

Mr Miss Mrs Ms Family Name _____ Given Names _____

Male Female Date Of Birth _____

Address _____

Home Phone _____ Mobile Phone _____

Email _____

Highest Level Completed at School _____

Other Studies Completed _____

Would you like to apply for the recognition of your current skills and qualifications toward this qualification with MIG? YES / NO

Student Status for studies with MIG International Student Domestic Student

This section for International Students only.

Passport Number: _____

IELTS Score (Attach Evidence) _____

Do you want MIG to arrange OSHC? Yes No

If yes, tick Single Cover or Family Cover

Courses to be studied SIR20207 - Certificate II in Retail
 SIR30207 - Certificate III in Retail
 SIR40207 - Certificate IV in Retail Management

Attendance Full Time Part Time

Preferred Commencement Date _____

Signature _____ Date _____