

2016 ENROLMENT FORM

CAREER CONSULTANT:

Crisco provider Code: 02771G

PERSONAL DETAILS (PLEASE ENSURE ALL FIELDS ARE COMPLETED)

SURNAME OR FAMILY NAME

GIVEN NAMES

ADDRESS (NUMBER & STREET)

SUBURB OR TOWN

STATE (E.G. QLD)

POSTCODE

EMAIL

SEX MALE FEMALE

DATE OF BIRTH

PHONE (WORK)

PHONE (HOME)

PHONE (MOBILE)

EMERGENCY DETAILS

EMERGENCY CONTACT NAME

ADDRESS (NUMBER & STREET)

SUBURB OR TOWN

POSTCODE

PHONE (HOME)

PHONE (WORK)

(PLEASE COMPLETE IF CURRENTLY EMPLOYED) **OR AGENT**

EMPLOYER / SPONSOR DETAILS

EMPLOYEE / SPONSOR NAME

CONTACT NAME

ADDRESS (NUMBER & STREET)

SUBURB OR TOWN

POSTCODE

PHONE

DISABILITY

DO YOU CONSIDER YOURSELF TO HAVE A PERMANENT AND SIGNIFICANT DISABILITY? YES NO

IF YOU ANSWERED YES TO QUESTION ABOVE TICK ANY APPLICABLE BOXES.

VISUAL / SIGHT / SEEING

HEARING

PHYSICAL DISABILITY

INTELLECTUAL DISABILITY

CHRONIC ILLNESS

OTHER (PLEASE SPECIFY)

DO YOU REQUIRE SPECIAL ASSISTANCE BECAUSE OF THE DISABILITY?

YES NO

SIGNATURE: STUDENT SERVICES DEPARTMENT

OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS? (PLEASE TICK ONE)

EMPLOYMENT STATUS	<input type="checkbox"/> FULL-TIME EMPLOYEE	<input type="checkbox"/> PART-TIME EMPLOYEE
	<input type="checkbox"/> SELF EMPLOYED (NOT EMPLOYING OTHERS)	<input type="checkbox"/> EMPLOYER
	<input type="checkbox"/> EMPLOYED - UNPAID FAMILY WORKER	<input type="checkbox"/> UNEMPLOYED - SEEKING FULL-TIME WORK
	<input type="checkbox"/> UNEMPLOYED - SEEKING PART-TIME WORK	<input type="checkbox"/> NOT EMPLOYED - NOT SEEKING EMPLOYMENT

EDUCATIONAL DETAILS	WHAT IS YOUR HIGHEST COMPLETED SCHOOL YEAR? (E.G. YR 12)	
	IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?	
	ARE YOU STILL ATTENDING SECONDARY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	SINCE LEAVING SCHOOL HAVE YOU COMPLETED ANY QUALIFICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YOU ANSWERED YES TO QUESTION ABOVE TICK ANY APPLICABLE BOXES.	
	<input type="checkbox"/> TRADE CERTIFICATE	<input type="checkbox"/> ADVANCED / TECHNICIAN CERTIFICATE
	<input type="checkbox"/> CERTIFICATE OTHER THAN ABOVE	<input type="checkbox"/> ASSOCIATE DIPLOMA
	<input type="checkbox"/> UNDERGRADUATE DIPLOMA	<input type="checkbox"/> DEGREE OF POSTGRADUATE DIPLOMA
	<input type="checkbox"/> UNSPECIFIED	

FAMILY BACKGROUND	ARE YOU AN OVERSEAS FEE PAYING STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	WHAT IS YOUR NATIONALITY?.
	ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO
	WERE YOU BORN IN AUSTRALIA? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, IN WHICH COUNTRY WERE YOU BORN?
	ARE YOU A PERMANENT AUSTRALIAN RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, SPECIFY THE LANGUAGE SPOKEN
	DO YOU NEED SPECIAL ASSISTANCE WITH ENGLISH DURING YOUR STUDIES AT THE COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO

HOW DID YOU HEAR ABOUT THIS COURSE? (TICK APPROPRIATE BOX)	<input type="checkbox"/> VTAC GUIDE	<input type="checkbox"/> CAREER TEACHER
	<input type="checkbox"/> FAMILY / FRIENDS	<input type="checkbox"/> EMPLOYER
	<input type="checkbox"/> MAIL-OUT BROCHURE	<input type="checkbox"/> CENTRELINK
	<input type="checkbox"/> G.C. BULLETIN	<input type="checkbox"/> COURIER MAIL
	<input type="checkbox"/> LOCAL PAPER	<input type="checkbox"/> TRADE JOURNAL
	<input type="checkbox"/> RADIO	<input type="checkbox"/> TELEVISION
	<input type="checkbox"/> OTHER:	

