



ENROLMENT FORM

(Please complete IN FULL and return along with a colour copy of your driver's license or passport and Medicare card)

Please complete all sections of the form using block letters. Please print clearly as scanned documents can become blurred.

1. PERSONAL DETAILS

| | | | |
|------------------------------------|------------------------------|---|--|
| Surname: _____ | | Given Name/s: _____ | |
| Title: <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms <input type="checkbox"/> Other |
| Street Address: _____ | | | |
| Suburb: _____ | | State/Postcode: _____ | |
| Postal Address: _____ | | | |
| Suburb: _____ | | State/Postcode: _____ | |
| DOB: _____ / _____ / _____ | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Mobile: _____ | | Home Phone: _____ | |
| Email: _____ | | | |

2. EMERGENCY CONTACT

| | |
|---------------------|--------------|
| Name: _____ | |
| Relationship: _____ | Phone: _____ |

3. DO YOU HAVE A UNIQUE STUDENT IDENTIFIER (USI) NUMBER?

If YES, please provide _____

If NO, please complete online application at
<https://www.usi.gov.au/students/create-your-usi> and provide above

**A USI is mandatory
for all training.**

3. EMPLOYMENT STATUS/DETAILS

| | | | | |
|----------------------|---|---|--|---------------------------------|
| Employed: | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Employer or Self Employed | <input type="checkbox"/> Casual |
| Unemployed: | <input type="checkbox"/> Seeking full time work | <input type="checkbox"/> Not seeking employment | | |
| | <input type="checkbox"/> Seeking part time work | <input type="checkbox"/> Unpaid worker in a family business | | |
| Employer Name: _____ | | | | |
| Contact Name: _____ | | | | |
| Phone: _____ | | Email: _____ | | |

4. CITIZENSHIP, CULTURAL DIVERSITY & LANGUAGE

| | | |
|--|---|--|
| Were you born in Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, provide place of birth: _____ |
| If No, what is your country of birth? _____ | | |
| Citizenship Status: _____ | | |
| Are you of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Aboriginal | |
| | <input type="checkbox"/> Torres Strait Islander | |
| | | <input type="checkbox"/> South Sea Islander |
| Do you speak a language other than English at home? | | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes _____ |



How well do you speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

5. DISABILITIES & ASSISTANCE – Answering these questions will assist Star College Australia in catering for your special needs

Do you have a disability, impairment or long term medical condition which may affect your studies?

☐ Yes ☐ No

If YES, please indicate the area of disability, impairment or long term medical condition:

☐ Hearing/Deaf ☐ Physical ☐ Visual/Sight ☐ Chronic Illness
☐ Intellectual ☐ Other (please specify)

Do you require special assistance with:

Literacy ☐ Yes ☐ No

Numeracy ☐ Yes ☐ No

Language ☐ Yes ☐ No

NOTE: If YES, you will be contacted by our Administration staff and asked to complete an LLN test to establish the level of support you will need.

6. STUDY REASON – from the following categories, which BEST describes your main reason for undertaking this course?

☐ To start my own business ☐ To try for a different career ☐ For self-development
☐ I wanted extra skills for my job ☐ To get a promotion ☐ For personal interest
☐ To develop my existing business ☐ To get a job ☐ It was a requirement for my job
☐ To get into another course ☐ Other (please specify)

7. EDUCATION DETAILS

Are you currently studying a Cert III or higher qualification?

☐ Yes ☐ No

Are you currently still at high school?

☐ Yes ☐ No

Highest level of school completed? (i.e. Year 12) _____ In what year? _____

Have you previously completed any qualifications? ☐ Yes ☐ No

If NO, skip to Section 8

If YES, please tick applicable boxes:

☐ Bachelor Degree or higher ☐ Certificate IV ☐ Certificate I
☐ Advanced Diploma ☐ Certificate III ☐ Other
☐ Diploma ☐ Certificate II

Provide details of ALL previous qualifications:

