

Course: _____ **Course Code:** _____

Delivery Mode: Please tick On campus Online RPL

Personal details

Title: Mr Mrs Miss Other

First Name: _____ **Surname:** _____

Date of Birth: _____ **Gender:** Female Male Other

Identification must be provided – Please provide a copy of 1 and attach to this form

Driver's License Student ID Card (School) 18+ Card Passport

Contact details

Residential Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Postal Address (if different from residential): _____

Telephone (H): _____ **(Mobile):** _____

Email: _____

Unique Student Identifier (USI) – visit www.usi.gov.au to apply for a USI

Enter your USI number here if you already have one:

Unique Student Identifier (USI)

--	--	--	--	--	--	--	--	--	--

Learner Unique Identifier (LUI) – only applicable to School Based Traineeships

Learner Unique Identifier (LUI)

--	--	--	--	--	--	--	--	--	--

Employment Status

Fulltime employee Part time employee Self-employed – not employing others

Employer Employed unpaid work in a family business Unemployed seeking fulltime work

Unemployed seeking part time work Unemployed not seeking work

STUDENT ENROLMENT FORM

Schooling

Are you still at school? YES NO (if YES what grade are you in): _____

What is your highest **COMPLETED** school level?

- Did not go to school Year 8 or below Year 9 or equivalent Year 10 or equivalent
 Year 11 or equivalent Year 12 or equivalent

In which year did you complete that school level? _____

Language & Cultural Diversity

Country of Birth: In which country were you born?

- Australia Other (please specify) _____

Language: (if other how well do you speak English) ?

- Very Well Well Not Well Not at all

Indigenous Status:

Are you of Aboriginal or Torres Strait Islander origin?

- No
 Yes Aboriginal Yes Torres Strait Islander Yes Aboriginal & Torres Strait Islander

Prior Education

Have you successfully completed any of the following qualifications?

- Bachelor or Higher Degree level Advanced Diploma or Associate Degree level
 Diploma Level Certificate IV Certificate III Certificate II Certificate I

Would you like to apply for **recognition of prior learning** or **credit transfer**?

- YES NO (Information on RPL & Credit Transfer is contained in Ignites Student Handbook)

Disability

Do you consider yourself to have a disability, impairment or long-term condition?

- YES NO - If YES please indicate the area (s) of impairment:

- Acquired Brain Impairment Hearing/Deaf Intellectual Vision Learning
 Mental Illness Physical/Mobility Medical Condition Other: _____

Do you have any of the following conditions that we may need to be aware of whilst in our care?

- Diabetes Anxiety Depression ADD / ADHD Problem Gambling
 Alcohol & or Drug related issues Other: _____

STUDENT ENROLMENT FORM

Study Reason

- To get a job To develop my existing business To start my own business To try 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

Marketing Source

Where did you obtain information regarding Ignite Education?

- Google Employment Agency Shopping Centre Government Website
- Problem Gambling Word of mouth Other: _____

Emergency Contact

Name: _____ Relationship: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Payment Details (Not applicable to Traineeships)

Student contributions must be paid on enrolment. Non-payment may result in the inability to attend training until payment is received. Payment plans can be negotiated with Ignite Education for Certificate or Diploma Courses. All fees and payment information is listed on all course flyers.

Preferred method of payment:

- Cash Credit or Debit Card Payment Plan (for Certificate or Diploma Courses only)

Refund Policy: Please refer to Ignite Educations Student Handbook for detailed information on fees, payments and refunds

COURSE	NON-CONCESSIONAL STUDENTS	CONCESSIONAL STUDENTS
Certificate III in Hospitality SIT30616 (15 UNITS)	\$50.00 (\$3.33 PER UNIT)	\$25.00 (\$1.66 PER UNIT)
Certificate III in Business BSB30115 (12 UNITS)	\$50.00 (\$4.16 PER UNIT)	\$25.00 (\$2.08 PER UNIT)
Certificate III in Business Administration BSB30415 (13 UNITS)	\$50.00 (\$3.84 PER UNIT)	\$25.00 (\$1.92 PER UNIT)
Diploma of Hospitality Management SIT50416 (28 units)	\$3,560.00 (\$127.14 PER UNIT)	\$2,378.00 (\$84.92 PER UNIT)

OFFICE USE ONLY – STUDENT PAYMENT DETAILS					
Date Paid:		Amount Paid:		Receipt No:	

STUDENT ENROLMENT FORM

Student Declaration

- I declare that the information supplied by me on this form is true and correct in every detail.
- I agree to read Ignite Educations Student Handbook which incorporates the Code of Practice, Client Services Policies and Code of Conduct and agree to the conditions stated by signing this form
- I understand that enrolment is accepted under the condition that my contribution fees are paid at enrolment

(Certificate 3 Guarantee students only)

Student Contribution Fees represent the total non-government subsidised portion of essential training costs for the participant to undertake the qualification. These fees include tuition, services, materials and all other costs associated with delivering the training and the awarding of the qualification to the participant. All Student Contribution Fees are to be paid on enrolment.

Certificate 3 Guarantee Concessional Participant Requirements: *(Please Tick and Provide a Copy)*

- I do not hold nor am I undertaking a Certificate Level III or higher qualification that was completed outside of high school OR Certificate IV or higher for (Higher Level Skills program)
 - I am 15 years of age or older
 - I have finished secondary school and I am no longer at school
 - I am an Australian or New Zealand citizen permanently residing in Queensland
- Understand that I will no longer be eligible for a subsidised training place under the Certificate 3 Guarantee once I have completed a certificate level III qualification and it is a requirement of the Program that I fill out and return a Training and Employment Survey within three months of completing my Qualification

Name: _____

Signature: _____ Date: _____

(Parent or Guardian if under 18 years)

Parent or Guardian Name: _____

Signature: _____ Date: _____