

Student Enrolment Form



QUALIFICATION	
Code	Title
Delivery Location	Coure Date

PERSONAL DETAILS			
USI Number			
Preferred Title Mr/ Miss/ Mrs/ Ms / Dr	First Name	Middle Name	Suraname
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	
Contact Details	Mobile	Email	
Residential Address			
Postal Adrrs (if different from above)			
Country of birth			
Do you sepak a language other than English at home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please sepcify	
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
Do you consider yourself to have a disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please sepcify	
Are you still attending secondary School?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11	<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9	<input type="checkbox"/> Year 8 <input type="checkbox"/> Never attended school
Have you SUCCESSFULLY completed any other qualifications?	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Cetiricate II	<input type="checkbox"/> Cetiricate I <input type="checkbox"/> Certificates other than the above
Current employment Status	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee	<input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Other, please specify
What BEST describes your main reason for undertaking this training?	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business	<input type="checkbox"/> To try a different career <input type="checkbox"/> To get into another course of study <input type="checkbox"/> it was a requirement of my job	<input type="checkbox"/> To get a better job a promotion <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> Other reasons

ACKNOWLEDGEMENT and DECLARATION TO BE SIGNED BY PARTICIPANT (and Legal Guardian if the participant is under 18 years of age)	
<p>I acknowledge that I have received and/or accessed the Student Information Handbook and RTO fee schedule available from Bondi Training Centre and I hereby acknowledge that I have read, understood and agree to the terms and conditions outlined including the terms of the RTO's refund policy. I understand that Bondi Training Centre is required to share personal information about its students with the Australian Government and other designated authorities.</p> <p>I declare that:</p> <ul style="list-style-type: none"> • I have received and/or accessed and read the Student Information Handbook and understand my rights and responsibilities as a student. • My decision to complete and submit this enrolment form has been without coercion. • I have received and/or accessed the RTO's fee schedule. • I have read and understand the RTO's refund policy. • I have been given sufficient information on the delivery and assessment arrangements for this qualification. • I consent to having my personal information being used in accordance with the RTO's privacy policy. • I have been informed of, and hereby agree to abide by, the RTO policies and procedures relating to fees, charges, rules and regulations of the organisation. • I understand that my current USI number, or that created on my behalf as authorised will be used to collect and report my VET related data. • the RTO's website and printed publications including assessment items and training material. • I declare that the information supplied on this form is correct and complete. 	
Participant Full Name	_____
Signature	_____ Date _____
Guardian Full Name	_____
Signature	_____ Date _____