8. QUALIFICATION/COURSE YOU ARE ENROLLING IN:

Course Code: (if known) _____

Course Title: _____

| 9. LEARNER DECLARATION | |
|--|--|
| Learner Declaration | |
| This section must be completed. If left blank, the enrolment unfortunately cannot be accepted. | |
| <input type="checkbox"/> | I am applying to enrol in a course with Star College Australia Pty Ltd. I agree that I have read and understood and agree to be bound by the conditions as described in the Learner Handbook. I understand that failure to comply with the obligations as laid out in the Learner Handbook could lead to suspension or cancellation of my enrolment. |
| <input type="checkbox"/> | I acknowledge that it is my responsibility to pay all fees as agreed and that my qualification or statement of attainment (where applicable) will not be processed until all fees are paid in full. |
| <input type="checkbox"/> | I have read and understood the Star College Australia Pty Ltd refund policy as stated in the Learner Handbook. |
| <input type="checkbox"/> | I confirm that the details provided on this form are true and correct to the best of my knowledge. |
| <p>Name: _____ Signature: _____ Date: _____</p> <p>If under the age of 18 years, this form must be signed by a parent/guardian to complete this enrolment.</p> <p>Parent/Guardian Sign: _____ Date: _____</p> | |
| <p>IMPORTANT NOTE FOR EMAIL ENROLMENTS:</p> <p>Star College Australia Pty Ltd is required to have your physical signature. In the event of emailing your enrolment form, you must complete the following. Please COPY and PASTE the below after you have filled out relevant sections <u>into the body of your email</u>. This will be used as proof of your request to enrol and you unfortunately cannot be enrolled without it.</p> <p><i>I, _____ (insert name) agree to the Learner Declaration as stated on the Star College Australia Pty Ltd. enrolment form, _____ (insert date).</i></p> | |

| Contact Details: | |
|--|--|
| <p>Post to: Star College Australia Po Box 457 Nerang QLD 4211</p> | <p>Phone: 1300 206 000 Email: admin@sca.edu.au</p> |

| OFFICE USE ONLY | | | |
|-----------------|---------|-------|-------------------|
| Date received: | _____ | NAME: | _____ |
| USI Verified: | YES /NO | NAME: | _____ DATE: _____ |



10. Payment Options

Course fee: \$.....

Once an option has been selected, you will receive an email with an invoice with payment options link for your convenience.

OPTIONS *(please tick)*

- ☐ Direct Deposit *(preferred)*
- ☐ BPAY
- ☐ CRDIT CARD
- ☐ FUNDING SOURCE *(Please specify if known)* _____
- ☐ PAYADVANTAGE PAYMENT PLAN *(Please read the terms & conditions)*

PayAdvantage Direct Debit Terms & Conditions

Direct Debit arrangement

The Upfront (if specified) and Recurring Debits will be debited from the nominated account according to the schedule specified above. Recurring Debits continue until the Direct Debit has been cancelled or the Amount Reached has been specified and met. Any on-charged fees are excluded when determining if the Amount Reached has been met. If a scheduled debit date has passed before the Direct Debit has been activated (authorised and approved) then these debits will occur on the next possible processing day after activation.

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the scheduled debit date there is sufficient cleared funds in the nominated account; and
- you advise us if the nominated account is transferred or closed.

If your debit is returned or dishonoured by your financial institution, the dishonoured debit will be re-debited from your nominated account in addition to any applicable fee(s) as listed above. Dishonoured debits may be re-debited together with other scheduled debit(s). Should you cancel the Direct Debit, instruct your bank not to make payment, or more than two (2) consecutive debits are dishonoured we may cancel this agreement and the remaining scheduled amount **plus** all penalty charges will be due and payable.

Changes to the arrangement

Changes to the drawing arrangements can be made by clearly outlining the requested change(s) in writing and sending them to the Provider. Changes may include deferring a debit, altering debit amounts, stopping a debit, suspending the Direct Debit, or cancelling the Direct Debit completely.

Fees

Per debit \$ 0.88
Per debit Failure/Dishonour \$ 5.50

Enquiries

All enquiries should be made to the Provider in the first instance, and then to Pay Advantage®. All communication should include your full name and/or company name, the BSB/Account number being debiting, and return contact details.

Disputes

If you believe a debit has been initiated incorrectly, we encourage you to take the matter up directly with the Provider in the first instance. If the dispute remains unresolved, then you can lodge your concern in writing with Pay Advantage®. You will receive a refund of the debited amount(s) if the reason for the debit(s) is not substantiated.