

GET Education Australia Student Information

Please complete this in **full** Once Completed email to enrolments@get.edu.au. **Surname, Middle and First Name:** Your name should appear as it does on your driver's license. 1x **Evidence** of Identification and 1x **Evidence** of Citizenship required. **Unique Student Identifier (USI):** GET Education can obtain this for you or you can go online to usi.gov.au and complete the online application.

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Master			Today's date	
Family Name(Legal)			Middle Name		
First Names (Legal)			Known Name:		
Gender and DOB	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth		
Contact Details	Email				
	Mobile		Work	Home	
Address					
Suburb		State		Postcode	
Postal Address if different to above				Postcode	
Mandatory Student Identification	<input type="checkbox"/> Driver's License <input type="checkbox"/> Medicare card <input type="checkbox"/> Other ID Document (Fill in Doc 1 and 2)				
	Doc. 1			Doc. 1	
Emergency Contact	Name:			Relationship	
Emergency Contact	Phone:			Mobile	
Work Force Status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seeking <input type="checkbox"/> Up Skilling <input type="checkbox"/> Unemployed <input type="checkbox"/> Other				
Current Job Position			Time in this Position		
Employer Company Name				ABN	
Employer/Supervisor Contact Details	Name			Work	
	Email				
Company / Employer Address					
	Suburb			Postcode	
Postal if different				Postcode	
Indigenous Status	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander		
Place of Birth & Residency Type (Evidence of Citizenship must be supplied)	Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other		If other write country	
	State of Birth			Town of Birth	
	<input type="checkbox"/> I am an Australian Citizen <input type="checkbox"/> I am a New Zealand resident <input type="checkbox"/> I am a Permanent Resident <input type="checkbox"/> I hold a Humanitarian Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Holiday Visa <input type="checkbox"/> Temporary Resident				
Evidence of Citizenship	<input type="checkbox"/> Copy of Australian Birth Certificate <input type="checkbox"/> Copy of Australian Passport <input type="checkbox"/> Copy of New Zealand Passport <input type="checkbox"/> Copy of Permanent Resident (PRE) ImmiCard <input type="checkbox"/> I have supplied a copy of my current visa				

Schooling	Year Last Attended School	Level of Schooling Completed	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
Previous Education or Training you have SUCCESSFULLY Completed	<input type="checkbox"/> Bachelor Degree/Higher Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate I <input type="checkbox"/> Short Courses completed (e.g. RSA, White Card, Forklift license etc.)		<input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificates other than above			
Name Previous Qualifications Titles and short courses (e.g. SIT30616 Cert III in Hospitality)						
Language & Disability Status						
Language Spoken at Home	<input type="checkbox"/> English <input type="checkbox"/> Other					
	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			
Does the participant require any assistance for language, literacy or numeracy skills?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you consider yourself to have a disability, impairment, or long term condition for which you may require additional support? If yes, tick any applicable boxes:					<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Medical condition <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> Diagnosed Mental Illness <input type="checkbox"/> Other: <input type="text"/>						
Reason for undertaking this course	<input type="checkbox"/> To get a Job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start a business <input type="checkbox"/> Try a different career <input type="checkbox"/> Get a better job or promotion <input type="checkbox"/> A job requirement <input type="checkbox"/> I want extra skill for my Job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Personal Interest or Self-Development <input type="checkbox"/> Other: <input type="text"/>					
Previous Skills Recognition						
Recognition of Prior Learning Consideration (RPL)	Do you wish to be considered for Recognition of Prior Learning (RPL) or Credit Transfer (CT)?					<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES refer to GET Education's website www.get.edu.au download and complete the Application for RPL consideration form, complete the form and submit it with this enrolment form.					
	I have attached the evidence and completed the Application for RPL Consideration					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Course Cancellation and Refund Policies and Procedures	For information regarding GET's Cancellation and Refund Policies and Procedures please refer to GET Education's website www.get.edu.au or your Student Handbook or email the office admin@get.edu.au for a copy. Thank you					
Course Details (Must be completed by Student)	COURSE CODE & NAME					
	Number OF UNITS =		<input type="checkbox"/> Skill set <input type="checkbox"/> Full qualification <input type="checkbox"/> Pathway to full qualification			
Mode of Delivery	<input type="checkbox"/> Workplace	<input type="checkbox"/> Online	<input type="checkbox"/> Classroom	<input type="checkbox"/> Blended	<input type="checkbox"/> self-paced	

NATIONAL UNIQUE STUDENT IDENTIFIER (USI)

Enter your Unique Student Identifier (USI)

- I have forgotten my USI Number and authorise GET Education Australia to verify my number
- I do not have a USI and I authorise GET Education Australia to apply for one on my behalf

If you do or do not have a USI you must read the National Unique Student Identifier Privacy Notice attached.

I have read and understand what is required by the RTO and/or its training delivery partner in order for them to access and/or create a USI on my behalf. I consent to the RTO and/or its training delivery partner using my private information for the USI process.

Payment Details		Deposit Payment Amount	\$
Payment Types	<input type="checkbox"/> Fee Paying <input type="checkbox"/> Employer Funded <input type="checkbox"/> Government Funding <input type="checkbox"/> Other		

STUDENT DECLARATION

I certify that all the material submitted electronically from the email address/es stated below, is my own work and does not contain significant portions of unreferenced or unacknowledged material.

Work: _____

Personal: _____

- I am aware that the information in this enrolment form may be provided to the State Registering body and Nation Council Vocational Education Research for Statistical purposes.
- If my enrolment is accepted I agree to abide by the rules of GET Education Australia. I agree to the Refund Policy and understand that no refund of fees will be made after the commencement of the course. I understand that fees are payable in full prior to the course commencement, unless otherwise agreed.
- I have supplied copies of my two (2) forms identification as required

Student Name:

Student Signature

Date:

If under the age of 18 a parent or guardian must sign the below declaration.

I confirm that I am the legal guardian of the applicant and agree to the provisions contained in the declaration of the applicant. I agree to any change in degree, diploma or module that the applicant may make. Get Education Australia shall not be responsible if the applicant abandons his/her studies.

I confirm that I have acquaint myself with all the rules, regulations and instructions applicable to the qualification for which the applicant has enrolled and will support the applicant to comply with all the rules and regulations of GET Education Australia, I hereby bind myself as surety and principal co-debtor for all fees due and payable owing to GET Education Australia by the applicant.

Guardian's Name:

Guardian's Signature:

Date:

GET OFFICE USE ONLY

Confirmation Sent Invoice Created by: _____ aXcelerate
 Student Payment Received

Sales Consultant

Special Instructions