



ENROLMENT FORM

SECTION 1. STUDENT INFORMATION

SURNAME: _____ TITLE: _____
FIRST NAME(S): _____ GENDER: M ☐ F ☐ X ☐
TOWN OF BIRTH: _____ DATE OF BIRTH: ____/____/____
PHONE NUMBER: _____ MOBILE: _____
EMAIL ADDRESS: _____

SECTION 2. COURSE OF STUDY

What course are you wishing to study? _____
Type of Course: ☐ Evidence Based ☐ Online Certification Cost of this course? _____

SECTION 3. LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? _____
Do you speak a language other than English? No ☐ Yes ☐ If Yes please specify: _____
Is English your first language? Yes ☐ No ☐ If No please specify: _____

SECTION 4. EDUCATION

What is the HIGHEST level of schooling you have completed? _____ What Year? _____
Which (if any) of the following qualifications have you successfully completed? (Tick as many boxes as applicable)
☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Diploma (or Associate Diploma)
☐ Graduate Diploma ☐ Bachelor Degree or higher ☐ Other: _____
Title of Highest qualification if any: _____

SECTION 5. EMPLOYMENT

Which category BEST describes your current state of employment?
☐ Full time employee ☐ Employed – unpaid worker in a family business
☐ Self-employed – not employing other ☐ Part time / Casual employee
☐ Unemployed – seeking employment ☐ Unemployed – not seeking employment
☐ Employer

STUDENT ACKNOWLEDGEMENT AGREEMENT

☐ I understand that I may be required to complete the Evidence of Capacity Report (ECR) and submit all relevant documentary evidence to support this application.

NAME: _____ (Please print) DATE: ____/____/____

SIGNATURE: _____

OFFICE USE ONLY

Date Received: ____/____/____ Date Entered: ____/____/____

Student referred by: _____