

Student ID (Office Use Only)

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Accredited Training

This form also collects voluntary information for statistical purposes on behalf of the Australian Government.

PERSONAL DETAILS

Surname			Given Names		
Postal Address					
Residential Address					
Home Telephone		Mobile		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email					
Date of Birth	__ / __ / ____		Country of birth		
Are you Aboriginal or Torres Strait Islander Background					
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both <input type="checkbox"/> No					
Main language spoken at home					
If not English, how well can you speak English	<input type="checkbox"/> Very well		<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
Next of kin (in case of an emergency)					
Name			Contact number		

PAST EDUCATION DETAILS

Highest school level achieved					
<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Did not go					
In which year?			Still at school?		
Since leaving school, have you COMPLETED any qualifications?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, tick the appropriate box(es)					
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate IV		
<input type="checkbox"/> Other Certificate	<input type="checkbox"/> Diploma	<input type="checkbox"/> Advance Diploma	<input type="checkbox"/> Degree or higher		

EMPLOYMENT DETAILS

Employment status (please tick one)					
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Self employed	<input type="checkbox"/> Employed (unpaid)		
<input type="checkbox"/> Unemployed (seeking employment)	<input type="checkbox"/> Not employed (not seeking employment)		<input type="checkbox"/> Full time student		
Employer details, if employed					
Business name					
Business address					
Telephone		Fax			
Email					

SPECIAL NEEDS

Do you have a permanent or significant disability?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details				
<input type="checkbox"/> Hearing	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision
<input type="checkbox"/> Medical condition	<input type="checkbox"/> Brain impairment	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Other (please state)	
Do you require special assistance because of this disability?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dietary Requirements				
Other Requirements e.g. Wheelchair access				

LABOUR MARKET STATISTICAL INFORMATION

What category below best describes your main reason for undertaking this study?

- | | | |
|--|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To develop my business | <input type="checkbox"/> To get into another course | <input type="checkbox"/> For personal interest |
| <input type="checkbox"/> To improve chances of promotion | <input type="checkbox"/> For self development | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> Other reason (please state) | | |

COURSE DETAILS

List the names of the course (s) or individual units you wish to enrol

(NB if you are applying for Recognition of Prior Learning (RPL) you still need to enrol in the whole course)

Course/Unit Code	Program Name	Cost
Total		

PAYMENT DETAILS Please regard this enrolment form as a **TAX INVOICE**. Upon payment of the appropriate amount this enrolment form will become your **Tax Invoice**. You are advised to keep a copy of this enrolment form for taxation purposes. Please note that in some instances Accredited Training may be GST Free.

TAX INVOICE - Biznorth Pty Ltd – ABN 38 114 949 914

Payment method – please note there is a 3% surcharge on all credit card payments

- EFT Mastercard Visa Bankcard Purchase order (please attach) Not Applicable

Card Number: _____ Expiry Date: ____ / ____ CCV: _____

Cardholder's Name _____

Cardholder's Signature _____

Amount charged to card _____ GST Free Includes GST

Payment by EFT/Direct Credit Bank Details

Bank: Westpac	Account Name: Biznorth Pty Ltd	EFT amount: (Please use your surname, and course name as the transfer reference e.g. SMITH – Cert IV TAE)
BSB: 035-311	Account Number: 169743	

Refund Policy Refunds may be available for cancellations and withdrawals and are subject to conditions as stated in a Refund Policy, a copy of which is available at <http://www.Biznorth.com.au/index.php?page=policies>

Your Privacy

The information requested by this form is being collected by Biznorth Pty Ltd for the purpose of providing training and assessment services and reporting statistics. Biznorth will not disclose the information provided by you on this form to third parties except government bodies, as required or authorised by law.

Acceptance (tick to accept); I agree to abide by the Biznorth student procedures contained in the Student Handbook, as available at <http://www.Biznorth.com.au/index.php?page=policies>

Permission to use photographic or video images: Biznorth may take photographic or video images of me whilst taking part in training or training-related activities. Biznorth may use these images to promote or advertise Biznorth and its' activities. Tick the following box if you do not give permission I **do not** give permission

Student Signature		Date	
Course coordinator		Date	