



Global Educators™

# Short Course Application and Enrolment Form

Cash Register Imprint

HAVE YOU EVER ENROLLED AT BOX HILL INSTITUTE BEFORE? NO  YES  BOX HILL STUDENT ID No.

SURNAME (FAMILY NAME):  DATE OF BIRTH:  19

GIVEN NAMES:  SEX: Male  Female

NAME ORDER: (Write your full name in the order you wish it to appear on official results / certificates. ie: John James Smith)

LOCAL ADDRESS: Number & Street

Suburb/Town  Postcode

Home Phone  Work Phone

Mobile Phone  Fax

Email

### WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL?

- Completed Year 12 (HSC/VCE/Form 6/Senior VCAL)..... 12
  - Completed Year 11 (Leaving/Form 5/Intermediate VCAL)..... 11
  - Completed Year 10 (Intermediate/Form 4) .....10
  - Completed Year 9 or equivalent .....09
  - Completed Year 8 or equivalent .....08
  - Did not attend school .....02
- (write no. in box)

IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?

ARE YOU STILL ATTENDING SECONDARY SCHOOL? Y  N

### HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS?

- Bachelor Degree or Higher Degree .....1
  - Advanced Diploma or Associate Degree .....2
  - Diploma (or Associate Diploma) .....3
  - Certificate IV (or Advanced Certificate/Technician) .....4
  - Certificate III (or Trade Certificate) .....5
  - Certificate II .....6
  - Certificate I .....7
  - Certificates other than the above .....8
- (write no. in box)

### OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS?

- Full-time employee .....1
  - Part-time employee .....2
  - Self employed - not employing others .....3
  - Employer .....4
  - Employed - unpaid worker in a family business... 5
  - Unemployed - seeking full-time work .....6
  - Unemployed - seeking part-time work .....7
  - Not employed - not seeking employment .....8
- (write no. in box)

### DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION?

- Y  N
- If YES, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area.)
- Hearing/Deaf ..... 11
  - Physical ..... 12
  - Intellectual ..... 13
  - Learning ..... 14
  - Mental Illness ..... 15
  - Acquired Brain Impairment ..... 16
  - Vision ..... 17
  - Medical Condition ..... 18
  - Other ..... 19
  - Unspecified ..... 99

### ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

- No ..... N
  - Yes, Aboriginal ..... A
  - Yes, Torres Strait Islander ..... T
  - Yes, Aboriginal AND Torres Strait Islander ..... B
- (write no. in box)

### IN WHICH COUNTRY WERE YOU BORN?

(Please tick) Australia  Other  (Please specify)

If other, YEAR you arrived in Australia

### DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? (Please tick)

English  Other  (Please specify)

### HOW WELL DO YOU SPEAK ENGLISH?

- Very well ..... 1
  - Well ..... 2
  - Not well ..... 3
  - Not at all ..... 4
- (write no. in box)

COURSE NAME

COURSE ID  GROUP  START DATE  FEE \$

Concessions (if applicable) No  Yes  (Complete details below) Card Number

Health Care Card  Senior's Card  Pension Card  Expiry Date  (Please enclose a copy of Concession documentation)

### PAYMENT DETAILS - ENROLMENTS CANNOT BE ACCEPTED WITHOUT PAYMENT

#### Mail Enrolment Payment Details: (mail enrolments only)

Cash  Cheque  Moneyorder  Visa  Mastercard

Card Number  Exp  CCV

Cardholder's Name  Cardholder's Signature

#### Or Invoice Company - minimum amount \$500 and AUTHORISATION LETTER OR PURCHASE ORDER REQUIRED

Company Name  Contact Name

Company Address  Suburb  Post Code

Phone  Fax

- BY FAX**  
Fax to (03) 9286 9930  
Payment by credit card or invoice to company
- BY MAIL**  
Box Hill Institute  
Short Course Centre  
Private Bag 2014  
Box Hill Vic 3128
- BY TELEPHONE**  
1300 BOX HILL  
(1300 269 445)  
Mon-Fri 8.00am-6.00pm
- IN PERSON**  
Student Administration  
Building 4 Ground Level  
465 Elgar Road Box Hill  
Mon-Fri 8.00am-5.00pm

All enrolments will receive a confirmation letter giving details of the venue and car parking.

#### Condition of Enrolment (Short Courses)

By enrolling in this Short Course at Box Hill Institute, you are agreeing to abide by the policies, procedures, regulations and Student Code of Conduct of the Institute. This includes agreement with the refund policy stated below, and agreement to your personal information being disclosed in accordance with Box Hill Institute's Privacy Collection Statement, viewable at [www.boxhill.edu.au/privacy](http://www.boxhill.edu.au/privacy). You are also providing confirmation that the information you have provided to enrol above, is complete and correct. Further application and enrolment information is viewable at [www.boxhill.edu.au](http://www.boxhill.edu.au)

#### Refund Policy (Short Courses)

**Course Withdrawal and Refunds:** Fee refunds will only be issued if a course withdrawal request is received at least five (5) working days prior to the date of course commencement. A 25% administration fee will be charged. No refunds will be issued for withdrawal requests received after this time.  
**Course Transfers:** Students wishing to transfer to a future start date of the same course will be accepted if a request is received at least five (5) working days prior to the date of course commencement, and providing a suitable future course offering is available. For all transfer requests, a \$35 transfer fee will apply.

**Course Cancellation by the Institute:** Where a course is cancelled due to unforeseen circumstances, a full refund will be issued. Processing of refunds takes a minimum of twelve (12) working days. All refunds will be made directly to the payee, and will be mailed to the payee's address as shown on the application form.

#### For Office Use Only

	Initials	Date
Smart entered	<input type="checkbox"/>	_____
Smart payment	<input type="checkbox"/>	_____
Conf printed	<input type="checkbox"/>	_____
Conf sent	<input type="checkbox"/>	_____

Short Crs (0-99 hrs) GST Exempt: (SMART Fee Type: SGN)  
 Onestop Transaction: 940 Cash Register Code: course +.SA  
 (Account Code: N Centre\_\_\_\_\_ Course \_\_\_\_\_ - 1385)  
 Short Crs (0-99 hrs) GST Inclusive: (SMART Fee Type: SGY)  
 Onestop Transaction: 945 Cash Register Code: course +.SG  
 (Account Code: N Centre\_\_\_\_\_ Course \_\_\_\_\_ - 1315)