

# STUDENT ENROLMENT FORM



**PLEASE PRINT AND ANSWER ALL QUESTIONS**

## 1 Personal Details

Title (Please tick)	Mr	Mrs	Miss	Ms	Dr		
Family Name	<input type="text"/>				First Names	<input type="text"/>	
Residential Address	<input type="text"/>						
City/Suburb	<input type="text"/>					Post Code	<input type="text"/>
Phone Numbers	<input type="text"/> Home		<input type="text"/> Work		<input type="text"/> Mobile		
Email	<input type="text"/>				Date of Birth	<input type="text"/>	
Gender (Please tick)	Male		Female		USI Number	<input type="text"/>	
Country of Birth	<input type="text"/>				Town of Birth	<input type="text"/>	
<b>Emergency/Next of Kin Contact Details</b>							
Name	<input type="text"/>				Phone	<input type="text"/>	

TRAINERS ACKNOWLEDGMENT

## 2 Course Details

Name of course/qualification currently undertaking	<input type="text"/>		
Date of enrolment	<input type="text"/>	Training Agreement Number (Applicable to Traineeships Only)	<input type="text"/>

## 3 Employment Details

Business Name	<input type="text"/>	Contact Name	<input type="text"/>
Address	<input type="text"/>		
Town/Suburb	<input type="text"/>	Telephone	<input type="text"/>

## 4 Education

Are you still attending secondary school?      Yes      No

What is your highest completed school level?

Completed year 12	Completed year 11	Completed year 10
Completed year 9 or equivalent	Completed year 8 or lower	Did not go to school

In which year did you complete that school level     

Have you successfully completed any of the following qualifications?      Yes (please tick ANY applicable boxes)      No (Go to the Employment section)

Bachelor Degree or Higher Degree	Advanced Diploma or Associate Degree	Diploma (or Associate Diploma)
Certificate IV (or Advanced Certificate/Technician)	Certificate I	Certificate III (or Trade Certificate)
Certificate II	Certificates other than the above	<input type="text"/>

## 5 Employment

Of the following categories, which best describes your current employment status? (Tick ONE box only)

Full-time employee	Employer	Unemployed – seeking part-time work
Part-time employee	Employed – unpaid worker in a family business	Not employed – not seeking employment
Self employed – not employing others	Unemployed – seeking full-time work	



## 6 Study Reason

Of the following categories, which best describes your main reason for undertaking this course/traineeship /apprenticeship? (Tick ONE box only)

- |                                  |                                     |   |
|----------------------------------|-------------------------------------|---|
| 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    | It was a requirement of my job            |
| I wanted extra skills for my job | To get into another course of study | For personal interest or self development |
| Other reasons                    |                                     |   |

## 7 Language and Cultural Diversity

- Are you of aboriginal or Torres Strait Islander origin?  No  Yes, Aboriginal  Yes, Torres Strait Islander
- Were you born in Australia?  Yes  No If not, please specify?
- Do you speak a language other than English at home?  No, English only (Go to disability section)  Yes, other – please specify
- How well do you speak English?  Very Well  Well  Not Well  Not at all

## 8 Disability

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

- |                                |                                       |   |  |  |
|--------------------------------|---------------------------------------|---|--|--|
| <input type="checkbox"/> No    | <input type="checkbox"/> Vision       | <input type="checkbox"/> Hearing/       | <input type="checkbox"/> Deaf Physical | <input type="checkbox"/> Medical Condition         |
| <input type="checkbox"/> Other | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning      | <input type="checkbox"/> Acquired Brain Impairment |

## 9 Declaration

I agree that I will not hold Brisbane Business and Hospitality Training (hereafter referred to as BBHT) and/or its employees and/or agents liable for and will not make any claim against them for loss, damage, death or injury which I may suffer or cause as a result of or in connection with or during the period of: my attendance at any premises owned, operated or controlled by BBHT; and/or my attendance at any activity of which BBHT has any knowledge (whether sporting, cultural, recreational or otherwise) organised by or on behalf of or with assistance of BBHT or any activity of BBHT and/or in any way whatsoever my association with BBHT.

On behalf of myself, executives, administrators and assigns I hereby release BBHT and/or its employees and/or its agents from loss, damage, death or injury and from any actions, claims and demands which, if I have not entered into this Agreement, I might otherwise have been entitled to take or make in respect of any such loss, damage, death or injury and I hereby indemnify BBHT and/or its employees and/or its agents against any such liability. I agree that this Agreement shall be governed in all respects by and interpreted with the laws of the State of Queensland in the Commonwealth of Australia.

I certify that I have read this form thoroughly and agree to the conditions stated herein. I certify that I have read the Conditions of Enrolment and the **Brisbane Business and Hospitality Training Student Information Handbook**, which incorporates the Code of Practice, Client Services Policies and the Code of Behaviour thoroughly and agree to the conditions stated.

I declare that the information supplied by me on this form is true and correct in every detail. I authorise BBHT to obtain from other education institutions and relevant authorities details of my enrolment, academic record and examination results.

I authorise BBHT to create a USI number if required.

If accepted by the College I agree to abide by the rules and regulations of BBHT.

I understand that enrolment is accepted under the condition that my tuition and other fees are paid on or before the due date.

All information provided by me is correct and complete, at date of enrolment.

The student agrees that Brisbane BBHT is able to provide information to their representative agent or parent/guardian in relation to attendance, academic performance, fees payment, welfare, and other associated student issues.

The College is also required to inform the relevant agency of any breaches of the student conditions relating to attendance or unsatisfactory academic performance.

The Information contained in this form is used for enrolment purposes and to assist in the research and evaluation of activities undertaken by BBHT. This information may be made available to State and Government agencies.

Signed

Date

### For Office Use Only

Student ID Wisenet

Entered by