



BOX HILL INSTITUTE

Student Administration - Elgar Campus
 465 Elgar Road, Box Hill
 Email: studentadmin@boxhill.edu.au
 Postal Address: Private Bag 2014, Box Hill, 3128
 Telephone: (03) 9286 9555 Fax: (03) 9286 9018

2012 POLICE EXAM RESIT FORM

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

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

HAVE YOU EVER ENROLLED AT BOX HILL INSTITUTE BEFORE? YES NO

STUDENT ID NO. (If known)

TITLE: **FIRST NAME:** **DATE OF BIRTH:** / /

SURNAME: **SEX:** MALE FEMALE

LOCAL ADDRESS:

NUMBER & STREET

SUBURB/TOWN **POSTCODE:**

TELEPHONE: HOME WORK

MOBILE FAX

EMAIL ADDRESS:

EMERGENCY CONTACT:

NAME: **RELATIONSHIP:**

TELEPHONE: HOME MOBILE

Friend..... F
 Guardian..... G
 Parent..... P
 Relation..... R
 Spouse..... S
 De Facto..... D

TO WHICH OF THE FOLLOWING CATEGORIES DO YOU BELONG?

Australian Citizen Permanent Resident

Temporary Resident International Student

ARE YOU APPLYING FOR A POLICE OFFICER POSITION

OR

ARE YOU APPLYING FOR A PROTECTIVE SERVICES OFFICER POSITION

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.boxhill.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.

STUDENT SIGNATURE **DATE** / /

(PLEASE TURN OVER)

