

00081 – Form - Student Enrolment Form (Domestic)

Students are to complete the following 'student enrolment form' and return to Australian Upskill Training & Education Pty Ltd, No Enrolment will be processed unless this form is received by | Australian Upskill Training Education (AUTE) |

CONTACT DETAILS:

TITLE (<i>Please Tick</i>): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>			
FIRST NAME/S:	MIDDLE Name:		
LAST NAME:	USI No:		
DATE OF BIRTH: ___ / ___ / _____	GENDER (<i>Please Tick</i>): Male <input type="checkbox"/> Female <input type="checkbox"/>		
RESIDENTIAL STREET ADDRESS :			
SUBURB :	STATE:	POSTCODE:	
POSTAL ADDRESS SAME AS RESIDENTIAL ADDRESS: YES <input type="checkbox"/> NO <input type="checkbox"/> (If No, please fill the section below)			
POSTAL STREET ADDRESS:			
SUBURB:	STATE:	POSTCODE:	
TELEPHONE:	(H)	(W)	(M)
EMAIL ADDRESS:			
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NUMBER:	

- USI – is a Unique Student Identifier or USI – a reference number that creates a secure online record of your nationally recognized training and qualifications gained anywhere in Australia for more information visit www.usi.gov.au

COURSE INFORMATION:

Please place tick the Course you are enrolling.

COURSE	Tick	DURATION	Admin fee	Materials fee	Fees (TUITION)
					Fee for Service
BSB50215 Diploma of Business	<input type="checkbox"/>	12 Months	\$250	\$0	AUD\$4500.00
BSB51915 Diploma of Leadership & Management	<input type="checkbox"/>	12 Months	\$250	\$0	AUD\$5000.00
Please note that total cost of course – Tuition fee is including the materials (resources) fee therefore no refund on materials or resources provided by Australian Upskill Training and Education Pty Ltd					
ENTRY REQUIREMENTS:		<ul style="list-style-type: none"> • Achieve a minimum of 60% in Australian Upskill Training & Education Pty Ltd Language, Literacy and Numeracy (LLN) test. • 18 years of age or above 			

* Study Period refers to the number of weeks in a term Fees break down for Fee for service students only

Payment	<input type="checkbox"/> All application form must accompany with payment of \$250 Application fee (non- refundable) <input type="checkbox"/> AS Per study periods* 25% upfront as a deposit and 75% on payment plan <input type="checkbox"/> Upfront payment for Application fees with enrolment confirmation <input type="checkbox"/> Payment plan option is available via Esidebit (direct debit)– see AUTE finance Department for approval.
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How did you find out about the course?	<input type="checkbox"/> Brochure <input type="checkbox"/> website <input type="checkbox"/> social media <input type="checkbox"/> word of mouth <input type="checkbox"/> Tell a Friend Campaign <input type="checkbox"/> Referral by whom: <input type="checkbox"/> Other:
Proposed Intake	___ / ___ / _____

RECOGNITION OF PRIOR LEARNING & CREDIT TRANSFERS

I wish to apply for RPL Yes No
 I wish to apply for Credit Transfer Yes No
 * If tick YES for Credit transfer (Download Credit transfer form from www.aute.com.au/forms/credit transfer form)
 I have attached my Credit Transfer Application Form Yes No

AUSTRALIAN RESIDENCY STATUS:

AUSTRALIAN CITIZEN <input type="checkbox"/>	IF ON VISA /TEMP PERMIT STATE CODE/DESCRIPTION: OTHER:
AUSTRALIAN RESIDENT <input type="checkbox"/>	
VISA/TEMP PERMIT <input type="checkbox"/>	

NEEDS ANALYSIS

REASONS FOR TAKING THIS COURSE:

TO GET A JOB <input type="checkbox"/>	TO DEVELOP MY EXISTING BUSINESS <input type="checkbox"/>
I WANTED EXTRA SKILLS FOR MY JOB <input type="checkbox"/>	TO TRY FOR A DIFFERENT CAREER <input type="checkbox"/>
TO START MY OWN BUSINESS <input type="checkbox"/>	SELF DEVELOPMENT <input type="checkbox"/>
JOB REQUIREMENT <input type="checkbox"/>	PRE-REQUISITE FOR ANOTHER COURSE <input type="checkbox"/>
ENTREPRENEURSHIP <input type="checkbox"/>	OTHERS _____

Please write what you hope to accomplish by undertaking this course.

Please describe how you best like to learn:

- Activist – ‘hands on’ learning and prefer to learn through trial and error
- Reflector – ‘tell me’ learning and prefer to be thoroughly briefed before proceeding
- Theorist – ‘convince me’ learning who wants reassurance that a project makes sense
- Pragmatist – ‘show me’ learning who wants a demonstration to aid learning

Do you have any experience relevant to the qualification you have chosen to undertake? Yes No (circle)
 If yes, do you expect to receive RPL* or a credit transfer for the unit/s? Yes No (circle)
 (If yes, please contact admin@aute.com.au to discuss options available for you)

*RPL- Recognition of Prior Learning

EMPLOYMENT DETAILS (If Employed):

EMPLOYER/ COMPANY (Full Name):	
JOB TITLE / POSITION:	
DATE OF COMMENCEMENT: ____ / ____ / _____	EMPLOYMENT STATUS (Please Tick): Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>

