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): _____

Given Names: _____

Date of Birth: _____

Male ☐ Female ☐ Non-Binary ☐

Different Term ☐ Prefer not to Answer ☐

Local Address: _____

Suburb/Town: _____

Postcode: _____ BH Phone: _____

AH Phone: _____

Email: _____

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

(obtain from 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?
☐ 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

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)

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 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

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

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

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 – Authorisation letter or Purchase Order required - please attach.

Company Name _____ Contact _____ Phone _____

Address _____ Suburb _____ Postcode _____

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

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