COURSE ENROLMENT FORM

USI NUMBER _______________

First Name:  
Last Name:  
Male □ Female □  
Address:  
Suburb:  
Post Code:  
Work Phone:  
Mobile Phone:  
Email  

SELECT YOUR COURSE:

<table>
<thead>
<tr>
<th>Tick Box</th>
<th>Course name</th>
<th>Course code</th>
<th>Fee</th>
<th>Payment Option (Tick box)</th>
<th>Payment Plan</th>
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United Colleges of Australia is committed to ensuring we offer training opportunities to all people on an equal and fair basis. All participants who meet our entry requirements will be accepted into any of our training programs. Any questions regarding access and equity can be directed to the Chief Executive Officer.

FEES PAID

Total amount to be paid $  
Please indicate your payment method:

Cheque □  
Funds Transfer □  
Cash □  
Credit card details here  
Account name UCA  
Bank details: BSB Account  
Please make sure you show your name on the bank transfer

DECLARATION

By enrolling in this course in this Course I confirm that I have been given the opportunity to read the participant information on the UCA web site www.unitedcollegesaustralia.com.au. I accept the terms and conditions of enrolment and the refund policy. I understand that this information is collected for internal use and government reporting under the RTO compliance regulations.

← Please Sign Here
Government Survey
The Federal Government requires all colleges to collect these statistics to assist with educational planning. Your confidentiality is assured as you are not identified with these statistics.

In which country and city were you born?  ____________________________

Do you speak a language or languages other than English at home?  
☐ No, English only  ☐ Yes – please specify ____________________________

How well do you speak English?  
☐ Very well  ☐ Well  ☐ Not well  ☐ Not at all

Do you consider yourself to have a disability, impairment or long term condition?  
☐ No  ☐ Yes – please specify ____________________________

☐ Hearing/deaf  ☐ Intellectual  ☐ Acquired brain impairment

Medical condition  Other – please specify ____________________________

Would you like support with any special needs(literacy, numeracy or Physical)?  
☐ Yes  ☐ No

What is your current employment status? (Please tick one)

☐ Full-time employee  ☐ Part-time employee  ☐ Self-employed – not employing others

☐ Employer  ☐ Employed – unpaid worker in family business  ☐ Unemployed – seeking full-time work

☐ Unemployed – seeking part-time work  ☐ Not employed – not seeking employment

What is your highest completed school level? ________ In what year did you complete that high School Level _________

Study Reason – Of the following categories, which BEST describes your main reason for undertaking this course? (Tick one)

☐ 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

☐ For personal interest / self-development  ☐ To get into another course of study  ☐ Other reason

Are you applying for any advanced standing or recognition (RPL)?  This means you have previous relevant certificates or work experience.

☐ Yes – I want to discuss advanced standing for previous accredited training (Credit).  ☐ YES – I want to discuss my work experience or other history that might help with getting recognition for parts of the course (RPL)

Fees are inclusive of course development, course notes, handouts, and delivery. Fees are payable at the time of enrolment. On receipt of the enrolment form and payment of fees, a Tax Invoice marked “PAID” will be issued and forwarded to the Company or participant for record purposes. Payment of fees by instalment may be considered on an individual basis.

Cancellations must be notified to the Chief Executive Officer in writing, and refunds must be authorised by the Chief Executive Officer. Cancellations received less than 10 (ten) working days prior to the commencement of the course will not be accepted. Exceptional circumstances will be considered on a case by case basis. In all other instances the participant or employer must pay the full cost of the course and fees will not be refunded or allocated to another program. Approved appropriate substitute delegates are welcome to attend at no additional cost. Cancellations that occur more than 10 (ten) working days prior to the commencement of the course, will be charged a cancellation fee of 50% of course cost. Substitute delegates are welcome to attend at no additional cost.

Non-attendance: If a participant fails to attend a course, the fees associated with the course will not be refunded or allocated to another program. The participant/organisation must still pay for the full cost of the course.

DATA ENTRY CHECKLIST – OFFICE USE ONLY

Date:  
Course ID:  
Candidate details entered: NO YES NOTES:

Student ID:  
Employer nominated student NO YES

Payment method  
Initials:  
NO YES