilities are not used to determine eligibility but only as data collection requirements.

Please print clearly. Attach additional pages if insufficient space.

1. Personal Details

i. YOUR FULL NAME

Family (Last) Name: _____

Given (First) Names: _____

ii. YOUR EMAIL ADDRESS: _____

iii. YOUR DATE OF BIRTH (dd/mm/yyyy): _____ / _____ / _____

iv. GENDER (Select one): Male Female

v. WHAT IS THE *STREET* ADDRESS OF YOUR USUAL RESIDENCE?

Building/Property Name: _____

Flat/Unit Number & Street Number _____

Street Name: _____

PO Box or Roadside Delivery Box: _____ Suburb, Locality or Town: _____

State/Territory/Province: _____ Zip/Postcode: _____ Country: _____

vi. WHAT IS YOUR *POSTAL* ADDRESS AND PHONE NUMBER(S)? (If your Postal Address is the same as your Street Address, please write "as above".)

Building/Property Name: _____

Flat/Unit Number & Street Number _____

Street Name: _____

PO Box or Roadside Delivery Box: _____ Suburb, Locality or Town: _____

State/Territory/Province: _____ Zip/Postcode: _____ Country: _____

vii. Daytime Contact Phone Number: _____ After Hours Contact Phone Number: _____

viii. PHOTO ID REQUIREMENTS

A requirement of enrolment with EIT is the provision of evidence of your current name. Evidence of current name must include photo ID and includes a copy of a current passport. If you do not have a current passport, then a copy of a current drivers licence or other official licence or photo ID card.

I confirm I have included evidence of my current name with this application form: YES

ix. PROFESSIONAL MEMBERSHIPS

Please list any professional associations of which you are currently a member. This may include IEEE, Engineers Australia, ISA, IMC UK, ECSA or any other professional associations. State membership number if applicable.

NAME OF PROFESSIONAL ASSOCIATION	MEMBERSHIP ID #

2. Language and Cultural Diversity

- i. IN WHICH COUNTRY WERE YOU BORN? _____
- ii. ARE YOU OF AUSTRALIAN ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? (for persons of both Aboriginal and Torres Strait Islander origin, select both 'yes' boxes)
 NO YES, ABORIGINAL YES, TORRES STRAIT ISLANDER
- iii. WHAT IS YOUR FIRST LANGUAGE? _____
 IF ENGLISH IS NOT YOUR FIRST LANGUAGE, please provide details of your highest level of completed studies within the last 3 years where the sole language of instruction used was English? please state qualification and institution:

Applicants whose first language is not English may also be asked to provide evidence of English proficiency. Please see our website (proficiency in the English language: www.eit.edu.au/policies/EIT_English_Proficiency.pdf) for more details.

3. Disability

- i. DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION?
 YES - Go to question 3.ii
 NO - Go to question 4
- ii. PLEASE INDICATE THE AREAS OF DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION: (Please select any that apply))
- Hearing/Deaf Physical Intellectual
 Learning Mental Illness Acquired Brain Impairment
 Vision Medical Condition Other

If you have selected 'Other', please outline:

4. Academic Achievements and/or Programs Completed

- i. PLEASE LIST THOSE QUALIFICATIONS AND/OR PROGRAMS THAT YOU BELIEVE ARE RELEVANT TO THE PROPOSED PROGRAM.