CASE MANAGEMENT	AGENCY NAME	
	CONTACT PERSON	
	ADDRESS (NUMBER & STREET)	
	SUBURB OR TOWN	STATE (E.G. QLD)
	EMAIL	
	POSTCODE	
	PHONE (HOME)	PHONE (MOBILE)

DETAILS OF PROPOSED ENROLMENT	HAVE YOU PREVIOUSLY ENROLLED AT THE COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES WHAT YEAR?					
	COURSE NAME	START DATE	FINISH DATE	FT	PT	COURSE FEES
				DISC. RECEIVED		
				GST		
				SUBTOTAL		
				DEPOSIT		
	INTERNATIONAL STUDENTS ONLY	CODE:	SCORE:	BALANCE DUE		
	EXAM PACK INCLUDED: <input type="checkbox"/> YES <input type="checkbox"/> NO					

TERMS AND CONDITIONS	<ol style="list-style-type: none"> I support my obligation to pay the instalments under the Payment Plan on the due dates for payment. I agree that if at any time I fail to pay one or more of the instalments under the payment plan on the due dates for payment, the College may at its discretion terminate my enrolment and/or at anytime call up and enforce rights under any Bank Guarantee and/or Security provided (if any) to compensate the College for the amount of the arrear instalments as well as for any loss or damage suffered by the College by reason of failure to pay on the due date. I agree to pay all fees owing by the due date. No refunds are applicable for Scholarship, Part Scholarship or special discounted packages for the courses that I enrol in. ACIT reserves the right to change dates, courses and fees without notice. I have read the above and the Pre Enrolment Information and the course summary for the course/s in which I am enrolling and I am satisfied with the conditions.
	<p>I HEARBY AGREE TO THE ABOVE TERMS AND CONDITIONS</p> <p>SIGNATURE: _____ DATE: </p>

PAYMENT IN ADVANCE	COURSE FEES: \$	AMOUNT PAID: \$
	DISCOUNT: \$	BALANCE DUE: \$
	SUB TOTAL: \$	
	GST: \$	
	AMOUNT DUE: \$	

PAYMENT TO BE MADE BY: (TICK APPROPRIATE BOX) <input type="checkbox"/> CASH / CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER
CREDIT CARD: VISA MASTERCARD BANKCARD AMEX
CARD HOLDERS NAME
CARD NUMBER EXPIRY:
AMOUNT: \$
SIGNATURE:

IS THIS ENROLMENT SUBJECT TO FINANCE: (TICK APPROPRIATE BOX) <input type="checkbox"/> YES <input type="checkbox"/> NO
FINANCIAL INSTITUTION: (NAME OF BANK, CREDIT UNION OR OTHER FINANCE PROVIDED)
AMOUNT APPLIED FOR: \$ DATE OF APPLICATION:
*ALL DEPOSIT MONIES WILL BE REFUNDED ON WRITTEN EVIDENCE OF NON-ACCEPTANCE OF THE LOAN APPLICATION

PAY AS YOU GO	I AGREE TO PAY THE ENROLMENT FEE OF: \$ BY WAY OF: \$ DEPOSIT
	WITH 10% ADMINISTRATION FEE: \$ EQUALLING BALANCE OF: \$
	TO BE PAID BY THE WAY OF (TICK APPROPRIATE BOX): <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY
	INSTALLMENTS OF: \$ = \$ FIRST PAYMENT DATE
	SIGNATURE: (

PAYMENT PLAN - SECURED	I AGREE TO PAY THE ENROLMENT FEE OF: \$ BY WAY OF: \$ DEPOSIT AND
	TO BE PAID BY THE WAY OF (TICK APPROPRIATE BOX): <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY
	INSTALLMENTS OF: \$ = \$ FIRST PAYMENT DATE
	In support of my obligation to pay the instalments under the Payment Plan on the due dates for payment, I will, before I commence the course provide the College with: an Australian Trading Bank Guarantee with a maximum liability to the Bank of not less than the amount of the Enrolment Fee subject to the Payment Plan on terms acceptable to the College ("Bank Guarantee"); and/or such other security as required by the College ("Security").
	TO BE PAID BY THE WAY OF (TICK APPROPRIATE BOX): <input type="checkbox"/> BANK GUARANTEE <input type="checkbox"/> OTHER:

I agree that if at any time I fail to pay one or more of the instalments under the payment plan on the due dates for payment, the College may at its discretion terminate my enrolment and/or at anytime call up and enforce rights under the Bank Guarantee and/or Security to compensate the College for the amount of the arrear instalments as well as for any loss or damage suffered by the College by reason of failure to pay on the due date.
SIGNATURE: DATE: