



# BOX HILL INSTITUTE

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RECEIPT/CASH REGISTER IMPRINT

## 2012 POLICE EXAM ENROLMENT FORM

<b>COURSE ID</b>	R	R	R	0	1
<b>CONFIRMATION LETTER SENT?</b>	<input type="checkbox"/>				
<b>TRANSFER MONTH</b>	<input type="text"/>				

**Date of Exam for which you are enrolling:**  /  /

<b>HAVE YOU EVER ENROLLED AT BOX HILL INSTITUTE BEFORE?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>STUDENT ID NO.</b> (If known)	<input type="text"/>		
<b>TITLE:</b>	<input type="text"/>	<b>FIRST NAME:</b>	<input type="text"/>
<b>SURNAME:</b>	<input type="text"/>		<b>DATE OF BIRTH:</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>LOCAL ADDRESS:</b>	<input type="text"/>		
<b>NUMBER &amp; STREET</b>	<input type="text"/>		
<b>SUBURB/TOWN</b>	<input type="text"/>	<b>POSTCODE:</b>	<input type="text"/>
<b>TELEPHONE:</b>	<b>HOME</b> <input type="text"/>	<b>WORK</b> <input type="text"/>	
	<b>MOBILE</b> <input type="text"/>	<b>FAX</b> <input type="text"/>	
<b>EMAIL ADDRESS:</b>	<input type="text"/>		
<b>EMERGENCY CONTACT:</b>	<input type="text"/>		
<b>NAME:</b>	<input type="text"/>	<b>RELATIONSHIP:</b>	<input type="text"/>
<b>TELEPHONE:</b>	<b>HOME</b> <input type="text"/>	Friend..... F	
	<b>MOBILE</b> <input type="text"/>	Guardian..... G	
		Parent..... P	
		Relation..... R	
		Spouse..... S	
		De Facto..... D	
<b>TO WHICH OF THE FOLLOWING CATEGORIES DO YOU BELONG?</b>	Australian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	
	Temporary Resident <input type="checkbox"/>	International Student <input type="checkbox"/>	
<b>ARE YOU APPLYING FOR A POLICE OFFICER POSITION</b>	<input type="checkbox"/>		
.....OR			
<b>ARE YOU APPLYING FOR A PROTECTIVE SERVICES OFFICER POSITION</b>	<input type="checkbox"/>		

**YOUR PRIVACY**

Your personal information will be collected and used for the purposes set out in the Box Hill Institute Privacy Collection Statement – available to be viewed on the Institute's web site at : [www.bhtafe.edu.au/privacy](http://www.bhtafe.edu.au/privacy)

I hereby agree to abide by the policies, procedures and regulations of the Institute. I consent to my personal information being disclosed in accordance with the Privacy Statement on this form.

<b>STUDENT SIGNATURE</b>	<input type="text"/>	<b>DATE</b>	<input type="text"/>
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(PLEASE TURN OVER)

