

Enrolment Form | Fee for Service

PO BOX 4093 PENRITH NSW 2750

+61 2 4732 5088 Telephone

Student ID: _____



OFFICE USE ONLY -		Course Name and NTIS Code:	
Training Provider Name and Location: Astute Training 02 4732 5088 1/497-507 High Street PENRITH, NSW 2750	Mode of Study: <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Distance	Course Start Date:	Course End Date:
ID provided: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Medicare Care Card <input type="checkbox"/> Other: _____			

Name, D.O.B and Gender:

(Given Name) (LAST NAME)
First: _____ **Middle:** _____ **Surname:** _____
Date of Birth: ____/____/____ (DD/MM/YYYY) **Sex/Gender:** Female Male (tick one box)

Contact Details and Current Address (In Australia):

Home Ph.: _____ **Mobile Ph.:** _____ **Email:** _____
No. & Street: _____ **Suburb:** _____ **State:** _____ **Postcode:** _____

Ethnicity:

In which country were you born in? _____ In which town/city were you born in? _____
 Which language do you speak at home? ENGLISH OTHER, please specify below the language spoken: _____

Disability: Do you consider yourself to have a disability or special needs? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, specify type of disability or need: _____	Qualifications Completed: Since leaving school, have you COMPLETED any qualifications? If YES tick the applicable box below. <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Other: _____
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Do you require special assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) (if yes this will be discussed at an individual appointment with student support)	RECOGNITION OF PRIOR LEARNING & CREDIT TRANSFER: Do you want to apply for Recognition of Prior Learning? (RPL) Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) Do you want to apply for Credit Transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) If yes you will need to complete the applicable form and return it to reception at Astute Training Pty Ltd for assessment.
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Schooling: What is your highest COMPLETED school level? (tick one box) <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower In which YEAR did you complete that school level? _____	Employment Status: Of the following categories, which BEST describes your current employment status? <input type="checkbox"/> Unemployed <input type="checkbox"/> Casual Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Full Time Employee <input type="checkbox"/> Other: _____
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USI: Do you have a USI (Unique Student Identifier)? <input type="checkbox"/> YES, what is your USI? _____ <input type="checkbox"/> NO <input type="checkbox"/> Unsure Have you undertaken any other Smart and Skilled qualifications this calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/>

STUDENT DECLARATION

I declare that all information provided in the enrolment process is true, accurate, complete and not misleading in any way.
Consumer Protection Declaration: Consumer Protection System and Complaints handling is detailed in the Student Handbook and should be read before signing this declaration. I understand my Consumer Protection Officer at Astute Training Pty Ltd is:
 Di Groves – CEO | Phone: 024732 5088 | Email: di@astutetraining.edu.au

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required.

Print full name of guardian: _____

Signature of guardian: _____ **DATE:** ____/____/____

Course Cost: \$1500.00

Deposit of \$200.00 required upon commencement then:

\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$200.00