



Global Educators™



Short Course Application and Enrolment Form

Cash Register Imprint

HAVE YOU EVER ENROLLED AT BOX HILL INSTITUTE BEFORE? NO YES BOX HILL STUDENT ID No.

SURNAME (FAMILY NAME): DATE OF BIRTH: 19

GIVEN NAMES: SEX: Male Female

NAME ORDER: (Write your full name in the order you wish it to appear on official results / certificates. ie: John James Smith)

LOCAL ADDRESS: Number & Street

Suburb/Town Postcode

Home Phone Work Phone

Mobile Phone Fax

Email

WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL?

Completed Year 12 (HSC/VCE/Form 6/Senior VCAL)..... 12

Completed Year 11 (Leaving/Form 5/Intermediate VCAL)..... 11

Completed Year 10 (Intermediate/Form 4)10

Completed Year 9 or equivalent09

Completed Year 8 or equivalent08

Did not attend school02

(write no. in box)

IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?

ARE YOU STILL ATTENDING SECONDARY SCHOOL? Y N

HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS?

Bachelor Degree or Higher Degree1

Advanced Diploma or Associate Degree2

Diploma (or Associate Diploma)3

Certificate IV (or Advanced Certificate/Technician)4

Certificate III (or Trade Certificate)5

Certificate II6

Certificate I7

Certificates other than the above8

(write no. in box)

OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS?

Full-time employee1

Part-time employee2

Self employed - not employing others3

Employer4

Employed - unpaid worker in a family business5

Unemployed - seeking full-time work6

Unemployed - seeking part-time work7

Not employed - not seeking employment8

(write no. in box)

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION? Y N

If YES, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area.)

Hearing/Deaf11

Physical12

Intellectual13

Learning14

Mental Illness15

Acquired Brain Impairment16

Vision17

Medical Condition18

Other19

Unspecified99

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

No N

Yes, Aboriginal A

Yes, Torres Strait Islander T

Yes, Aboriginal AND Torres Strait Islander B

(write no. in box)

IN WHICH COUNTRY WERE YOU BORN? (Please tick)

Australia Other (Please specify)

If other, YEAR you arrived in Australia

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? (Please tick)

English Other (Please specify)

HOW WELL DO YOU SPEAK ENGLISH?

Very well1

Well2

Not well3

Not at all4

(write no. in box)

COURSE NAME

COURSE ID GROUP START DATE FEE \$

Concessions (if applicable) No Yes (Complete details below) Card Number

Health Care Card Senior's Card Pension Card Expiry Date (Please enclose a copy of Concession documentation)

PAYMENT DETAILS - ENROLMENTS CANNOT BE ACCEPTED WITHOUT PAYMENT

Mail Enrolment Payment Details:

Cash Cheque (Payable to Box Hill Institute) Moneyorder Visa Mastercard

Card Number Exp CCV

Cardholder's Name Cardholder's Signature

Or Invoice Company - minimum amount \$500 and AUTHORISATION LETTER OR PURCHASE ORDER REQUIRED

Company Name Contact Name

Company Address Suburb Post Code

Phone Fax

BY FAX
Fax to (03) 9654 7840

BY TELEPHONE
(03) 9652 0611
Phone Hours
8.30am-6pm, Mon-Thu
8.30am-5pm, Fri
9am-1.30pm, Sat

IN PERSON - CITY
Customer Service
Level 2, 253 Flinders Lane
Melbourne
8.30am-8pm, Mon-Thu
8.30am-5pm, Fri
8.45am-1.45pm, Sat
9.30am-12.30pm, Sun

IN PERSON - BOX HILL
Student Administration
Ground Floor
Building E4
465 Elgar Rd, Box Hill
8am-5pm, Mon-Fri

BY MAIL
CAE & Box Hill Institute
Level 2, 253 Flinders Lane
Melbourne 3000

For Office Use Only

	Initials	Date
Smart entered	<input type="checkbox"/>	_____
Smart payment	<input type="checkbox"/>	_____
Conf printed	<input type="checkbox"/>	_____
Conf sent	<input type="checkbox"/>	_____

Short Crs (0-99 hrs) GST Exempt: (SMART Fee Type: SGN)
Onestop Transaction: 940 Cash Register Code: course + .SA
(Account Code: N Centre _____ Course _____ - 1385)

Short Crs (0-99 hrs) GST Inclusive: (SMART Fee Type: SGY)
Onestop Transaction: 945 Cash Register Code: course + .SG
(Account Code: N Centre _____ Course _____ - 1315)

All enrolments will receive a confirmation letter giving details of the venue and car parking.

Condition of Enrolment (Short Courses)
By enrolling in this Short Course at Box Hill Institute, you are agreeing to abide by the policies, procedures, regulations and Student Code of Conduct of the Institute. This includes agreement with the refund policy stated below, and agreement to your personal information being disclosed in accordance with Box Hill Institute's Privacy Collection Statement, viewable at www.boxhill.edu.au/privacy. You are also providing confirmation that the information you have provided to enrol above, is complete and correct. Further application and enrolment information is viewable at www.boxhill.edu.au

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 unforeseen 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 directly to the payee, and will be mailed to the payee's address as shown on the application form.