

ENROLMENT FORM

COURSE NAME

ARE YOU ENROLLING IN SINGLE UNIT(S) YES NO

NAME OF UNITS

MR / MS / MISS / MRS MALE / FEMALE DATE OF BIRTH

FAMILY NAME GIVEN NAME(S)

RESIDENTIAL ADDRESS

HOME PHONE WORK PHONE MOBILE PHONE

FAX EMAIL

PAYMENT DETAILS

CASH CHEQUE M/ORDER EFTPOS MASTERCARD VISA

CREDIT CARD NUMBER (IF APPLICABLE)

(PLEASE CONSIDER SECURITY WHEN FAXING OR EMAILING YOUR CREDIT CARD DETAILS)

CARDHOLDERS NAME EXPIRY DATE

CARDHOLDERS SIGNATURE

1. DO YOU HAVE ANY DISABILITIES? IF YES, TICK THE AREAS OF DISABILITY

<input type="checkbox"/> HEARING/DEAF	<input type="checkbox"/> MEDICAL CONDITION
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> VISION
<input type="checkbox"/> INTELLECTUAL	<input type="checkbox"/> LEARNING
<input type="checkbox"/> MENTAL ILLNESS	<input type="checkbox"/> ACQUIRED BRAIN IMPAIRMENT
<input type="checkbox"/> OTHER - SPECIFY	<input type="text"/>

2. DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

YES NO

IF YES, PLEASE SPECIFY

3. COUNTRY OF BIRTH

ARE YOU? ABORIGINAL TORRES STRAIGHT ISLANDER BOTH

4. WHAT YEAR DID YOU FINISH SCHOOL?

WHAT IS YOUR HIGHEST LEVEL OF SCHOOLING ACHIEVED?

YEAR 12 YEAR 11 YEAR 10 YEAR 9 <YEAR 9

5. HAVE YOU SUCCESSFULLY COMPLETED ANY FURTHER EDUCATION?

YES NO

IF YES, TICK THE LEVELS COMPLETED

<input type="checkbox"/> BACHELOR DEGREE OR HIGHER	<input type="checkbox"/> DIPLOMA
<input type="checkbox"/> ADVANCED DIPLOMA / ASSOCIATE DEGREE	<input type="checkbox"/> CERTIFICATE III
<input type="checkbox"/> CERTIFICATE IV	<input type="checkbox"/> OTHER

6. ARE YOU EMPLOYED? YES NO

IF YES: FULL TIME PART TIME CASUAL SELF EMPLOYED

NAME OF EMPLOYER OR COMPANY

ADDRESS

7. WHAT IS YOUR REASON FOR STUDYING?

<input type="checkbox"/> TO GET A JOB	<input type="checkbox"/> IT WAS A REQUIREMENT OF MY JOB
<input type="checkbox"/> TO DEVELOP MY EXISTING BUSINESS	<input type="checkbox"/> I WANTED EXTRA SKILLS FOR MY JOB
<input type="checkbox"/> TO TRY FOR A DIFFERENT CAREER	<input type="checkbox"/> TO ENTER ANOTHER COURSE OF STUDY
<input type="checkbox"/> TO GET A BETTER JOB/PROMOTION	<input type="checkbox"/> PERSONAL INTEREST/DEVELOPMENT

DECLARATION

I AGREE TO NOTIFY BUSINESS GROWTH CENTRE OF ANY CHANGE TO THE INFORMATION THAT I HAVE PROVIDED.

I CONSENT TO THIS INFORMATION BEING PROVIDED TO GOVERNMENT BODIES FOR THE PURPOSE OF RESEARCH, STATISTICAL ANALYSIS, PROGRAM EVOLUTION, POST COMPLETION RESEARCH AND INTERNAL MANAGEMENT PURPOSES.

I AGREE TO THE CONDITIONS OF REGISTRATION AND REFUND POLICY

PARTICIPANTS SIGNATURE DATE

FOR OFFICE USE ONLY

STUDENT DETAILS CHECKED DETAILS ENTERED INTO DATABASE LETTER OF ACCEPTANCE MAILED

INVOICE NUMBER RECEIPT NUMBER

COURSE ID STUDENT NO.