

Student Application for Enrolment Form



Personal Details			
Surname:		Title: Mr/Mrs/Miss/Ms/Dr	Date of birth:
First name:		Middle name/s:	
Home phone:	()	Work:	()
Mobile:		Email:	
Unique Student Identifier (USI), if known:			
What is the address of your usual residence? <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work, or other purposes before returning to your home. If you are from a rural area, use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>			
Flat/unit details:		Street Number	
Street name:			
Suburb or town:			
State/Territory:		Postcode:	
What is your postal address (if different from above)?			
Flat/unit details:		Street or Number:	
Street name:			
Suburb or town:			
State/Territory:		Postcode:	
Enrolment Details			
Qualification/ Course:			
Preferred start date:	N/A		
Delivery mode:	Online		
General Information			
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say		
2. Are you a Permanent Resident or Citizen of Australia or New Zealand? <i>Please attach evidence of citizenship or permanent residency with this application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Have you ever studied with TRC before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other, please specify: _____	
5. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only - Go to question 6 <input type="checkbox"/> Yes, other, please specify: _____		
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		
7. 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, Aboriginal and Torres Strait Islander		

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8. Do you consider yourself to have a disability, impairment or long-term condition? If yes, please indicate the area of disability, impairment or long-term condition. (tick as many as apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 8 <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:
9. Do you require any other support services either academic or personal matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No If your response is yes, please specify
10. What is your highest COMPLETED school level (tick one box only)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school – Go to question 11
11. In which YEAR did you complete that school level?
12. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language, Literacy and Numeracy – all applicants will be required to undertake a LLN assessment (exemptions may apply as per the course brochure)	
Upon submission of this form the following will occur: <ul style="list-style-type: none"> The Application for Enrolment is assessed against the course requirements You will be required to undertake the Language, Literacy and Numeracy (LLN) assessment Prior to undertaking the LLN assessment any students identified as exempt (as per the exemption list in the course brochure) will be notified in writing by The Rosebery College Students identified with requiring support will be asked to attend a meeting to discuss support strategies. 	
13. Do you have evidence of the following? <ul style="list-style-type: none"> Australian Senior Secondary Certificate of Education (year 12 certificate); or Certificate of a qualification at level 4 or above in the Australian Qualification Framework; or An approved English Language program before commencing the course. (Please attach evidence)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous qualifications	
14. Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes – indicate below <input type="checkbox"/> No – Go to Question 12
If YES, then tick ANY applicable boxes (you may indicate more than one)	
<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 I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician) <input type="checkbox"/> Certificates other than these	
Please list any qualifications you have completed and	1. _____ Year: _____ 2. _____ Year: _____



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the year of completion.	3.	Year:
13. Do you wish to apply for National Recognition or Credit Transfers? If YES, certified copies of transcripts from previous qualifications must be provided with this form.		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you wish to apply for Recognition of Prior Learning? If YES, please complete the RPL application form		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment		
Of the following categories, which BEST describes your current employment status? (tick one box only)		

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

Study reason
Of the following categories, which BEST describes your main reason for undertaking this course?

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> Other reasons: _____ |
| <input type="checkbox"/> To get a better job or promotion | |
| <input type="checkbox"/> It was a requirement of my job | |

Employment Details			
Employer's legal name:			
Your position:			
Business address:			
	Postcode:		
Postal address: (if different from above)			
	Postcode:		
Phone:	()	Fax:	()
Email:			
Supervisor:	Position:		

Next of kin/emergency contact		
Name:		Relationship to you:



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Address:			
		Postcode:	
Home phone:	()	Work:	()
Mobile:		Email:	

Agreement

In signing this Enrolment Form you agree:

- That the information you have provided on this form is true, correct and complete.
- That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.
- That you have declared any extra support that you may require to assist you in completing your course.
- That you have read and understood TRC's Information Privacy Policy.
- That you have been provided with detailed information about the fees and charges associated with your course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy.
- To provide AVTT with up to date and accurate contact details and notify them if anything changes.
- To be bound by AVTT's Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time.

Student Signature:		Date:	/ /
Printed Name:			
If the student is under 18 years of age:			
Parent/Guardian Name:			
Contact Details:			
Signature:		Date:	/ /