

Student Enrolment Form



global-mark

Employer Details

Company Name:			
Company Address:			PC:
Phone:		Fax:	
Employment Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time (hrs)	<input type="checkbox"/> Casual (hrs)

Student Details

Surname:		First Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	/	/
Student Address:	PC:		
Phone (Home):		Mobile:	
Email:			
Are you of Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you Born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Country of Birth?			
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?			
How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All			
What is your highest COMPLETED school year level? <input type="checkbox"/> Year 9 or less <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12			
In which YEAR did you complete that school level? _____			
Since leaving school, have you COMPLETED any of the following qualifications?			
<input type="checkbox"/> Trade Certificate <input type="checkbox"/> Degree or post-graduate Diploma/Masters			
<input type="checkbox"/> Other Certificate _____			
Explain in 25 words or less why you have selected to attend this particular course/s:			
Dietary Requirements?			

Special Needs

Do you have a disability we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have indicated yes above, please indicate the nature of the disability:	
<input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Other: _____	
While undertaking training, please tick if you require assistance in:	
<input type="checkbox"/> Language <input type="checkbox"/> Literacy <input type="checkbox"/> Numeracy <input type="checkbox"/> Other: _____	

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Course Details

Course Title/Name:			
Course Date/s:		City:	
Course Title/Name:			
Course Date/s:		City:	
Course Title/Name:			
Course Date/s:		City:	
How did you hear about our course?			
Have you met the course pre-requisite requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please attach evidence to this application form			
Are you applying for Recognised Prior Learning (RPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete an RPL Application form and attach it and your evidence with this application.			

Cancellation Conditions

Cancellation by Student: Should the student be unable to attend the course, they should let Global-Mark know at least 14 days prior to the scheduled start date of the course. In this case, Global-Mark will either offer a refund less a 20% cancellation fee, or transfer the course booking to the next scheduled course date. No refund or transfer is provided for cancellations made 0-13 days of the scheduled start date of the course.

Cancellation by Global-Mark: There may be instances where Global-Mark may cancel a course, due to lack of attendees or unforeseen circumstances. In these cases, Global-Mark will advise the student within 3 working days of the course start date and transfer the student's booking to the next available course date, or offer a full refund.

Payment Details (a tax invoice will be provided on payments including GST)

Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Expiry Date: _____ / _____ (mm/yy)
*Total amount to be debited \$	Card Number: _____ / _____ / _____ / _____
Card Holder Signature:	Card Holder Name:

***10% discount applies for multiple courses or multiple students from one organisation**

Declaration and Signature

I, _____, verify that the information I have provided in this form is true and correct, I acknowledge and agree to the cancellation conditions detailed above.

I acknowledge that reasonable adjustment within the training package will be made if I have any special needs.

I understand that the information collected in this form is private and confidential and will be provided to Government regulatory bodies for Government purposes relating to education.

I give permission for my personal details to be released to non-government bodies for data collection purposes

Signature: _____ Date: ____ / ____ / ____

PLEASE SEND COMPLETED Pgs 1&2 TO Fax: +61 2 9886 0200 or Email: customerservice@global-mark.com.au

Please tick this box if you do not wish to receive information from Global-Mark Pty Ltd