

# **ENROLMENT FORM**

IS THIS THE FIRST TIME YOU HAVE ENROLLED AT THIS ORGANISATION? Yes No

PERSONAL DE	TAILS				
TITLE: MR	MISS	MRS MS	OTHERS		
UNIQUE STUDENT	DENTIFIER:				
* PLEASE PROVIDE	A COPY OF	THE ID USED TO	OBTAIN YOUR USI.	(g	et your USI at: www.usi.gov.au)
GENDER: MAL	E FEM	IALE OTHER			
FAMILY NAMES:				GIVEN NAMES:	
DATE OF BIRTH:	/	/	(DD/MM,	YYYY)	
PASSPORT NO:		М	OBILE:		
EMAIL :					
<b>\times</b>					
ADDRESS (	AUST	TRALIA / (	OVERSEAS)		
NUMBER AND STRE	ET:				
SUBURBS:		STATE	TERRITORY:	P	OSTCODE:
POSTAL A	DDRESS				
NUMBER AND STR	REET:				
PO BOX OR ROAD	SIDE DELIVI	ERY BOX:			
SUBURBS:		STAT	E/TERRITORY:	F	POSTCODE:
EMERGENC	Y CONTA	СТ			
NAME:				RELA	ATIONSHIP:
ADDRESS:					
SUBURBS:		STA	TE/TERRITORY:	F	POSTCODE:
PHONE:					



## **ENROLMENT FORM**

## **INTAKE DATES**

#### 2023

10th July 2023 09th October 2023

## 2024

08th January 2024 08th April 2024 08th July 2024

07th October 2024

Other /	Mid I	ntake:		

No

SELECT THE COURSES	COURSE CODE & TITLE	CRICOS COURSE CODE	COURSE DURATION
	BSB40120 – Certificate IV in Business	110413H	49 weeks
	BSB50120 – Diploma of Business	110414G	49 weeks
	BSB40520 – Certificate IV in Leadership and Management	104017D	45 weeks
	BSB50420 – Diploma of Leadership and Management	104420D	45 weeks
	BSB80120 – Graduate Diploma of Management (Learning)	112113D	49 weeks

### **STUDENT VISA APPLICANTS:**

Overseas students must provide evidence of English language qualifications.

Proficiency in English: Very Well Well Not Well Not at All

Have you undertaken an English Language Proficiency Test in last 2 years?

Yes

Name of English Language Proficiency Test:

Test Date: Score:

Have you previously held a Visa for study in Australia? Yes No

Are you applying for your visa from Australia? Yes No

If not, which country will you apply for your visa from?



## **ENROLMENT FORM**

he	Completed Enrolment Application Form  Certified copy of education transcripts  Certified copy of your passport  Certified copy of your IELTS score or other English Proficiency Fest  Certified copy of your Visa stamp page (if applicable)  Relevant employment details (if applicable)  Overseas Student Health Cover if available  Onshore Student Address proof is required (e.g., driver licence, bank statement)  cked student details for accuracy  eived By: Signature: Date:
	Completed Enrolment Application Form  Certified copy of education transcripts  Certified copy of your passport  Certified copy of your IELTS score or other English Proficiency Fest  Certified copy of your Visa stamp page (if applicable)  Relevant employment details (if applicable)  Overseas Student Health Cover if available  Onshore Student Address proof is required (e.g., driver licence, bank statement)
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	icknowledge that I have read the above and understand the information provided. I confirm that is information is true and correct.
pl	anning purposes.
G	ne information provided by you may be used by or on behalf of the State or Commonwealth overnments for statistical purposes, conducting surveys, enrolment, educational or strategic
5	articipant Records Access Form.
	understand that I can authorise others to receive this information only by completing a
וכ	ogress with representatives from the Department of Education and Training, Department of dustry and my employer (if applicable).
	give permission for Focus Academic of Learning to review and report my training
	have read and accepted the terms and conditions of the fees and refund policy as described in e Pre-enrolment Information.
П	TUDENT DECLARATION
	Email address:
	Telephone:
	Contact Person:
	Name of Agent:
	Name of Association

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