



Enrolment form (PLEASE SELECT COURSE)

- Diploma of Hospitality
 Diploma of Marketing
 Other _____

AUSTUDY Confirmation of Enrolment Required

AA Club Reference

Student Details

Fill in your name, address and contact details

First Name _____ Initial _____ Surname _____

Title Mr. Mrs. Miss Gender M F Date of Birth ___/___/___

Address _____

City _____

State/ Province _____ Postcode/ Zip _____ Country _____

Phone (home) _____ (business) _____ (mobile) _____

Email _____

Are you a permanent Australian resident? Yes No (please provide a certified copy of your visa)

Employment

which of the following best describes your current employment status

- | | | |
|---|---|--|
| Full time employee <input type="checkbox"/> | Unpaid family worker <input type="checkbox"/> | Unemployed - seeking part time employment <input type="checkbox"/> |
| Part time employee <input type="checkbox"/> | Employer <input type="checkbox"/> | Unemployed - seeking full time employment <input type="checkbox"/> |
| Self employed <input type="checkbox"/> | Currently studying <input type="checkbox"/> | Unemployed - not seeking employment <input type="checkbox"/> |

Education

Are you still attending School? Yes No

What is your highest completed level of schooling?

Year 8 or lower Year 9 Year 10 Year 11 Year 12 Did not go to school

What year was this completed? _____

Prior Achievement

Since leaving school, have you completed any other qualifications?

- | | |
|--|--|
| Bachelor Degree <input type="checkbox"/> | Certificate IV <input type="checkbox"/> |
| Advanced Diploma or Associate <input type="checkbox"/> | Certificate III <input type="checkbox"/> |
| Diploma <input type="checkbox"/> | Certificate II <input type="checkbox"/> |
| Other _____ | |

Language & Cultural Diversity

Where you born in Australia? Yes No

Other-please specify _____

Do you speak a language other than English at home? No Yes please specify _____

How well do you speak English? Very well Well Not Well Not at All

Are you of aboriginal or Torres Strait Islander origin?

No Yes Aboriginal Yes, Torres strait Islander

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No
 Hearing/Deaf Physical Intellectual Mental Illness Acquired

Study Reason

Of the following categories, which BEST describes your main reason undertaking this course/traineeship? (Tick one box only)

To get a job To develop my existing business To start my own business To try for a different career

To get a better job or promotion It was a requirement of my job I wanted extra skills for my job

To get a qualification To get into another course of study For personal interest For self development

Other reasons

Employer Details your employer details if applicable (Trainees only)

Club Name: _____

Phone: _____ Fax: _____ Contact: _____

Declaration: I declare that to the best of my knowledge and belief, the above information contained on this form is correct and complete. I hereby agree by the rules and Regulations of Australian Academy. I authorise Australian Academy to release information to the Office of Training and Tertiary Education at their request.

Applicant's signature _____ Date ____/____/____

Payment Details

Course cost \$ _____

Payment Method: Cash/ Credit/ Cheque/ Invoice/ Direct Debit

Card Type: _____

Card No:

Expiry Date: ____/____

Cardholder name: _____

Signature: _____

Office Use Only

(Summary of payments):

Owing	Payment	Balance	Date Received	Receipt Number	Initial
\$	\$	\$	____/____/____		
\$	\$	\$	____/____/____		
\$	\$	\$	____/____/____		
\$	\$	\$	____/____/____		
\$	\$	\$	____/____/____		

Australian Academy Refund Policy

If an applicant wishes to cancel, a refund will be available (less 15% of the total course cost to cover administration fees), as long as the applicant has given the college 48 hours notice. As a general rule, no refund will be payable after course has commenced, however, exceptions will be considered on a case by case basis.

Should the College need to postpone a course for any reason every effort will be made to reschedule the course within the following two months. If, however, this is not possible, or the rescheduled dates do not suit, participants will be entitled to a full refund.

I hereby agree to the conditions set out in the above Enrolment and Refund Policy.

Name

Signature

Date.....

Office Use Only

I hereby declare that I have received the sum of \$, being agreed refund due to me.

Signed