

## A tailored leadership education in aprofessional environment.

#### APPLICATION BOOKLET

Master of Business
Administration (MBA)

Graduate Diploma in Management

Graduate Certificate in Management

AIM MBA ranked No.1 nationally as value for money by AFR BOSS magazine survey



# Please complete this Application Form.

Return via

Fax (08) 9387 6171 Email highered@aimwa.com AIM Business School, PO Box 195, Wembley WA 6913

Upon receipt of your Application Form, we will be in contact to organise a time for you to meet the AIM Business School Academic Director. This is an application for enrolment in Month Year Graduate Certificate in Management 39325 Graduate Diploma in Management 39326 Master of Business Administration 41965 Your Personal Details Family Name Given Name Home Address Postcode Telephone Mobile Fax Email Your Current or Most Recent Employment Details Position Held Length of Time in Position Employer Employer Address Postcode Telephone Mobile Facsimile Email Correspondence Preference Send all correspondence Workplace Home

#### Your Academic History

Indicate below your education attainments, giving dates, major subjects studies, and where appropriate, the results obtained for all your tertiary institutions attended. Please provide copies of your Academic Transcripts with this Application Form. Your Academic Transcripts need to be certified by a Justice of the Peace or a Solicitor. Alternatively, bring both the photocopies and the original documents to the AIM Business School and our Academic Director can certify them for you.

Date (from - to)	Name of Education Institution	Major Subjects	Degree/Diploma Awarded
	ı	1	ı
	ı	I	ı
	ı	1	ı
	ı	ı	ı
	ı	1	1
	1	1	1
Please list below any other r Please provide copy of cour	relevant training courses you have attendese completions.	ded, including prizes, awards or so	cholarships gained.

	ı	1	ı
	I	1	ı
	1	1	1
	1		1
	1	1	1
	1		1
(eg. Offices held and/or p	articipation with community, voluntary	and professional organisations).	
Cutino your ourour done	evements over the last 3-5 years		
Outline your particular re (include any particular car	easons for wishing to undertake post-g	raduate studies.	

#### Referees

Please give the name and contact details of two referees relevant to this application.

At least one referee needs to be work-related

	Referee 1		Referee 2	
Name				
Position				
Address	1			
Telephone	1			
Facsimile	1		1	
Email	ı		1	
to the address be	elow (marked to the attent	tion of the Academic Director, AIM B	referee to post or fax the completed report directly susiness School, PO Box 195, Wembley WA 6913).	
	ns (more than one box ma		and the FEE HELD	
			equest for FEE-HELP (for more information contact the Academic Director)	
Please indicate	which program G	Graduate Certificate (4 units) Gr	raduate Diploma (8 units) MBA (12 units)	
Please invo	pice each unit at the begin	nning of the month in which that un	it commences.	
How did you he	ear about this program?	)		
Employer		AIM WA Member Email	s Radio	
Colleague/	Friend	Self-Initiated Inquiry	Other (please specify)	
Media Adv	ertisement	Industry Association		
West Austr	West Australian Newspaper AIM WA Program Guide			
Photo Release	AIM Business School			
I hereby grant A	IM WA and the AIM Busir	ness School the absolute right to up	se photographs and any other reproductions and	
adaptations, from	m photographic shoots, s	such as 'classroom' activities, stude	ent functions, graduation ceremonies, etc.	
		this application is true and complet ciated with this application.	e in every particular. I authorise the AIM Business School	
Date /	/ Signatu	ıre		

### **DEEWR Statistic form**

Student Name	Gender Ma	ale Female			
Date of Birth / / / / / / / / / / / / / / / / / / /	Student Number				
Are you of Aboriginal or Torres Strait Islander descent?	No Ye	es			
If yes					
Are you of Aboriginal descent?	Yes (3)				
Are you of Torres Strait Islander descent?	Yes (4)				
Are you of both Aboriginal and Torres Strait Islander descent?	Yes (5)				
Residence					
Semester residence postcode	f overseas, which country?				
Permanent home address postcode	If overseas, which country?				
Country of Birth	Year of arrival in Aust	ear of arrival in Australia			
Australian Citizen New Zealand Citizen Perman	ent Visa Tem	nporary Visa			
Languages spoken at home					
Year 12 residence suburb postcode	If overseas, which co	ountry?			
Do you have a disability, impairment or long term medical cond	ition? No	(2) Yes (	1)		
If yes, the disability is described as					
Hearing Learning Medica	Mo	obility	Vision		
Other Specify	Ser	nd me advice on su	upport services		
Education Statistics Did you complete Year 12? No	Yes If yes, w	what year did you c	omplete?		
What is your highest educational attainment prior to commencement	t of this course?				
(02) Completed Higher Education postgraduate level course		Completion year			
(03) Completed Higher Education bachelor level course		Completion year			
(04) Completed Higher Education sub-degree level course Completion year					
(05) Have started but not completed Higher Education course Completion year					
(07) Completed final year of secondary education course					
at school or through a Registered Training Organisation		Completion year			
(08) Other qualification complete or incomplete		Completion year			
(09) No prior educational attainment		Completion year			
(10) A complete VET award course		Completion year  Completion year			
(11) An incomplete VET award course		'			
What is the highest educational attainment of your parents / gr			Female Parent / Guardian		
Postgraduate qualification (eg. Postgraduate Diploma, Master, PhD)	(20	·	(40)		
Bachelor Degree		1)	(41)		
Other post school qualification (eg. VET Certificate, Associate Degree or Diploma)		2)	(42)		
Completed Year 12 schooling or equivalent	(23	·	(43)		
Did not complete Year 12 schooling or equivalent	(24	<u>'</u>	(44)		
Completed Year 10 schooling or equivalent	(25	,	(45)		
Did not complete Year 10 schooling or equivalent		6)	(46)		
Don't know		9)	(59)		
Not Applicable	(98	3)	(98)		

OFFICIAL TRANSCRIPTS A complete official transcript of your tertiary record from each Institution attended must accompany this application. Transcripts must include passes and failures

REFEREE REPORTS Please give a copy of the attached 'Referee's Report' and an envelope to each Referee. These completed reports can be posted or faxed directly to the AIM Business School.

THIS APPLICATION FORM should be signed and dated by you and returned to the contact below.

RETURN CONTACT DETAILS

AIM Business School PO Box 195, Wembley WA 6913 Phone 08 9383 8088 Fax 08 9387 6171 PRIVACY STATEMENT To discuss the AIM WA Privacy arrangements, please contact the Academic Director on 08 9383 8088

To view AIM WA's Privacy Policy please visit our website www.aimsa.com.au

The AIM Business School is a division of the Australian Institute of Management.

