

Enrolment Form

Name and Contact Details			
Your Name:			
Home phone:	()	Work:	()
Mobile:		Email:	
Title:	Mr/Mrs/Miss/Ms/Dr		

Course Details	
Which course would you like to enroll into?	
Preferred start date:	<input type="checkbox"/> As soon as possible <input type="checkbox"/> From: ___/___/___
Have you ever studied with IM Training Pty Ltd before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Recognition of Current Competency ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information
Do you wish to apply for Recognition of Prior Learning ? <i>If you indicate YES, you will be contacted to discuss this further.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information

Personal Details			
1. Enter your full name			
Surname:			
Given names:*			
* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want IM Training Pty Ltd to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.			
2. Date of Birth	___ / ___ / _____ (dd-mm-yyyy)	3. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
4. 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's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	

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Next of kin/emergency contact			
Name:		Relationship to you:	
Address:			
		Postcode:	
Home phone:	()	Work:	()
Mobile:		Email:	

Privacy Statement & Student Declaration			
<p>I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by IM Training</p> <p>I understand that IM Training is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by IM Training or the following third parties for administrative, regulatory and/or research purposes:</p> <ul style="list-style-type: none"> • School - if I am a school based apprentice or trainee or VET in Schools student. • Employer - if I am enrolled in training paid by my employer. • Government departments and agencies and authorised VET related bodies. • VET regulators. <p><input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</p> <p><input type="checkbox"/> I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.</p>			
Student Signature:		Date:	/ /
Printed Name:			

Parent/Guardian approval <i>Required If you are under 18 years of age</i>			
Parent/Guardian Name:			
Contact Details:			
Signature:		Date:	/ /