

Enrolment Application

Office Use Only	
Student No	
Entered on Data Base	<input type="checkbox"/>
Invoiced	<input type="checkbox"/>

Learner's Details				Company / Organisation Details (if enrolled by employer/sponsor)			
Surname				Company/Organisation Name			
First Name		Middle Name					
Date of Birth *		Male/Female *		ABN (if applicable)			
Postal Address				Company Contact Person Name			
Suburb		State	Postcode	Company Address			
Phone (BH)	Phone (AH)	Fax					
Mobile		Email		Suburb		State	Postcode
I have special requirements		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Phone		Fax	
If yes, please detail your requirements below:				Mobile			
				Email			
Enrolment Details				Payment Information			
Course/Training in which you are enrolling		Training Date(s)		Course cost: \$			
				How will you be paying?			
				<input type="checkbox"/> Direct Deposit I will email/fax confirmation of transaction Bank: Commonwealth Bank Account Name: Essentra BSB: 062 624 Account No: 10078257			
I am studying <input type="checkbox"/> Distance/self paced <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Assessment only <input type="checkbox"/> I am applying for Recognition of Prior Learning for the entire qualification or in combination with one of the above (Essentra will send you a RPL/RCC Kit)				I will pay by credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard			
How did you find out about Essentra? <input type="checkbox"/> Industry referral <input type="checkbox"/> Personal referral <input type="checkbox"/> Newspaper <input type="checkbox"/> Other Please provide more details (e.g. name of newspaper)				Card No: / / / <input type="checkbox"/> I have enclosed cheque/money order			
				Expiry date: / Total amount \$			
				Name on Card:			
				Signature of Card Holder:			
<input type="checkbox"/> ...I have read and understood Essentra's Learner's Handbook and Enrolment Policy and accept the terms and conditions. Signature:.....Date:				Details of party making payment, if other than the learner e.g. Employer.			
Enrolment Policy							
BOOKINGS: Places should be paid for in full with enrolment application, at least two weeks prior to the course. COURSE COMMENCEMENT: Essentra reserves the right to cancel a course if sufficient enrolments are not received. Late enrolments may be accepted at the discretion of Essentra. Course dates and fees are subject to change without prior notice. REFUNDS: Please read our Refund Policy detailed in our Learner's Handbook before completing this enrolment application.							

* **Required by Government Agencies who provide funding for training.**

To confirm your registration, please ensure all details are correct and return this form to Essentra by one of the following

PO Box 1156 WOLLONGONG NSW 2500
Email info@essentra.com.au

Register online at <http://www.essentra.com.au>
Or Fax: (02) 4227 4805

Course enquiries Freecall: 1800 558 144 or (02) 4225 1134

For DET Purposes Only

1. Indigenous Status	6. Language
Aboriginal <input type="checkbox"/>	Language Spoken at Home
2. Birth Details	7. Proficiency in Spoken English
Torres Strait Islander <input type="checkbox"/>	Very Well <input type="checkbox"/>
Aboriginal & Torres Strait Islander <input type="checkbox"/>	Well <input type="checkbox"/>
Neither <input type="checkbox"/>	Not Well <input type="checkbox"/>
Not stated <input type="checkbox"/>	Not at All <input type="checkbox"/>
3. School Details	Not Stated <input type="checkbox"/>
Country of Birth	Not Stated <input type="checkbox"/>
4. School Level	8. Disability Information
At School <input type="checkbox"/>	Do you have a Disability?
Attending Secondary School <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated <input type="checkbox"/>
Not attending Secondary School <input type="checkbox"/>	Acquired Brain Impairment <input type="checkbox"/>
Not Stated <input type="checkbox"/>	Vision <input type="checkbox"/>
5. Labour Force Status	Hearing / Deaf <input type="checkbox"/>
Completed Year 10 <input type="checkbox"/>	Intellectual <input type="checkbox"/>
Completed Year 11 <input type="checkbox"/>	Learning <input type="checkbox"/>
Completed Year 12 <input type="checkbox"/>	Medical Condition <input type="checkbox"/>
Year 9 or Equivalent <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Year 8 or below <input type="checkbox"/>	Physical <input type="checkbox"/>
Did not go to school <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Year completed	Other <input type="checkbox"/>
Where completed	9. Prior Education
Not Stated <input type="checkbox"/>	Have you had Prior Education?
5. Labour Force Status	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated <input type="checkbox"/>
Employed – Unpaid worker in Family Business <input type="checkbox"/>	Advanced Diploma & Associate Degree Level <input type="checkbox"/>
Employer <input type="checkbox"/>	Bachelor Degree & Higher Degree Level <input type="checkbox"/>
Full Time Employee <input type="checkbox"/>	Certificate I <input type="checkbox"/>
Not Employed – Not seeking Employment <input type="checkbox"/>	Certificate II <input type="checkbox"/>
Part Time Employee <input type="checkbox"/>	Certificate III <input type="checkbox"/>
Self Employed – Not Employing Others <input type="checkbox"/>	Certificate IV <input type="checkbox"/>
Unemployed – Seeking Full Time Work <input type="checkbox"/>	Diploma Level <input type="checkbox"/>
Unemployed – Seeking Part Time Work <input type="checkbox"/>	Miscellaneous Education <input type="checkbox"/>
Not Stated <input type="checkbox"/>	