



# AIPP Professional Internship Program - Enrollment Form

## Training Visa (407)

### Personal Information

1. Full name: \_\_\_\_\_  
Last name First name Middle name

2. Email: \_\_\_\_\_

3. Gender:  M  F

4. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

5. Mobile: \_\_\_\_\_

6. Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal / Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

7. Nationality: \_\_\_\_\_

8. Representative Agent: Australia ICN Education Group

9. What is your English ability?

- a. Native / Mother Tongue
- b. Above IELTS 6.0 average (or equivalent)
- c. Above IELTS 4.0 average (or equivalent)
- d. Less than IELTS 4.0 average (or equivalent)

10. Is it your genuine intention to use this Program to enhance your skills?

No  Yes

11. Will you agree to Hold an Australian Health Insurance Policy throughout your program?

No  Yes



12. Please select the qualification option that applies to you:

- Hold a relevant qualification of at least a diploma level for which the study duration spanned for a minimum of 12 months.
- Within the last 24 months you have at least 12 months of related work experience in which you have worked 38 hours per week or more.
- None of the above

13. Please select the experience option that applies to you:

- Within the last 24 months you have at least 12 months of related work experience in which you have worked 38 hours per week or more.
- I don't meet this criteria

## Internship Information

14. Which occupational title are you working toward?

- a. Accommodation and Hospitality Managers
- b. Baker
- c. Bed and Breakfast Operator
- d. Cafe or Restaurant Manager
- e. Cook
- f. Caravan park and Camping Ground Manager
- g. Hotel or Motel Manager
- h. Licensed Club Manager
- i. Pastry Cook

15. Geographic Location Preference: \_\_\_\_\_

\* Specifying a specific location will add USD\$300 to your program fees

16. Preferred Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 17. Preferred Duration: \_\_\_\_\_ (weeks).  
Day Month Year Min 26 weeks Max 72 weeks

## Emergency Contact Information

Please note: You cannot be your own emergency contact.

18. Full name: \_\_\_\_\_  
Last name First name Middle name

19. Mobile: \_\_\_\_\_ 20. Relationship: \_\_\_\_\_



I hereby certify that the above information are true and correct to the best of my knowledge. I understand that any false statement(s) will result in immediate disqualification from the program.

I have read and agree to the AIPP Professional Internship Program Terms & Conditions:

Signatory: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_