



STANDARD ENROLMENT FORM

SECTION 1 - PERSONAL DETAILS - All students must complete

USE BLACK OR BLUE PEN ONLY

Title Mr Mrs Ms Miss Dr Domestic International

Surname Gender Male Female

Given Names Date of Birth (dd/mm/yyyy)

Preferred Name Optional - Not a Nickname Former Surname If Applicable

Residential Address – All students must complete

Number & Street (Cannot be a PO Box)

Suburb/Town

State Post Code

Country

Home Phone (including area code)

Work Phone (including area code)

Mobile Phone

Email

Mailing Address – If different to your Residential Address

Number & Street or PO Box

Suburb/Town

State Post Code

Country

Fax number (including area code)

In what country were you born?

Australia Other Country (please specify)

SECTION 2 - UNIQUE STUDENT IDENTIFIER (USI). If you do not have a USI please provide the following information so that AIAS may apply for a USI on your behalf.

From 1 January 2015, AUS-IAS can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at www.usi.gov.au/create-your-usi. If you would like us AUS-IAS to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf.

Unique Student Identifier (if known)

I authorise AIAS to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

Signature of Student: _____ Date: _____

Preferred contact method for USI details: SMS Email Mail Town/City of Birth:

Country studying in: Country of Residence:

Please provide one of the following.

Driver Licence:

Driver Licence Number:

Driver Licence State:

Citizenship Details:

Certificate Stock Number:

Acquisition Date:

Medicare Details:

Medicare Card Number:

Card Colour:

Expiry Date:

Individual Ref Number:

Medicare Name:

SECTION 3 - COURSE DETAILS

Course code Commencing Date

Course name Delivery Location

SECTION 4 - UNIT OF STUDY DETAILS (Strike out units not required)

Select your units of study to enrol within. I am enrolling as a (pick one only);

- Full Fee (no government subsidy available),
- Sub. fee (you are eligible for a government subsidy, evidence is required) or
- Con. Fee (you are eligible for a government subsidy & on a pension. Evidence is required)

Note: Some government subsidies are only available for one course of study. Refer to **Certificate 3 Guarantee Factsheet** at <https://training.qld.gov.au/site/providers/Documents/funded/certificate3/c3g-factsheet-student.pdf> or the **Higher Level Skills Factsheet** at <https://training.qld.gov.au/site/training/Documents/incentives/hls-factsheet-student.pdf>.

Recognition of Prior Learning (RPL)

- If an RPL is required select Seeking RPL

Please note that Vet-Fee Help is **NOT** available at this institute.

X to enrol	Unit Code	Unit Name	Full Fee	Sub. Fee	Con. Fee	Seeking RPL.	Start / End Times	Training start date	Training end date
TOTAL									

Current relevant skills and knowledge

Do you believe that you have some skills, knowledge and/or experience relevant to the course you are enrolling in that you have gained through any form of learning e.g. qualifications, in house professional development, work-related activities, leisure activities, volunteer work etc. Yes No

If **yes**, would you like to be assessed to determine if you are eligible for recognition of that learning towards the course? Yes No

If **yes**, provide brief details about those skills and/or knowledge and an assessor will contact you to discuss your circumstances and the recognition process and/or any impact on your studies: Yes No

Skills/knowledge	How obtained?	Date obtained?

SECTION 5 - STATISTICAL INFORMATION - All students must complete

Q1. Are you still attending secondary school?

- No
- Yes, Name of school

Q2. What is your highest COMPLETED school level?

- Year 12 Completed
- Year 11 Completed
- Year 10 Completed
- Year 9 or equivalent Completed
- Year 8 or lower Completed
- Did not go to school

Q3. In which YEAR did you complete your highest school level?

Years 8 - 12 ONLY (Leave blank if you did not go to school)

Q4. Have you SUCCESSFULLY completed any of the following qualifications? Please tick ALL applicable boxes:

- Bachelor Degree or Higher Education
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate/Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificate other than the above
- No, I have not completed any of the above qualifications.

Q5. Do you consider yourself to have a disability, impairment or long-term medical condition which is likely to affect your study? Disclosing a disability is confidential.

- Yes
- No. Proceed to Q6.

If yes, then please indicate the areas of disability, impairment or long-term condition.

- Hearing/deaf
- Physical
- Intellectual
- Learning
- Mental illness
- Acquired brain impairment
- Vision
- Medical condition
- Other

Q6. Citizenship and Residence status during this teaching period?

