

## SELF Enrolment Form – Qualification

**Unique Student Identifier (USI):** \_\_\_\_\_

**If you do not currently have a USI you will be required to create one. Go to [www.usi.gov.au](http://www.usi.gov.au) and follow instructions to create your USI – This is MANDATORY**

### Personal Details

Title: \_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ (This name will appear on your certificate)

Male  Female Date of Birth: \_\_\_\_\_ E- mail \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ Phone No. (Day/work) \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country of Birth:  Australia  Other (specify) \_\_\_\_\_ Date arrived in Australia: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Town and State of Birth: \_\_\_\_\_ Are you?  Aboriginal  Torres Strait Islander (Tick both if applicable)

Do you speak a language other than English at home?  No, English only  Yes, other (specify) \_\_\_\_\_

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

### Emergency Contact Details (enter parent/ guardian details for students under 18)

Title: \_\_\_ Name: \_\_\_\_\_

Phone No. (Day) \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Course Details

Code: \_\_\_\_\_ Qualification/Course Name : \_\_\_\_\_ Stream: \_\_\_\_\_

Stream: \_\_\_\_\_ Campus:  Brisbane  Mackay  Hervey Bay Start Date: \_\_\_\_\_

Individual Units Enrolled: \_\_\_\_\_

### Delivery Mode (discuss options with training consultant)

Class (face-to-face)  On-line (non face-to-face)  Blended (combination of delivery modes)

### To assist us meet your needs please answer the following questions

Do you require language, literacy or numeracy skills support?  Yes  No

Do you have any medical conditions, impairments or disabilities?  Yes  No (Please complete the Client Supplementary Medical Details form, if yes)

### Which BEST describes your main reason for undertaking this training program? Please tick only ONE box.

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

### Employment Details – (If applicable)

Company Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Site Address: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Current employment status:  Full time  Part time  Casual  Unpaid worker in a family business

### Education

#### What is your highest COMPLETED school level:

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

In which year did you complete that school level? \_\_\_\_\_

Have you successfully completed any qualifications:  Yes  No

If Yes, specify the level (eg. Cert 3 / Diploma etc) \_\_\_\_\_

## SELF Enrolment Form – Qualification

Contribution Fee – Payment Plan or Full Payment	
This invoice will be paid by? <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Employer <input type="checkbox"/> Other* – _____ <i>*If Other (Please Specify)</i>	
Does a fee apply for this enrolment? <input type="checkbox"/> Yes* <input type="checkbox"/> No <b>*If Yes, Please specify payment details below</b>	
<b>Total Course Fee?</b> \$ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>*ALL PAYMENT PLANS INCUR A 12% SURCHARGE*</b></p> </div> <div style="width: 35%;"> <input type="checkbox"/> Please Invoice Full Amount      Due Date: _____  <input type="checkbox"/> Please Invoice as per payment plan outline below                      Payment 1 \$ _____ Due Date: _____                      Payment 2 \$ _____ Due Date: _____                      Payment 3 \$ _____ Due Date: _____                 </div> </div>	
Payment Details	
Signature: _____ Date: ____ / ____ / ____	
<input type="checkbox"/> Please Invoice (Purchase order required) <input type="checkbox"/> Cash <input type="checkbox"/> Direct Deposit (include invoice number) >>> _____	
Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX* <i>*(3% surcharge applies to AMEX)</i> Card <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<b>Bank details for direct deposit payments</b>  <b>BSB:</b> 064 123 <b>ACC.:</b> 1021 6131 <b>Name:</b> Axiom College  Send remittance advice via email to <a href="mailto:accounts@axiomcollege.com.au">accounts@axiomcollege.com.au</a>
Expiry date ____ / ____      CCV/ AMEX ID #: _____ Name on card: _____ Signature of card holder: _____	
Special Notes for Payment :	

The information contained within this document is for the sole use of Axiom College to assist in the administration of our clients and will not be disclosed to any other person or organisation without the express written consent of the person whose name appears within. Should you not wish to supply all or part of the requested information this is your right, however, limited available information may not allow us to supply you with the full range of our services. The person/s whose name appears on this document may seek access to this information by request. I acknowledge that Axiom College has permission to use my data above to search or verify USIs with the Australian Government and in the instance a USI is not provided, Axiom College will assist or apply for a USI on my behalf. Axiom Colleges USI Privacy Notice can be found at [www.axiomcollege.com.au](http://www.axiomcollege.com.au)

I hereby agree that the information contained in this document is true and correct and to abide by the rules and conditions Required by the Registered Training Organisation.

Student Name: _____	Signature: _____	Date: ____ / ____ / ____
*Parent/Guardian: _____	Signature: _____	Date: ____ / ____ / ____
*Employer: _____	Signature: _____	Date: ____ / ____ / ____
Axiom College Rep: _____	Signature: _____	Date: ____ / ____ / ____