

ENROLMENT FORM

Note - New & Existing Worker Trainees must complete the specific Traineeship Enrolment Forms

1. Student Personal Details			
Title:	Given Name	Middle Name	
Surname		Preferred	
Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Employer			
Home Address			
Suburb		State	Postcode
Phone Nos (M)	(H)	(B)	
Email/s (H)		(B)	
Postal Address (if different to residential address)			
Suburb		State	Postcode
Aboriginal or Torres Strait Island origin?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Previous College Student
Course to Enrol in			
2. Student Statistics			
<p><i>The College uses the information below to determine whether you are eligible for enrolment and additional assistance; whether the course you are enrolled in is the most appropriate; and also for marketing and statistical purposes. The information is also sent to the relevant Government Training authorities for use for research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. If answering any of these questions concerns you, or you would like more detail about why we need the information and how we use it please discuss this privately with a College Trainer or Assessor.</i></p>			
1. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	2. Country of Birth <input type="checkbox"/> Australia or <input type="checkbox"/> Other: _____	3. Citizenship: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Permanent Australian Resident <input type="checkbox"/> Temporary Australian Resident	
4. Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		6. How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
5. Do you speak a language other than English at home? <input type="checkbox"/> No – English only <input type="checkbox"/> Yes – Please specify either language:			
Please self-rate your reading skills: <input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average			
Please self-rate your numeracy skills: <input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average			

7. Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes go to Q8 <input type="checkbox"/> No go to Q9	8. If yes to Q7 – indicate the area/s of disability, impairment or long-term condition <input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other:
9. Highest School level completed <input type="checkbox"/> Yr 12 or equivalent <input type="checkbox"/> Yr 11 or equivalent <input type="checkbox"/> Yr 10 or equivalent <input type="checkbox"/> Yr 9 or equivalent <input type="checkbox"/> Yr 8 or below <input type="checkbox"/> Never attended school	
10. In what YEAR did you complete this level of schooling: 19_____ or 20_____	11. Are you still attending school: <input type="checkbox"/> Yes <input type="checkbox"/> No
12. ✓ if you have you successfully COMPLETED any of the following qualifications: <input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Diploma <input type="checkbox"/> Certificate IV or Advanced Certificate <input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I	
13. Which of the following categories best describes your current employment status: <input type="checkbox"/> Full Time <input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed (seeking full time work) <input type="checkbox"/> Self Employed – not employing others <input type="checkbox"/> Unemployed (seeking part time work) <input type="checkbox"/> Employer <input type="checkbox"/> Not employed (not seeking employment)	
14. Which of the following best describes your main reason for undertaking this course/ traineeship: <input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing skills <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It is a requirement of my job <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons	

3. Course Selection and Suitability

1st Preference Course

2nd Preference Course

Yes. I have discussed this enrolment with the following College Trainer: _____

No. I have not yet discussed course suitability with a College Trainer.

If No: Reasons you believe this course is suitable and/or why needed (e.g. licence requirements)

4. Enrolment Type

Private Enrolment. Course Fees Payable directly by Student

Employer Sponsored Enrolment. Course Fees payable by Employer

Productivity Placements Program. Semester Enrolment Fees payable by student

Strategic Skills Program. Semester Enrolment Fees payable by student

Other:

New & Existing Worker Trainees must complete the specific Traineeship Enrolment Forms

5. Employer Details (if required)

Legal Name

Trading Name ABN

Location Address

Suburb State Postcode

Postal Address (if different to location address)

Suburb State Postcode

Type of Industry: Total No of Employees:

Employer Contact

Name

Phone Nos (M) (B) (Fax)

Email/s

Employment Status Full Time Part Time Hrs pw:

Progress Report Requirements: Quarterly Monthly

Reports to Main Employer Contact Supervisor Other:

Invoices to Main Employer Contact Supervisor Other:

6. Enrolment Course and Enrolment Fees

PRIVATE ENROLMENT – see Course Fee at www.austcollege.com.au/fees

Enrolment Fees are payable prior to or at enrolment. The Enrolment Fee is 20% of the Course Fee. The balance is made up of three payment instalments; 30% of the Course Fee payable 4 months from enrolment; 30% of the Course Fee payable 8 months from enrolment and 20% of the Course Fee payable 12 months from enrolment; except that all outstanding payments are due upon early completion of the course.

EMPLOYER SPONSORED - see Course Fee at www.austcollege.com.au/fees

Course Fees are payable at enrolment and are not refundable or transferable.

PRODUCTIVITY PLACEMENTS PROGRAM and STRATEGIC SKILLS PROGRAM

Enrolment and Semester Fees are payable at enrolment and are not refundable or transferable once the program has commenced, other than in line with the conditions of those programs. Refer to the specific course "Fact Sheet" for fee and refund details.

7. Course Tuition Fee Payment Terms and Refund Policy

Invoices will be issued with payment terms of 14 days. Overdue invoices are liable for a late payment fee of \$20. Invoices outstanding after 45 days will incur collections and enforcement costs (minimum of \$50 per month).

The current Fee Schedule is available at www.austcollege.com.au/fees.htm

The issue of results and/or a Qualification or Statement of Attainment is subject to payment of the total Course Fee.

8. Payment Details

Credit Card – Please debit my: VISA Mastercard **Amount: \$**

Card Number _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _

Cardholder name Expiry date _ _ / _ _

Cardholders Signature:


Cheque or Money Order – payable to 'Australian College of Commerce and Management' is attached. Cheque Number: Drawer:

Direct Credit to College Bank Account.
Contact the College on 1800 111 700 for details of a reference number to use

9. Student Authorisation & Agreement to Enrolment Terms & Conditions

I request enrolment in the indicated course and agree to the course terms and conditions.

I consent to the provision of the statistical information provided to the relevant State Training Authority for the purposes indicated.

 **Students Signature**