

Application Form (Short Courses)

CANTERBURY TECHNICAL INSTITUTE

Level 1, 333 Adelaide St, Brisbane City, QLD 4000, Australia CRICOS Provider Code: 02938M / RTO No: 31645 / ABN: 61 128 149 324 (T) + 61 7 3123 4055 (E) info@cti.qld.edu.au (W) www.cti.qld.edu.au

First Name/s Date of Birth Date of Birth Date of Birth Date of Birth Female Date Gender Australian Visa No. (if any) Expire Date Date Date Date Date Date Date Date Date	PERSONAL DETAILS	
Telephone/Mobile Nationality Visa Type Student Visitor Working Holiday Other ## Cather: please specify: Address in Australia (if known) ## Home Country Address ## H	First Name/s	Family Name/s
Nationality Visa Type Student Visitor Working Holiday Other Home Country Address Home Country Address Massistry Previous Education High School College University Other USI Number All YET students studying nationally recognized training in Australia must have a Unique Student Identifier. If you require help with this please ask CII staff. Note: if you apply through an approved Canterbury Technical Institute agent, all correspondence will be forwarded through that agent. COURSES Introduction to Barista Responsible Service of Alcohol (RSA) Date PROFICIENCY Level of English Seginner Intermediate Upper Intermediate Advanced Do you have any IRLTS / TOEFL / Other (Specify) Scores? Ves No If yes, what is the score: DISABILITY SUPPORT Do you have a disability, impairement or long term medical condition which may affect your studies? Yes No If yes, please specify: REFUND No refuse Australian Visa No. (If any) Expire Date Australian Visa No. (If any) Expire Date Australian Visa No. (If any) Expire Date D	Date of Birth day month year	Gender
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	DECLARATION	
I have read, understood & accepted the terms and conditions of enrolment published in the Student Handbook posted on the CTI website.	I hereby declare that all information provided in this form is true, correct and to the best of my knowledge.	
(http://cti.qld.edu.au - see Download section in Student Information) I acknowledge that I have read the information contained in the student handbook. I understand that the information provided in this form may be provided		
to State & Commonwealth agencies and I consent to the release.		
Student's Signature Date day north year ACPET	Student's Signature	Date day month year ACPET