

# Short Course Application and Enrolment Form



## By Telephone

(03) 9652 0611  
Phone Hours  
9am-5pm, Mon-Fri

## By Mail

Customer Care  
Box Hill Institute  
Private Bag 2014 Box Hill 3128

## In Person - City

Customer Care  
Level 2, 253 Flinders Lane  
Melbourne  
9am-5pm, Mon-Fri

## In Person - Box Hill

Customer Care  
Ground Floor, Building B4  
465 Elgar Rd, Box Hill  
8am-4pm, Mon-Fri

## In Person - Lilydale

Customer Care  
Building L5, Ground Floor  
Jarlo Drive, Lilydale  
8am-4pm, Mon-Fri

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  Non-Binary

Local Address:

Different Term  Prefer not to Answer

Postcode:  BH Phone:

Suburb/Town:

Email:

AH Phone:

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

(obtain from [www.usi.gov.au](http://www.usi.gov.au))

Unique Student Identifier (USI) No. (if known)

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?

Are you still attending secondary school?

Y  N

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

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

Y  N

- |  |   |                            |                            |                            |
|--|---|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Bachelor Degree or Higher Degree .....            | 1 | A <input type="checkbox"/> | E <input type="checkbox"/> | I <input type="checkbox"/> |
| <input type="checkbox"/> Advanced Diploma or Associate Degree .....        | 2 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/> Diploma (or Associate Diploma) .....              | 3 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician) .... | 4 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/> Certificate III (or Trade Certificate) .....      | 5 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/> Certificate II .....                              | 6 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/> Certificate I .....                               | 7 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/> Certificates other than the above .....           | 8 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |

A - Australian  
E - Australian Equivalent  
I - International

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

- |   |   |
|---|---|
| <input type="checkbox"/> Managers .....                               | 1 |
| <input type="checkbox"/> Professionals .....                          | 2 |
| <input type="checkbox"/> Technicians and Trade Workers .....          | 3 |
| <input type="checkbox"/> Community and Personal Service Workers ..... | 4 |
| <input type="checkbox"/> Clerical and Administrative Workers .....    | 5 |
| <input type="checkbox"/> Sales Workers .....                          | 6 |
| <input type="checkbox"/> Machinery Operators and Drivers .....        | 7 |
| <input type="checkbox"/> Labourers .....                              | 8 |
| <input type="checkbox"/> Other .....                                  | 9 |

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

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

Institution Name

Year completed

(Most recent institution)

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?

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

- |  |    |
|--|----|
| <input type="checkbox"/> Hearing/Deaf .....              | 11 |
| <input type="checkbox"/> Physical .....                  | 12 |
| <input type="checkbox"/> Intellectual .....              | 13 |
| <input type="checkbox"/> Learning .....                  | 14 |
| <input type="checkbox"/> Mental Health Condition .....   | 15 |
| <input type="checkbox"/> Acquired Brain Impairment ..... | 16 |
| <input type="checkbox"/> Vision .....                    | 17 |
| <input type="checkbox"/> Medical Condition .....         | 18 |
| <input type="checkbox"/> Other .....                     | 19 |
| <input type="checkbox"/> Unspecified .....               | 99 |

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

- |   |   |
|---|---|
| <input type="checkbox"/> No .....   | N |
| <input type="checkbox"/> Yes, Aboriginal .....                            | A |
| <input type="checkbox"/> Yes, Torres Strait Islander .....                | T |
| <input type="checkbox"/> 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 - Authorisation letter or Purchase Order required - please attach.

Company Name  Contact  Phone

Address  Suburb  Postcode

**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](http://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](http://www.boxhill.edu.au)

**COVID-19** A condition of your enrolment is that you comply with Box Hill Institute's COVID-19 safe processes when attending on campus and including off site activities. For courses where industry or practical placement is required this may include being fully vaccinated against COVID-19, providing evidence of your COVID-19 vaccination status, including any booster shots for COVID-19.

**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 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](http://www.usi.gov.au)

For Office Use Only	Initials	Date
S1 entered	<input type="checkbox"/>	<input type="text"/>
ECR payment	<input type="checkbox"/>	<input type="text"/>
Conf printed	<input type="checkbox"/>	<input type="text"/>
Conf sent	<input type="checkbox"/>	<input type="text"/>