

Online Study Plan & Consent Form

for Students Impacted by Novel Coronavirus (COVID-19)

Section A. Student Details <i>(to be completed by the student)</i>	
Student's full name	ID number
Student email address	
Personal email address	
Residential address in Australia	
Residential address overseas	
Contact number in Australia	
Contact number overseas	
Emergency contact name	
Emergency contact number	
Current course of study	

Please describe your situation in detail of how you are impacted by the Novel Coronavirus (COVID-19) *(ie. travel restriction, 3rd country stay for 14 days, self-quarantine after returning to Australia that disabled you from joining the face-to-face classes).*

Staff ONLY

Section B. Student's study detail

School	
Course Coordinator	
Course Coordinator email	
Course Code	
Course Name	

Section C. Online Study Plan Details *(to be completed by the school)*

Timetable information - Units of online classes (or Level of ELICOS class)

Unit 1 name:
Unit code:
Study period (Calendar dates range):
Time for class (with time zone information):
Trainer name:
Trainer's contact detail:

Link of online classes:

Unit 2 name:
Unit code:
Study period (Calendar dates range):
Time for class (with time zone information):
Trainer name:
Trainer's contact detail:

Link of online classes:

Unit 3 name:
Unit code:
Study period (Calendar dates range):
Time for class (with time zone information):
Trainer name:
Trainer's contact detail:

Link of online classes:

Unit 4 name: Unit code: Study period (Calendar dates range): Time for class (with time zone information): Trainer name: Trainer's contact detail:
Link of online classes:
Unit 5 name: Unit code: Study period (Calendar dates range): Time for class (with time zone information): Trainer name: Trainer's contact detail:
Link of online classes:
Unit 6 name: Unit code: Study period (Calendar dates range): Time for class (with time zone information): Trainer name: Trainer's contact detail:
Unit 7 name: Unit code: Study period (Calendar dates range): Time for class (with time zone information): Trainer name: Trainer's contact detail:
Link of online classes:
Unit 8 name: Unit code: Study period (Calendar dates range): Time for class (with time zone information): Trainer name: Trainer's contact detail:
Link of online classes:
Unit 9 name: Unit code: Study period (Calendar dates range): Time for class (with time zone information): Trainer name: Trainer's contact detail:
Link of online classes:

Other information Such as: Advise on monitoring student's attendance to online classes and the progression
Advise on the key contacts for support, ie, trainer, course coordinator, IT Help Desk, Student Support, etc.

IT Helpdesk: helpdesk@aibtglobal.edu.au

Student Support: studentsupport@aibtglobal.edu.au

Learning Support: learningsupport@aibtglobal.edu.au

Library: library@aibtglobal.edu.au

Section C. Student's acknowledgement (to be completed by student)

I, student name _____, am willing to undertake the online classes from the start date of _____ till the end date of _____ due to the situation described within this form.

I acknowledge that by undertaking the online classes, I need to fulfill my obligations of the class attendance and course progression according to Monitoring Student Attendance and Academic Progress Policy and Procedure at

AIBT: <https://aibtglobal.edu.au/support/student-forms/aibt/>

AIBTI: <https://aibtglobal.edu.au/support/student-forms/international/>

I have been informed and I understand whom/how to contact staff for support on my online class study.

If for any reason(s) that I still can't return to the face-to-face classes after _____ (same end date as above applied), I will contact the college staff for further support regarding the deferment/suspension/withdrawal of my study.

X

Signature of student
(or legal guardian if student is under 18)

Date:

X

Signature of Head of School/
School Manager/Lead Trainer

Date: