

PRIVATE ENROLMENT FORM



National Registered Training Provider ID 1441

ACN 073 576 315

Part 1. Course Details

Training Course / Qualification:

Part 2. Personal and Contact Details of Employee

Title:	First Name/s:	Surname:
Residential Address:		
Suburb:	State:	Postcode:
Phone Numbers: (H): ()		(W): ()
(Mob):	(F): ()	Date of Birth:
Postal Address (if different to Residential Address):		
Suburb:	Postcode:	<input type="checkbox"/> Previous College Student
E-mail address/es:		Operating System: 2003 <input type="checkbox"/> 2007 <input type="checkbox"/>

Part 3. Employment Details

Employer:		
Work Street Address:		
Suburb:	State:	Postcode:
Work Postal Address:		
Suburb:	Postcode:	<input type="checkbox"/> Fulltime or <input type="checkbox"/> Part Time
Your Job Title/ Role:		

Part 4. Student Statistics

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.

1. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	2. Country of Birth: <input type="checkbox"/> Australia or <input type="checkbox"/> Other: _____	3. Citizenship (if not one of the listed please advise): <input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Permanent Australian Resident <input type="checkbox"/> Temporary Australian Resident <input type="checkbox"/> _____
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		
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: _____	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	

<p>7. Do you consider yourself to have a disability, impairment or long-term condition?</p> <p><input type="checkbox"/> Yes go to Q8 ➤</p> <p><input type="checkbox"/> No go to Q9 ▼</p>	<p>8. If yes to Q7 – indicate the area/s of disability, impairment or long-term condition:</p> <p><input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Intellectual <input type="checkbox"/> Learning</p> <p><input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Medical Condition</p> <p><input type="checkbox"/> Acquired Brain Impairment</p> <p><input type="checkbox"/> Other: _____</p>	
<p>9. Highest School level completed:</p> <p><input type="checkbox"/> Yr 12 or equivalent <input type="checkbox"/> Yr 11 or equivalent</p> <p><input type="checkbox"/> Yr 10 or equivalent <input type="checkbox"/> Yr 9 or equivalent</p> <p><input type="checkbox"/> Yr 8 or below attended school <input type="checkbox"/> Never</p>	<p>10. In what YEAR did you complete this level of schooling: 19____ or 20____</p> <p>11. Are you still attending school: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>12. Have you successfully COMPLETED any of the following qualifications: <input type="checkbox"/> No <input type="checkbox"/> Yes (<input checked="" type="checkbox"/> applicable)</p> <p><input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Diploma</p> <p><input type="checkbox"/> Certificate IV or Advanced Certificate <input type="checkbox"/> Certificate III or Trade Certificate</p> <p><input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> Certificates other than the above</p>		
<p>13. Which of the following categories best describes your current employment status:</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Employed – unpaid worker in family business</p> <p><input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed (seeking full time work)</p> <p><input type="checkbox"/> Self Employed – not employing others <input type="checkbox"/> Unemployed (seeking part time work)</p> <p><input type="checkbox"/> Employer <input type="checkbox"/> Not employed (not seeking employment)</p>		
<p>14. Which of the following best describes your main reason for undertaking this course/ traineeship:</p> <p><input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing skills</p> <p><input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career</p> <p><input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job</p> <p><input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study</p> <p><input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons</p>		
<p>15. Please self-rate your reading skills:</p> <p><input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average</p>	<p>16. Please self-rate your numeracy skills:</p> <p><input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average</p>	

Part 5. Course Suitability

Yes. I have discussed this enrolment with a College Trainer.

Their name: _____

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)

Part 6. Course Tuition Fee Payment Details

Payment is required prior to enrolment. The current Fee Schedule is available at www.austcollege.com.au/fees.htm under Private Distance Delivery Enrolments. Refunds (less a materials and administrative charge in accordance with the current Fee Schedule) are only available for cancellations advised in writing within 4 weeks of enrolment.

Credit Card – Please debit my: VISA Mastercard

Cardholders Name:	Amount:
Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	Expiry Date: _ _ / _ _
Cardholders Signature:	Date:

Cheque or Money Order – To be made out to ‘Australian College of Commerce and Management’

Cheque Number:	Bank / Branch or BSB:	Drawer:
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Direct Credit to College Bank Account. Contact the College on 1800 111 700 for details

Part 7. Maximum Course Enrolment Period

The maximum enrolment period for a Certificate I, II or III level course is 12 months. The maximum enrolment period for a Certificate IV course is 18 months. The maximum enrolment period for a Diploma course is 24 months.

Part 8. Student Authorisation

I agree to undertake the training necessary to fulfil the requirements of my course and request the Australian College of Commerce and Management to prepare a Training Plan and Timetable.

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

X Students Signature:

Date