









| I am enrolling in the: | | | | |
|---|--|--|--|--|
| Diploma in Packaging Technology | | | | |
| Certificate in Packaging | | | | |
| Please send invoice for: | | | | |
| FULL PAYMENT | | | | |
| SPLIT PAYMENT | | | | |
| PERSONAL DETAILS | | | | |
| Prof/Dr/Mr/Mrs/Ms/Miss | | | | |
| Given names Last name | | | | |
| Work phone Home phone Mobile | | | | |
| Email (work) | | | | |
| Email (home) | | | | |
| PRIVATE ADDRESS | | | | |
| Street City | | | | |
| State Postcode Country | | | | |
| EMPLOYMENT DETAILS (CURRENT) | | | | |
| Job Title | | | | |
| Company Name | | | | |
| WORK ADDRESS | | | | |
| Street City | | | | |
| State Postcode Country | | | | |
| Please tick your preferred address for receipt of educational material. | | | | |
| HOME WORK | | | | |
| | | | | |





| ACADEMIC RECORD School (list subjects and level attained) | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| POST SCHOOL RECORD List subjects and level attained | | | | |
| University | | | | |
| Degree(s) | | | | |
| Diplomas | | | | |
| Certificates | | | | |
| Trade qualifications | | | | |
| Non Certificate courses | | | | |
| EMPLOYMENT RECORD List chronologically indicating the duration of each appointment | | | | |
| Company | | | | |
| Position | | | | |
| Dates of Employment | | | | |
| Company | | | | |
| Position | | | | |
| Dates of Employment | | | | |
| Company | | | | |
| Position | | | | |
| Dates of Employment | | | | |





| Pack | Packaging Experience (indicate your current packaging knowledge/experience) | | | | |
|---|---|---|--|--|--|
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| REGISTRATION You will be registered as a candidate with the PIABC for all examinations and assessments. This is valid for three years. If you have not completed your chosen course, you will be required to re-register with the PIABC (additional fees may apply). | | | | | |
| 3 Years of complimentary AIP membership are included in your enrolment to the Certificate/Diploma course. If you have not completed your course within 3 years you will be sent a membership renewal invoice and will be required to maintain your AIP membership to complete the course. | | | | | |
| (i) | | I am already a member of the Australian Institute of Packaging. | | | |
| (ii) | | I am NOT a member and have enclosed a completed application for admission to the Australian Institute of Packaging. | | | |
| (iii) Please send all correspondence regarding the course to: | | | | | |
| | | Private address | | | |
| | | Business address | | | |
| Applicant Name Date | | | | | |





| OFFICE USE ONLY | | | | | |
|---|----------------|--|--|--|--|
| ENROLMENT | | | | | |
| Diploma | Date | | | | |
| Certificate | Date | | | | |
| Tutor | Appointed | | | | |
| | | | | | |
| EXAMINATION RECORD Diploma - Examinations | | | | | |
| 1. | Date | | | | |
| 2. | Date | | | | |
| 3. | Date | | | | |
| 4. | Date | | | | |
| Completion date | | | | | |
| Award date received | Certificate No | | | | |
| | | | | | |
| CERTIFICATE-EXAMINATIONS Mandatory Unit | Date | | | | |
| Specialist Options | Dutc | | | | |
| 1. | Date | | | | |
| 2. | Date | | | | |
| 3. | Date | | | | |
| 4. | Date | | | | |
| Completion date | | | | | |
| Award date received | Certificate No | | | | |



AUSTRALIAN INSTITUTE OF PACKAGING

AIP Australasian Office +61 7 3278 4490 info@aipack.com.au www.aipack.com.au