

# ENROLMENT FORM

<b>A</b>		<b>PERSONAL DETAILS</b> (Please use block letters)			
USI Number				If student does not have USI number, student needs to sign USI – Privacy Declaration Notice	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)				
First Name			Middle Name		
Family Name					
Residential Address					
Flat/Unit Number			Street/Lot Number		
Street Name					
Town/Suburb					
State			Postcode		
Postal Address (Same as residential address: <input type="checkbox"/> Yes)					
Postal address					
Town/Suburb					
State			Postcode		
Phone	Mobile		Home		Work
Email					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please state:				
Emergency Contact	Relationship to you:				
	Address				
	Phone (Home)		(Mobile)		
Preferred contact methods	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax <input type="checkbox"/> In Person				
Employment Status Which best describes your current employment status – select one only	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee (includes school based) <input type="checkbox"/> Self Employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in a family business		<input type="checkbox"/> Unemployed – not seeking employment <input type="checkbox"/> Unemployed – seeking part time employment <input type="checkbox"/> Unemployed – seeking full time employment		
<b>B</b>		<b>COURSE DETAILS</b>			
Course Code/Name:					
Commencement date:					
Course duration:			Course costs:		
Delivery mode	<input type="checkbox"/> Full Time <input type="checkbox"/> Blended <input type="checkbox"/> Online <input type="checkbox"/> Workplace Based <input type="checkbox"/> Short course <input type="checkbox"/> RPL				
Applying for	<input type="checkbox"/> Credit Transfer (CT) <input type="checkbox"/> Recognition of Prior Learning (RPL)				
How did you find out about the course?	<input type="checkbox"/> Website <input type="checkbox"/> Internet <input type="checkbox"/> Smart and Skilled Website <input type="checkbox"/> Other (please specify)				

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C OTHER PERSONAL DETAILS	
<b>Language and Diversity</b>	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 <input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander
	<b>What language do you normally speak at home?</b> <input type="checkbox"/> English <input type="checkbox"/> other, please state below _____
	If you speak another language at home, how well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> not well <input type="checkbox"/> Well
<b>Residency</b>	Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify country of birth)
	What is your residency status? <input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Permanent Humanitarian Visa In which year did you arrive in Australia?
<b>Study reasons</b>	<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 for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course or study <input type="checkbox"/> For personal interest <input type="checkbox"/> For self-development <input type="checkbox"/> Other (please specify)
<b>Student Occupation Identifier</b>	<input type="checkbox"/> 1 Manager <input type="checkbox"/> 2 Professionals <input type="checkbox"/> 3 Technicians and Trade Workers <input type="checkbox"/> 4 Community and Personal Service Workers <input type="checkbox"/> 5 Clerical and Administrative Workers <input type="checkbox"/> 6 Sales Workers <input type="checkbox"/> 7 Machinery Operations and Drivers <input type="checkbox"/> 8 Labourers
<b>Do you consider you have any disabilities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered "Yes" please tick the relevant boxes: <input type="checkbox"/> hearing/deaf <input type="checkbox"/> acquired brain impairment <input type="checkbox"/> physical <input type="checkbox"/> visual <input type="checkbox"/> intellectual <input type="checkbox"/> medical condition <input type="checkbox"/> learning <input type="checkbox"/> mental illness <input type="checkbox"/> other, please state below _____
	If yes, would you like to receive advice on support services, equipment and facilities which may assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No
D EDUCATION DETAILS	
<b>What is the highest school level you completed?</b>	<input type="checkbox"/> Completed year 12 or equivalent <input type="checkbox"/> Completed year 11 or equivalent <input type="checkbox"/> Completed year 10 or equivalent <input type="checkbox"/> Completed year 9 or lower In which year did you complete your highest school level? _____ Are you still attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What level of qualification have you achieved?</b>	<input type="checkbox"/> Bachelor or higher degree level <input type="checkbox"/> Advanced or Associate Diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Miscellaneous education
	In which year did you complete that level?
	In which country did you complete that level?

<b>E</b>	<b>STUDENT DECLARATION</b>
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- ✓ I declare that the information I have supplied on this form is, to the best of my knowledge, correct and complete.
- ✓ I have been informed of fees and charges associated with this course, including the requirements and timelines to withdraw without incurring fees.
- ✓ I further undertake to any the prescribed fees and charges (if any) within the time allowed by The Academy for such payments.
- ✓ I agree to indemnify The Academy against all debt collection costs, solicitors' costs and any disbursements incurred as a result of my non-payment of monies owed to The Academy.
- ✓ I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment.
- ✓ I acknowledge that I will comply with the rules, policies, procedures and by-laws of The Academy.
- ✓ I acknowledge that I have access to, and have read the information supplied in the Student Handbook.
- ✓ I authorise The Academy to obtain a USI on my behalf, verify a USI supplied by me and view my training records and results on the USI website. I understand that if my USI is not recorded, no certificates or documents can be issued.
- ✓ I am aware of the entry requirements for entry into this course.
- ✓ I consent to information on this form and supporting evidence supplied by me to be:
- ✓ Released to a third party when required by relevant bodies; and
- ✓ Used by the Australian Skills Quality Authority and any other governing bodies for audit, verification, research, statistical analysis, program evaluation, post-completion surveys and internal management purposes.
- ✓ I have read and understood the Privacy and Personal Information Policy available on The Academy's website and intranet and consent to the disclosure of my personal information to relevant bodies outlined in this Policy.
- ✓ I understand that The Academy will not disclose the information provided by me on this form to third parties, without my written consent, except to other educational institutions, to government bodies, as required or authorised by law or in accordance with The Academy's Privacy Policy, which is available on [www.sbta.com.au](http://www.sbta.com.au) or upon request.
- ✓ I give consent for my photograph and details to be used for Marketing purposes.
- ✓ I have read and understand The Academy's Policies and Procedures including Refunds, Complaints, Appeals, Code of Conduct available on the internet and intranet.

Student's full legal name: .....

Student's signature: .....

Date: .....