AIBT Student Information Sheet	Date:
Student Number: *(provider student ID)*	**Campus of study:**
First Name:	**Last Name:**
Date of Birth:	**Gender:** ☐ **Male /** ☐ **Female**
Nationality:	**Passport number:**
Personal Email:	
Address in Australia:	
Mobile Number in Australia:	
Do you have USI: ☐ **Yes /** ☐ **No** **If Yes, please specify:**	**OSHC/OVHC Brand and Membership Number:**
Course(s) enrolled:	

X _____

Signature of student

Date: / /

X _____

Signature of legal guardian if student is under 18

Date: / /