Short Course Application and Enrolment Form

BOX HILL INSTITUTE

Have you ever enrolled at Box Hill Institute before? Y ☐ N ☐   Box Hill Student ID No. ☐☐☐☐☐☐☐☐☐

Surname (Family name): _____   Date of Birth: _____

Given Names: _____   Male ☐ Female ☐ Other ☐

Local Address: _____   Suburb/Town: _____

Postcode: _____   BH Phone: _____   AH Phone: _____

Email: _____

FOR ACCREDITED UNITS ONLY: (not lifestyle/hobby courses)

Unique Student Identifier (USI) No. (if known) _____   (obtain from www.usi.gov.au)

If USI not known: Licence No (front of card): _____

Licence Card No (back of card): _____   State: _____   (We will apply for one on your behalf if relevant to course.)

Of the following categories, which BEST describes your current employment status?

☐ Full-time employee...1
☐ Part-time employee..2
☐ Self employed - not employing others.............3
☐ Employer 4
☐ Employed - unpaid worker in family business..5
☐ Unemployed - seeking full-time work 6
☐ Unemployed - seeking part-time work 7
☐ Not employed - not seeking employment 8

Are you still attending secondary school?

Y ☐   N ☐

Which of the following BEST describes your current or recent occupation? (Please tick)

☐ Managers...1
☐ Professionals...2
☐ Technicians and Trade Workers.......................3
☐ Community and Personal Service Workers 4
☐ Clerical and Administrative Workers 5
☐ Sales Workers 6
☐ Machinery Operators and Drivers 7
☐ Labourers 8
☐ Other 9

Which of the following BEST describes the industry of your current or previous employer? (Please tick)

☐ Agriculture, Forestry and Fishing.......................A
☐ Mining...B
☐ Manufacturing..C
☐ Electricity, Gas, Water and Waste Services.......D
☐ Construction...E
☐ Wholesale Trade..F
☐ Retail Trade..G
☐ Accommodation and Food Services ....H
☐ Transport, Postal and Warehousing I
☐ Information Media and Telecommunications......J
☐ Financial and Insurance Services......................K
☐ Rental, Hiring and Real Estate Services..............L
☐ Professional, Scientific and Technical Services M
☐ Administrative and Support Services.................N
☐ Public Administration and Safety ....O
☐ Education and Training ....P
☐ Health Care and Social Assistance ....Q
☐ Arts and Recreation Services ....R
☐ Other Services...S

Have you successfully completed any of the following qualifications? (Please tick)

Y ☐   N ☐
A E I

☐ Bachelor Degree or Higher Degree 1   ☐☐☐
☐ Advanced Diploma or Associate Degree.........2   ☐☐☐
☐ Diploma (or Associate Diploma) 3   ☐☐☐
☐ Certificate IV (or Advanced Cert/Technician) 4   ☐☐☐
☐ Certificate III (or Trade Certificate).....................5   ☐☐☐
☐ Certificate II 6   ☐☐☐
☐ Certificate I 7   ☐☐☐
☐ Certificates other than the above 8   ☐☐☐

A - Australian
E - Australian Equivalent
I - International

Institution Name _____   Year completed ☐☐☐☐
(Most recent institution)

Do you consider yourself to have a disability, impairment or long-term condition? (Please tick)

☐ Hearing/Deaf 11
☐ Physical 12
☐ Intellectual 13
☐ Learning...14
☐ Mental Health Condition....................................15
☐ Acquired Brain Impairment...............................16
☐ Vision...17
☐ Medical Condition..18
☐ Other 19
☐ Unspecified 99

In which country were you born? (Please tick)

Australia ☐   Other ☐ _____ (please specify)

If other, YEAR you arrived in Australia _____

In which town were you born? _____

Are you of Aboriginal or Torres Strait Islander origin? (Please tick)

☐ No ....N
☐ Yes, Aboriginal...A
☐ Yes, Torres Strait Islander ....T
☐ Yes, Aboriginal AND Torres Strait Islander ....B

Course Name _____

Course ID (and national code if applicable) _____   Group _____   Start _____   Date Fee $ _____

Concessions (if applicable)   No ☐   Yes ☐ (If yes, select from the following)   Health Care Card ☐   Seniors Card ☐   Pension Card ☐

Payment Details - Enrolments cannot be accepted without payment

Mail Enrolment Payment Details: Visa ☐   Mastercard ☐   Cardholder's Name _____

Card Number _____   Expiry Date _____ __   CCV _____   Cardholder's Signature _____

Or Invoice Company – Minimum Amount $500 and Authorisation letter or Purchase Order required - please attach.

Company Name _____   Contact _____   Phone _____

Address _____   Suburb _____   Postcode _____

Refund Policy (Short Courses)

Course Withdrawal and Refunds: Fee refunds will only be issued if a course withdrawal request is received at least four (4) working days prior to the date of course commencement. A $55 administration fee will be charged. No refunds will be issued for withdrawal requests received after this time.

Course Transfers: Students wishing to transfer to a future start date of the same course will be accepted if a request is received at least four (4) working days prior to the date of course commencement, and providing a suitable future course offering is available.

Course Cancellation by the Institute: Box Hill Institute reserves the right to cancel a scheduled course. In the event of a cancellation, students will be notified two days before the scheduled start date. Classes are subject to sufficient enrolment numbers. Box Hill Institute makes every effort to ensure that information is correct at the time of

publication, but reserves the right to change or postpone courses, and to alter schedules, locations, fees and teachers due to unforseen circumstances. Where a course is cancelled by the Institute, a full refund will be issued. Processing of all withdrawal and course cancellation refunds takes a minimum of fifteen (15) working days. Refunds will be made by direct debit/electronic funds.

Unique Student Identifier (USI): All students undertaking accredited training will be required to have a USI (Federal requirement). You should obtain one online at www.usi.gov.au

For Office Use Only	Initials	Date
S1 entered ☐	____	____
ECR payment ☐	____	____
Conf printed ☐	____	____
Conf sent ☐	____	____