



Enrolment Form

Personal Details

<input type="checkbox"/> Overseas Student	<input type="checkbox"/> Overseas Student in Australia	Country of Birth
Passport Number:	Passport Expiry Date:	Nationality
Visa Number	Visa Expiry Date:	Date of birth:
First name:	Title: Mr /Mrs /Miss/Ms /Dr	
Surname:	Middle name/s:	
Home phone:	Work phone:	
Mobile:	Email:	
Unique Student Identifier (USI), if known:		

What is the address of your usual residence?

Building/ property name:	
Flat/unit details:	Street or Lot Number (e.g. 205 or Lot 118):
Street name:	
Suburb, locality or town:	
State/Territory (If applicable):	Postcode:
Country	

What is your postal address (if different from above)?

Building/ property name:	
Flat/unit details:	Street or Lot Number (e.g. 205 or Lot 118):
Street name:	



Suburb, locality or town:

State/Territory:

Postcode:

Visa Details

Do you already have an Australian Visa that allows you to study here?

Yes
No

If yes, what type of visa?

Enrolment Details

Qualification/ Course:

Preferred start date:

Delivery mode: (If applicable)

General Information

1. Gender:

Male Female

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

If more than one language, indicate the one that is spoken most often.

No, English only - Go to question 5
 Yes, other, please specify:

3. How well do you speak English?

Very well Well Not well
 Not at all

4. Have you completed a test of English Language Proficiency?

IELTS TOEIC TOEFL OTHER _____
When _____ Score _____

5. Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, Aboriginal and Torres Strait Islander

6. Do you consider yourself to have a disability, impairment or long-term condition?

If yes, please indicate the area of disability, impairment or long-term condition. (Tick as many as apply)

Yes No - go to question 7
 Hearing/deaf Intellectual Mental illness
 Vision Physical Learning
 Acquired brain injury Medical condition
 Other:



7. What is your highest COMPLETED school level (tick one box only)
- Year 12 or equivalent
 - Year 11 or equivalent
 - Year 10 or equivalent
 - Year 9 or equivalent
 - Year 8 or below
 - Never attended school – Go to question 11
8. In which YEAR did you complete that school level?
9. Are you still attending secondary school? Yes No

Previous qualifications

10. Have you SUCCESSFULLY completed any of the following qualifications?
- Yes – indicate below
 - No – Go to Question 12

If YES, then tick ANY applicable boxes (you may indicate more than one)

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate I
- Certificate II
- Certificate III (or Trade Certificate)
- Certificate IV (Advanced Cert/Technician)
- Certificates other than these

Please list any qualifications you have completed and the year of completion.

- 1. Year:
- 2. Year:
- 3. Year:

11. Do you wish to apply for Course Credit?
If YES, certified copies of transcripts from previous qualifications must be provided with this form. Yes No

12. Do you wish to apply for Recognition of Prior Learning?
If you indicate yes, you will be contacted to discuss this further. Yes No

Overseas Student Health Cover (OSHC)

- Single
- Dual
- Family
- No. of months required to cover

Employment

Of the following categories, which BEST describes your current employment status? (tick one box only)

- Full-time employee
- Employed – unpaid worker in a family business
- Part-time employee
- Unemployed – seeking full-time work



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- Self-employed – not employing others
- Employer
- Unemployed – seeking part-time work
- Not employed – not seeking employment

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course?

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

Employment Details

Employer's legal name:

Your position:

Business address:

Postcode:

Postal address: (if different from above)

Postcode:

Phone:

Email:

Fax:

Supervisor:

Position:

Next of kin/emergency contact

Name:

Relationship to you:

Address:

Home phone:

Work phone:

Mobile:

Email:



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Application Checklist – Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification):

- Valid visa (if you have one)
- High School certificate or other relevant certificates
- Passport copy/ Identification Card
- Proof of English Language Proficiency
- Any other relevant documents to support your application e.g. resume
- Centrelink or NSW housing commission certificate (*If Applicable*)

Agreement

In signing this Enrolment Form you agree:

- ✓ That the information you have provided on this form is true, correct and complete.
- ✓ That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.
- ✓ That you have read and understood RTO's Information Privacy Policy.
- ✓
- ✓
- ✓ That you have been provided with detailed information about the fees and charges associated with your course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy.
- ✓ To provide RTO with up to date and accurate contact details and notify them if anything changes.
- ✓ To be bound by RTO's Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time.

Student
Signature _____

Date: / /

Printed Name:

Please email by clicking on contact us on our website or hand completed form to Reception at: Level 5, 9 Wentworth Street Parramatta 2150