Attach certified copies of the transcripts for relevant qualifications attained to date*

INSTITUTION NAME AND LOCATION	QUALIFICATION OF PROGRAM TITLE	DATE COMMENCED	DATE FINISHED	DURATION	GRADE

* Certified copies, not originals, should be provided. The transcript(s) must show all programs attempted including grades and an official statement to confirm that all requirements for the degree or diploma have been satisfied. If a transcript is not yet available please attach a certified written record which includes all grades. Documents can be certified by a Manager of a Bank, Lawyer, Sergeant or higher rank in the Police force, Postal Manager, School Principal, Hospital Registrar, Certified Accountant. Those certifying documents should write: "This is a true copy of the original document signed by me", followed by their signature then printed name, address, contact telephone number, occupation and date.

ii. MATHEMATICAL ABILITY

Please outline the highest level of maths study you have achieved and where possible include evidence as an attachment to your application:

iii. PHYSICS' ABILITY

Please outline the highest level of physics study you have achieved and where possible include evidence as an attachment to your application:

iv. RESEARCH SKILLS

Please outline the highest level of research skills you have achieved and where possible include evidence as an attachment to your application:

5. Employment

i. OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS (Please select one)

- | | | |
|--|--|--|
| <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 a 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 |

ii. WHAT IS YOUR CURRENT JOB TITLE / DESIGNATION? _____

iii. PLEASE OUTLINE YOUR RELEVANT EXPERIENCE AND EMPLOYMENT (Please include only those positions which are relevant)

DATE (FROM/TO)	EMPLOYER	POSITION HELD /MAIN DUTIES



iv. WORKPLACE MENTOR

Please provide contact information for your immediate supervisor or equivalent at your workplace who may be called upon to assist your studies with occasional mentoring as you progress through the program. If no one in your place of business can serve in this role, please provide another alternative from a relevant industry.

Name: _____

Daytime Phone Number: _____

Email Address: _____

v. OF THE FOLLOWING CATEGORIES, SELECT THE ONE THAT BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS PROGRAM

- | | | |
|---|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> Other : _____ | | |

6. Program Specifics

i. WOULD YOU BE ABLE TO ATTEND ONLINE SESSIONS DURING WORKING HOURS? YES NO

ii. WHAT ARE YOUR USUAL WORKING HOURS? _____

iii. CAN YOU ATTEND ONLINE SESSIONS AFTER HOURS? YES NO

iv. CAN YOU ATTEND ONLINE SESSIONS ON SATURDAYS? YES NO

v. ARE THERE ANY SPECIFIC UNITS IN THIS PROGRAM WHERE YOU WOULD LIKE TO APPLY FOR CREDIT?

YES NO

Please list the units: _____

vi. WHERE DID YOU HEAR ABOUT THIS PROGRAM? (Please indicate the most relevant option)

- | | |
|--|--|
| <input type="checkbox"/> IDC Website | <input type="checkbox"/> International Society of Automation (ISA) |
| <input type="checkbox"/> Searched online (Google, Yahoo etc.) | <input type="checkbox"/> Friend / Colleague |
| <input type="checkbox"/> IDC/EIT eNewsletter | |
| <input type="checkbox"/> Advertisement/Insert in magazine (Specify): _____ | |
| <input type="checkbox"/> Advert or article on other website (Specify): _____ | |
| <input type="checkbox"/> Other (Specify): _____ | |

7. Privacy, Disclosure and Declaration

OUR COMMITMENT TO PRIVACY: All personal information collected by the EIT is protected by the provisions of The Privacy Act. Any information obtained is used only for the purposes for which it was provided. Under its national reporting obligations the EIT may be required to supply information to Government agencies for statistics, research or program evaluations. No other disclosure will be made without the permission of the provider. The EIT takes all reasonable steps to protect the security of information held whether stored in electronic or hard copy form. Access is available to the person whose information is held by the EIT unless specifically excluded by statute. Our full privacy policy is available at www.eit.edu.au.

DISCLOSURE: I understand that the information provided here is to be used in line with the Privacy Statement above and should EIT provide a place for me, my success will depend upon my own efforts.

DECLARATION: I declare that I have read and understood all the information that EIT has provided to me including course information and the Policies and Procedures (available at www.eit.edu.au/organisation-policies). I also accept the above terms and conditions and confirm all the information I have submitted is correct and complete.

SIGNATURE: _____

DATE (dd/mm/yyyy): _____

Have you included a copy of the certified transcript(s) for your relevant qualification(s)?