



The information contained in this form is within the guidelines of the Privacy Principles contained in the Privacy Act 1988 and will be used solely for AIHE teaching and learning activities.

1. STUDENT			
Name			
Address			
Suburb	Postcode:		
Phone Number	Email:		
Mobile Phone No	Date of Birth:		
2. EMERGENCY CONTACT			
Name		Relationship	
Phone Number		Mobile	
3. QUALIFICATION/COURSE DETAILS			
Course Title	Bachelor of Business		
Course Code	BBUS		
Commencement Date			
Payment Method	Cash <input type="checkbox"/> Credit Card <input type="checkbox"/>		
4. AUTHORISATION Completion of this section is mandatory			
<p>I _____ authorise AIHE to collect, store and use my personal information within the limitations of the Privacy Principles contained in the Privacy Act 1988.</p>			
Student Signature	Date / / 2020		