

STUDENT ENROLMENT FORM

COURSE DETAILS	
Funding Source	<input type="checkbox"/> Fee for Service <input type="checkbox"/> User Choice (Apprenticeships/Traineeships) <input type="checkbox"/> Vocational Education and Training in Schools (VETiS)
Course	Code: _____ Course Title: _____
Short Course	Unit Code: _____ Unit Title: _____
Delivery Mode	<input type="checkbox"/> On Campus <input type="checkbox"/> Distance <input type="checkbox"/> Online <input type="checkbox"/> Workplace <input type="checkbox"/> RPL
Job Services Provider (If applicable)	Service Provider: _____ Case Manager: _____
	Contact Number: _____ Email Address: _____
	Physical Address: _____
	Will the service provider be responsible for paying any co-contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the service provider require a purchase order? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about us?	<input type="checkbox"/> Website or Internet advertisement <input type="checkbox"/> Job Services Provider - Business Name: _____ Branch: _____ <input type="checkbox"/> Others (Please specify): _____

APPLICANT INFORMATION (BLOCK LETTERS)	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Unique Student Identifier Number (USI): <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> https://www.usi.gov.au/students/create-your-usi Learner Unique Identifier (LUI): <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
Family Name (Surname): _____	
Given Name: _____	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth (dd/mm/yy): ____ / ____ / ____	
Citizenship: Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Humanitarian Visa Holder <input type="checkbox"/> New Zealand SCV Holder <input type="checkbox"/> Other: _____	
E-mail Address: _____	
Mobile Phone: _____	Home Phone: _____

ADDRESS	
Building/Property Name: _____	Apartment/Unit Number: _____
Street Number: _____	Street Name: _____
Suburb or Town: _____	State: _____ Postcode: _____

POSTAL ADDRESS (if different to the above address)	
Number and Street Name or P.O. Box: _____	
Suburb or Town: _____	State: _____ Postcode: _____

EMERGENCY CONTACT	
Name: _____	Relationship: _____
Address: _____	Email: _____
Home Phone: _____	Mobile: _____

OTHER PERSONAL DETAILS

LANGUAGE AND CULTURAL DIVERSITY	
Are you of Aboriginal and/or Torres Strait Islander origin? Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/>	
Were you born in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not, please specify which Country: _____ Year of Arrival: _____	
How well do you speak English? Excellent <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Poorly <input type="checkbox"/>	
Do you speak a language other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____	

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SPECIAL NEEDS
Do you consider yourself to have a disability, impairment, or long-term condition? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please indicate the area/s of impairment: (Tick ANY applicable boxes)
<input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Others: _____
If Yes to any of the above, would you like to receive advice on support services, equipment and facilities which may assist you? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION DETAILS
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 Below <input type="checkbox"/> Never Attended School
In which year did you complete that school level? _____
Are you still attending secondary school? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the name of your school? _____
Have you SUCCESSFULLY completed any of the following qualifications within Australia? (Tick ANY applicable boxes)
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma Or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (Or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (Or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates Other Than Above <input type="checkbox"/> No, haven't completed any of the above with Australia
Are you undertaking any other study?
Have you commenced an apprenticeship or traineeship before?
Did you complete this apprenticeship or traineeship?
Did you complete this apprenticeship or traineeship whilst at school?
If you have successfully completed a qualification within overseas, please provide a copy of the Qualification. To ensure eligibility, Vibe College may require for you to submit an application to have your overseas qualification recognised in Australia through an external body. Please visit the following website for more information: https://training.qld.gov.au/training/osqrecognition/assessqual

REASON FOR STUDY <i>(Tick ANY applicable boxes)</i>
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing job / 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 <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 Other reason: _____

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STUDENT 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"/> Employed- unpaid worker in a family business | <input type="checkbox"/> Unemployed- not seeking employment |
| <input type="checkbox"/> Unemployed- seeking | <input type="checkbox"/> Part time employment |
| <input type="checkbox"/> Unemployed- seeking full time employment | |

EMPLOYER DETAILS (APPRENTICESHIP/TRAINESHIP STUDENT MUST COMPLETE THIS SECTION)

Company Name:			
Contact Name:			
Street Number:		Street Name:	
Suburb or Town:		State:	Postcode:
Work Phone:		Email:	
Fax:		Mobile:	

QUEENSLAND GOVERNMENT DEPARTMENT OF EDUCATION AND TRAINING FUNDED PROGRAMS

Please mark where appropriate:

- I declare that advice has been provided to me concerning expectations and rules regarding Queensland government funded training programs offered at Vibe College.
- VET in Schools: I acknowledge that I will no longer be eligible for a government subsidised training place under the VET in Schools program once I have completed the Certificate I or II level qualification.

STUDENT DECLARATION

- I declare that the information I have provided on this form is correct and complete.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I give Vibe College permission to obtain official records from an educational institution that I do and/or have attended.
- I understand that if I have applied through an approved Vibe College agent, all correspondence relating to my application will be forwarded to that agent.
- I declare that I have been given a copy of the student handbook as part of the enrolment process.
- I understand that Vibe College collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I understand that I must meet all relevant entry requirements associated with my chosen course, and/or funding arrangement, prior to my enrolment being accepted
- I authorise Vibe College to contact me by SMS and Email. Yes No

Student Name _____ Signature of Student _____ Date: _____

If under 18 years parent/guardian must sign below

Parent/Guardian Name _____ Signature of Student _____ Date: _____

Please submit completed application form to info@vibecollege.edu.au. If you require further assistance, please call (07) 3088 6644