

STUDENT ENROLMENT FORM

This form is to be completed in full by all new and continuing students

 Use BLOCK LETTERS

 Return to Registered Training Organisation (RTO) with a copy of one of the following forms of photo identification:
Drivers' Licence, 18+ Card, Australian Passport

CSTC Pty Ltd

Registered Training Organisation (RTO) National Code: 0699

ABN: 85 078 440 105

PO Box 51, Moorooka QLD 4105

 07 3373 8888 |  brisbane@cstc.org.au

1. ENROLMENT DETAILS

Student status (Tick one only) I am a new student I am a continuing student

Institution (Tick one only) Construction Skills Training Centre Embark College

Other:

Unique Student Identifier (USI) **CSTC Pty Ltd may apply for a USI on my behalf.**

I have read the Student Handbook Privacy Notice with regards to the application for a USI.

Which of the following best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick one only)

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

2. STUDENT DETAILS

Title (Mr/Mrs) **Given name** **Middle name**

Date of birth **Surname** **Preferred name**

Gender (Tick one only) Male Female Indeterminate / Intersex / Unspecified

Country of birth **City of birth**

Aboriginal or Torres Strait Islander origin (Tick all that apply) No Aboriginal Torres Strait Islander

3. CONTACT DETAILS

Work phone number **Mobile phone number** **Home phone number**

Email address

Usual residential address

Building name **Unit details**

Street number **Street name**

City/Suburb **State** **Post code** **Country**

Postal address Tick if same as residential address

Building name **Unit details**

PO Box **Street number** **Street name**

City/Suburb **State** **Post code** **Country**

4. EMERGENCY CONTACT DETAILS

Contact name

Relationship to student

Contact's phone number

5. EMPLOYMENT DETAILS

Which of the following best describes your current employment status? (Tick one only)

Employment details (If applicable) Occupation Business name of employer

Immediate supervisor's name Immediate supervisor's phone number

Immediate supervisor's email address

6. LANGUAGE AND SUPPORT

Do you speak a language other than English at home? (Tick one only)

How well do you speak English? (Tick one only)

Will you require assistance with any of the following? (Tick all that apply)

7. SCHOOLING DETAILS

Are you still attending secondary school? (Tick one only)

What is your highest completed school level? (Tick one only) In what year did you complete that school level?

8. DISABILITY, IMPAIRMENT OR LONG TERM CONDITIONS

Do you consider yourself to have one of the following disabilities, impairments, or long term conditions? (Tick all that apply)

9. PREVIOUS QUALIFICATIONS

Have you successfully completed any of the following qualifications? (Tick all that apply)

10. NOMINATED COURSE/S

COURSE NAME																COURSE DATE			PRICE
																dd	mm	yyyy	
																dd	mm	yyyy	

11. ACKNOWLEDGEMENT OF ENROLMENT

Please sign below to acknowledge:

- The information provided by me in this application is true and accurate to the best of my knowledge. I will inform the RTO immediately if there is any change to the information that I have given in this application.
- I have read the Student Handbook and specific course brochure which outlines the terms and conditions of my enrolment, my rights, roles and responsibilities, Refund Policy, information on the delivery and assessment of the course(s), Privacy Policy and USI Privacy Notice.
- I must wear covered footwear at all times whilst undertaking the course(s). I may be turned away if I fail to adhere to this requirement.
- I understand that my personal information will be kept strictly confidential in accordance with the Privacy Act 1988 (Cth); however, I give my consent for release of my personal information to funding bodies, government departments and any other relevant bodies as required. Release of information to any other bodies will not occur without my consent.
- The information collected for CSTC Pty Ltd's records may be used to provide me with details about this course and related courses in the future. I may contact the RTO to opt out of such communications at any time.

Student signature

Date

Permission required for those under 18 years

Parent/Guardian name

Parent/Guardian signature

Date

12. PAYMENT

Person to be invoiced for this course Student Employer (Provide details below) Other (Provide details below)

Name

Phone number

Email address

Building name

Unit details

PO Box

Street number

Street name

City/Suburb

State

Post code

Country

Payment to be made via one of the following methods

- Direct deposit *Commonwealth Bank of Australia
Branch: Paddington
BSB: 064 121
Account: 10021751*
- Cash or money order (Contact RTO for details)
- Credit card (Complete details below)

If paying by direct deposit, please attach proof of the transaction when submitting this form to the Registered Training Organisation (RTO)

Card type MasterCard Visa **Card number**

Card holder name

Expiry date

CVV number

Card holder signature

Amount