

Enrolment Form

Title:	Mr / Mrs / Ms / Other: (please circle)
Family Name (surname):	
Given names (in full):	
What is the address of your usual residence?	<i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area, use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>
Building/Property Name:	
Flat/Unit No.:	Street No.
Street name:	
Suburb, locality or town:	
State/Territory:	Postcode
Postal address: (if different from above)	
Telephone numbers Home: Work: Mobile:	
Email address:	
How would you like us to contact you?	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone
Date of birth	____/____/____ (Date/Month/Year)
What age are you?	(years)
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you of Aboriginal or Torres Strait Islander origin? (Tick both 'Yes' boxes if	Are you Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No

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you are of both origins)	
Which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other Please specify: _____
Are you an:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident
Do you speak a language other than English at home? If Yes, please specify the language that is spoken the most.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, English only _____
How well do you speak English?	<input type="checkbox"/> very well <input type="checkbox"/> well <input type="checkbox"/> not well <input type="checkbox"/> not at all
Do you consider yourself to have a disability, impairment or a long-term condition? (If you indicated the presence of a disability, impairment or long term condition, please select the area(s) in the following list (you may indicate more than one area):	<input type="checkbox"/> No <input type="checkbox"/> Yes, please tick applicable boxes <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other
Would you like to request any assistance or support with your learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____ _____
Do you have a current concession card?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please tick which card you currently hold:	<input type="checkbox"/> Health Care Card <input type="checkbox"/> Pensioner Card <input type="checkbox"/> Other (please write below)

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Are you still attending secondary school?	<input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, please complete the details below:
Name of the school:	_____
Current school year:	_____
Do you have a national or state number? (USI)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please write the number below USI No.: _____
What is your highest COMPLETED school level? (tick one box only)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Never attended school
The year you completed that school level?	_____
Are you still attending secondary school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Of the following categories, which BEST describes your current employment status? Tick ONE box only:	<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Self-employed—not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employer - unpaid worker in a family business <input type="checkbox"/> Unemployed—seeking full-time work <input type="checkbox"/> Unemployed—seeking part-time work <input type="checkbox"/> Not employed—not seeking employment
Workplace information	_____
Employer Name:	_____
Workplace location (address):	_____
Contact Details:	_____
Name:	_____

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Phone:			
Email:			
Employment start date:	___ / ___ / ___		
Position:			
Number of employment hours per week:	_____ hours		
Do you have a Centrelink or Job Seeker Number?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please write the number _____		
Specify the name of the Referring Agent:			
Have you completed any of the following qualifications:	<input type="checkbox"/> No <input type="checkbox"/> Yes, tick all applicable boxes <input type="checkbox"/> Bachelor Degree or higher Degree <input type="checkbox"/> Advanced Diploma or Associate <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Cert IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Cert) <input type="checkbox"/> Cert II <input type="checkbox"/> Cert I <input type="checkbox"/> Certificates other than above		
Title and level of qualification/s obtained or units obtained:			
Year completed:			
Do you want to apply for Recognition of Prior Learning or Credit Transfer?	<input type="checkbox"/> RPL	<input type="checkbox"/> CT	<input type="checkbox"/> No
What is the title and level of qualification?	BS50215 Diploma of Business		
Of the following categories, which BEST describes your main reason for undertaking this course? Tick ONE box only	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job		

How did you find out about us?	<input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons <hr style="width: 20%; margin-left: auto; margin-right: 0;"/>
How did you find out about us?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Existing customer <input type="checkbox"/> Internet <input type="checkbox"/> Job Services Australia <input type="checkbox"/> Other <input type="checkbox"/> Word of mouth

Student Declaration Statement:

I understand it is my responsibility to ensure the information I supply on this form or evidence I provide is my own and is current. If the information supplied on this form is found to be incorrect, I understand that Global Management College of Australia may take appropriate action such as cancelling my enrolment, withdrawing me from the course or recovering costs.

I also understand that Global Management College of Australia is required to provide the Commonwealth and State Government Departments with Student and training activity data which includes information I have provided on this form. These departments may use the information for planning, administration, policy development, program evaluation, resource allocation, and reporting and/or research activities. They may also disclose information to their consultants, advisers, other government agencies, professional bodies and/or other organisations.

I have accessed Global Management College of Australia's Student Handbook via <http://www.gmca.edu.au> or where this was not possible I can request and receive a copy from Global Management College of Australia.

Student Name	
Student Signature	

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Global Management College of Australia

To be completed by a representative of Global Management College of Australia

- I confirm that I have sighted and collected a copy of **original** Proof of Identify documentation as ticked below. (The document must state the same name and date of birth as listed on the Student Enrolment form):

- | | | |
|--|--|---|
| <input type="checkbox"/> Current Passport | <input type="checkbox"/> Current Drivers Licence | <input type="checkbox"/> Current Learner's Permit |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Proof of Age Card | <input type="checkbox"/> Other |

Student Name: _____ Document Number: _____

Qualification Entry Requirement (as stipulated in the Training Package)

Has the Student been informed of the entry requirements for this qualification?

- Yes
 Not applicable

Information collected

- | | |
|---|---|
| <input type="checkbox"/> Student Enrolment form | <input type="checkbox"/> Photocopy of proof of identity |
|---|---|

Global Management College of Australia

Representative's Name: _____

Global Management College of Australia

Representative's Signature: _____

Date: ____ / ____ / ____