- Australian citizen including Australian citizens with dual citizenship
- Permanent Resident
- Temporary Entry Permit including student visa or diplomat or a dependant of a diplomat
- Status other than one of the above

Q7. Are you of Australian Aboriginal or Torres Strait Islander origin?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander

Q8. Which of the following categories, BEST describes your current employment status? (Tick ONE box only)

- Full-time employee
- Part-time employee
- Self-employed - not employing others
- Employer
- Employed - unpaid worker in a family business
- Unemployed - seeking full-time work
- Unemployed - seeking part-time work
- Not employed - not seeking employment

Q9. Do you speak a language other than English at home?

- No, English only. Proceed to Q10.
- Yes, other. Name the language that is spoken most often.

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

Q10. Of the following categories, which BEST describes your main reason for undertaking this study. (Tick ONE box only)

- To get a job
- To develop existing business
- To start my own business
- To try for a different career
- To get a better job/promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- Other reasons
- For personal interest or self-development

Q11. Emergency Contact - All students must complete

Contact Name

Relationship

Contact Phone

Mobile Phone

SECTION 6 - DECLARATION AND SIGNATURE - All students must complete

1. I declare that the information I have supplied on this form is, to the best of my knowledge, correct and complete.
2. I have been informed of fees and charges associated with this course, including the requirements and timelines to withdraw without incurring fees.
3. I further undertake to pay the prescribed fees and charges (if any) within the time allowed by the Institute for such payment.
4. I agree to indemnify the Institute against all debt collection costs, solicitors' costs and any disbursements incurred as a result of my non-payment of monies owed to the Institute.
5. I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment.
6. I acknowledge that while I am enrolled I will comply with the rules, policies, procedures of the Institute.
7. I understand that I am responsible for notifying Centrelink of study load or changes to study load where applicable.
8. I agree to be contacted via electronic means while I am a student at Australian Institute of Advanced Studies.
9. I understand that the Institute will not disclose the information provided by me on this form to third parties, without my written consent, except to other educational institutions, to government bodies, as required or authorised by law or in accordance with the Institute's Privacy Policy, which is available at www.aus-ias.edu.au or on request.
10. I acknowledge that I have access to, and have read the information supplied in the Student Guide.

Signature of Student: _____

Date: _____

SECTION 7 - THIRD PARTY AUTHORISATION FORM - To be completed by sponsor and signed by student

If a third party is sponsoring a number of students, a separate form is available to list all students. Please obtain a copy of this form from administration.

NOTE: payment for AIAS staff undertaking approved training should be handled by Journal Transfer and need not complete this section.

I/We agree to pay Australian Institute of Advanced Studies the fees (tuition and/or RPL fees) associated with the following student:

- *N.B. - Students who do not sign the disclosure statement WILL remain liable for their own fees.
- If the apprentice/student has a pre-existing debt with Australian Institute of Advanced Studies, grades will not be available until the pre-existing debt is cleared.

Student No.	Student Name	Course Code	Course Name
I authorise disclosure of all information relating to my course and my participation to my third party sponsor.			Student signature:

Note to Sponsor: The organisation authorises Australian Institute of Advanced Studies to charge fees to the organisation for All YEARS of the sponsorship, as they become due.

Third Party Sponsorship to cover the DURATION of the sponsorship, commencing from
Place [X] in the box

Employer/Company full name

Postal address

Phone Fax Email

Company order number (if applicable)

Authorising officer name Position

Authorising officer signature Date

To cancel this sponsorship agreement, written revocation is required by Australian Institute of Advanced Studies and should be forwarded to the Customer Service Officer. All fees incurred up until the receipt of the written cancellation request remain the responsibility of the sponsor.

SECTION 8 - PAYMENT AND WHERE TO SEND YOUR COMPLETED FORM

Payment Options

Payment may be made via Direct Deposit, use your last name or Unique Student Identifier as the reference.

Company Name: Australian Institute of Advanced Studies Pty Ltd

Bank: Commonwealth **BSB:** 064 203 **Account:** 1044 8987

Send your completed enrollment form via either of the methods below.

Email to: information@aus-ias.edu.au or

Post to: Australian Institute of Advanced Studies

PO Box 5060, Mount Gravatt East, QLD 4122.

TEAM USE ONLY

Fee category Funding source: FFS QG FG SG Other (specify)

Teacher Name Entered into RTO Date

Confirmation Sent Date

Payment processed Date