

ENROLMENT FORM

Educational Institution: _____ Campus/Location: _____

Student Information:

Full Name (Family name, Given names): _____

Date of Birth (DD/MM/YYYY): _____ Gender: _____

Australian Citizenship Status: _____

Residential Address: _____

Postal Address (if different): _____

Phone Number: _____ Email Address: _____

Emergency Contact Information:

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Course Enrolment Details:

Course Name: _____

Course Code: _____ Intended Start Date: _____

Mode of Study (e.g., Full-time, Part-time): _____

Do you require any special assistance or support? _____

Previous Education and Qualifications:

Highest Level of Education Completed: _____

Name of Last Institution Attended: _____

Year Completed: _____

Australian Government Requirements:

Have you previously studied in Australia? _____

Do you hold a valid Australian Visa? _____

Visa Type: _____

Declaration and Consent:

I declare that the information provided in this enrolment form is true and correct. I understand and accept the terms and conditions of enrolment as outlined by the institution. I agree to comply with all relevant laws and regulations of Australia pertaining to my enrolment and stay. I understand my rights and responsibilities including tuition fee payment, attendance, and conduct requirements. I consent to the collection, use, and disclosure of my personal information in accordance with the Privacy Act 1988 (Cth) and the institution's Privacy Policy.

Privacy Statement:

The institution collects and handles personal information in accordance with the Privacy Act 1988 (Cth). Your information may be used for enrolment purposes, course administration, compliance with Australian Government requirements, and for communication about your studies. Your information may be disclosed to government agencies as required by law.

Student Signature: _____ **Date:** _____

Office Use Only:

Enrolment Officer Name: _____

Signature: _____ Date: _____

Comments: _____

STUDENT SIGNATURE

OFFICE USE SIGNATURE

Signature: _____

Signature: _____

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