

Student Enrolment Form

Please PRINT clearly using a black or blue pen.

Personal Details

First Name: _____ Family Name: _____ Male Female

Address: _____ P'Code: _____

Phone: (home) _____ (mob.) _____ Date of Birth: ____/____/____

Email: _____

Emergency Contact: _____ Tel No. _____ Relationship: _____

Course Information

Course Delivery Mode: Full-time Part-time Casual

Course Code & Title: _____

Course Start Date: _____

Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin? Yes No

Were you born in Australia? Yes No

If NO what was your Country of Birth: _____

Do you speak a language OTHER THAN English fluently? Yes No

If YES, which language do you usually speak? _____

How well do you speak English? Very Well Well Not Well Not at All

Do you require any language, literacy or numeracy assistance? Yes No

Citizenship

Student Declaration: I am (*please tick ONE*):

an Australian citizen a New Zealand citizen an Australian permanent resident a temporary resident

None of the above. Please specify: _____

Employment Status

Of the following categories, which BEST describes your current employment status?

- | | |
|---|--|
| <input type="checkbox"/> Full time Employee | <input type="checkbox"/> Employed - unpaid family worker |
| <input type="checkbox"/> Part time Employee | <input type="checkbox"/> Unemployed - seeking full time work |
| <input type="checkbox"/> Self-employed (not employing others) | <input type="checkbox"/> Unemployed - seeking part time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed - not seeking employment |

Education

What is your highest COMPLETED school level?

- Year 9 or lower Year 10 Year 11 Year 12

In which YEAR did you complete that school level? _____

Are you still attending secondary school? Yes No

Since leaving school, have you COMPLETED any of the following qualifications?

- | | |
|--|--|
| <input type="checkbox"/> Trade Certificate | <input type="checkbox"/> Advanced/Technician Certificate |
| <input type="checkbox"/> Other Certificate | <input type="checkbox"/> Associate Diploma |
| <input type="checkbox"/> Undergraduate Diploma | <input type="checkbox"/> Degree or Postgraduate Diploma |

If YES, what was the name of the qualification(s)? _____

Please supply an original or certified copy of your academic awards(s) and transcript(s).

Recognition of Prior Learning

Would you like the above qualifications to be assessed for Recognition of Prior Learning? Yes No

Disability

Do you consider yourself to have a permanent disability? Yes No

If YES, tick ANY applicable boxes:

<input type="checkbox"/> Visual/Sight/Seeing	<input type="checkbox"/> Hearing
<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual
<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Other

If you require assistance for a disability, please give details: _____

Applicant's Declaration and Signature

I declare that I have read the information on this enrolment form and that the information I have provided is complete and correct.

I understand that the information I have provided will remain private and confidential, and may only be used for Government Statistical purposes only. Under current vocational and education reporting requirements the Government may use this information for Statistical purposes only.

I understand that if I do not complete all the questions on this form, it may not be able for the Institute to process my enrolment.

I understand that I have the right to access and amend personal information that SITCM holds about me, subject to legislation, by contacting the administration office at administration@sitcm.edu.au.

I acknowledge that Sydney Institute of Traditional Chinese Medicine reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect, incomplete or fraudulent information.

Signature _____ Date _____

Please submit your enrolment form to Admissions at Sydney Institute of Traditional Chinese Medicine.