



Enrolment Form

Personal Details

Overseas Student

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):
Country

Postcode:

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?
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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?		<input type="checkbox"/> No, English only - Go to question 5 <input type="checkbox"/> Yes, other, please specify: _____
<i>If more than one language, indicate the one that is spoken most often.</i>		
3. 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
4. Have you completed a test of English Language Proficiency?		<input type="checkbox"/> IELTS <input type="checkbox"/> TOEIC <input type="checkbox"/> TOEFL <input type="checkbox"/> OTHER ____ When _____ Score _____
5. Are you of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> 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)		<input type="checkbox"/> Yes <input type="checkbox"/> No - go to question 7 <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:
7. What is your highest COMPLETED school level (tick one box only)		<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school - Go to question 11
8. In which YEAR did you complete that school level?		
9. Are you still attending secondary school?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.
2.
3.

Year:
Year:
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
 Self-employed – not employing others Unemployed – seeking part-time work
 Employer 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 I wanted extra skills for my job
 To develop my existing business To get into another course of study
 To start my own business For personal interest or self-development
 To try for a different career It was a requirement of my job
 To get a better job or promotion 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:

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,



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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 _____
Printed Name:

Date:

/ /

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