HIGHEST SCHOOL LEVEL COMPLETED:

DID NOT GO TO SCHOOL	<input type="checkbox"/>	COMPLETED YEAR 8 OR BELOW	<input type="checkbox"/>
COMPLETED YEAR 9	<input type="checkbox"/>	COMPLETED YEAR 10	<input type="checkbox"/>
COMPLETED YEAR 11	<input type="checkbox"/>	COMPLETED YEAR 12	<input type="checkbox"/>
IN WHICH YEAR YOU COMPLETED THIS? _____			
AT WHICH SCHOOL? _____			

EDUCATION:

ARE YOU CURRENTLY STUDYING? <i>(Please Tick)</i> :		IF YES, WHICH COURSE ARE YOU CURRENTLY STUDYING?	
YES <input type="checkbox"/> No <input type="checkbox"/>		_____	
IF YES, PLEASE SPECIFY? <i>(Please Tick)</i> :		QUALIFICATION NAME:	
CERTIFICATE I	<input type="checkbox"/>	CERTIFICATES, OTHER	<input type="checkbox"/>
CERTIFICATE II	<input type="checkbox"/>	DIPLOMA	<input type="checkbox"/>
CERTIFICATE III	<input type="checkbox"/>	ADVANCED DIPLOMA OR ASSOCIATE DEGREE	<input type="checkbox"/>
CERTIFICATE IV	<input type="checkbox"/>	BACHELOR DEGREE OR HIGHER	<input type="checkbox"/>
		YEAR OF COMPLETION: ___ / ___ / _____	

LANGUAGE SPOKE AT HOME:

ENGLISH :	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	PLEASE SPECIFY: _____
HOW WELL DO YOU SPEAK ENGLISH:				
WELL:	<input type="checkbox"/>	VERY WELL:	<input type="checkbox"/>	
NOT WELL:	<input type="checkbox"/>	NOT AT ALL:	<input type="checkbox"/>	

SPECIAL CONSIDERATIONS:

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR A LONG TERM CONDITION? <i>(Please Tick)</i>		YES <input type="checkbox"/>
		NO <input type="checkbox"/>
IF YES, PLEASE SPECIFY? <i>(Please Tick)</i> :		
Acquired Brain Impairment	<input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Hearing /Deaf	<input type="checkbox"/>	Physical <input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Vision <input type="checkbox"/>
Learning	<input type="checkbox"/>	Unspecified _____
Medical Condition	<input type="checkbox"/>	

PAYMENT					
<input type="checkbox"/> Credit Card					
Credit/Debit Card No			<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Cardholder's Name			Expiry Date		
<input type="checkbox"/> Bank Deposit / Bank Transfer			NAME OF ACCOUNT: Australian Upskill Training		
Bank	Commonwealth	BSB No.	064 155	Account No.	10366779
Reference		First Initial and Last Name (Example : J. Washinton)			

ATSI STATUS:

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT	No	<input type="checkbox"/>
	Yes, Aboriginal	<input type="checkbox"/>
	Yes, Torres Strait Islander	<input type="checkbox"/>

STUDENT DECLARATION:

In signing the Australian Upskill Training & Education Pty Ltd Enrolment Form:

- I declare that the information contained in this application is to the best of my knowledge true, correct and complete at the time of my Application.
- I acknowledge that providing false information and /or failing to disclose any information relevant to my application for enrolment and /or failure to complete an application/Enrolment form may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and /or cancellation of enrolment at the discretion of Australian Upskill Training and Education Pty Ltd.
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorize Australian Upskill Training & Education Pty Ltd to check all available records to confirm that information provided is correct.
- I am aware of the conditions that relate to my admissions and agree to pay all fees for which I am liable.
- I confirm that I have read and understood the terms and conditions of enrolment and agree to be bound by them.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: ____ / ____ / ____

PRIVACY STATEMENT:

I understand that:

Australian Upskill Training & Education Pty Ltd is required to provide the Government, through the Department of Training, with student and training activity data which may include information I provide in this enrolment form. The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.



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 PO Box 196 Banyo QLD 4014
Email: admin@aute.com.au
Phone no: +61 467 743 330

USE AND DISCLOSURE.

Australian Upskill Training & Education Pty Ltd may engage third party service providers to perform audits, assessments, training delivery consultation, and the provision of statistical data information to industry training bodies, therefore disclosures of information may be necessary. All personal information we provide to them is kept secure, is only used to perform the task for which we have engaged them and is handled in accordance with the National Privacy Principles.

Information will only be used or disclosed for the purpose for which it was collected (the primary purpose) or for a secondary purpose that an individual would reasonable expect.

Information can also be disclosed if required or authorised under law.

For more information in relation to how student information may be used or disclosed please contact Australian Upskill Training & Education Pty Ltd by emailing to admin@aute.com.au

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: ____ / ____ / ____

Student Checklist:

- Medicare Card
- Certified copy of Passport
- Highest Qualifications
- Driver’s Licence
- Concession Card
- Other Related Documents

OFFICE USE ONLY	
Documents Sighted:	
Drivers Licence/ Passport /Other	YES <input type="checkbox"/> NO <input type="checkbox"/> STAFF SIGNATURE: _____
LLN Test Completed?	YES <input type="checkbox"/> NO <input type="checkbox"/> STAFF SIGNATURE: _____