STUDENT ENROLMENT FORM

Course Number	Course Title	Enrolment	Period	Campus

SRTAFE Student ID		Unique Student Identifier (USI)*	

CONCESSION DETAILS

Concession Number	Start Date	Expiry Date

ABSTUDY/Austudy		Health Care Card		Pensioner		Youth 15-24	
Prisoner		Veteran Health		Youth Allowance		Secondary School Aged Person *(17yrs prior to 30/06)*	

PERSONAL DETAILS

Title	Last Name *(full legal name)*	First Name	Middle Name

Date of Birth		Gender	Female		Different Term	
Name Change			Male		Prefer not to answer	
Name Change Date			Non-Binary		Other	

Postal address	State	Post Code

Residential Address	State	Post Code

Home Phone	Mobile	Work Phone

Email

Emergency Contact Name	Emergency Contact Number

RESIDENCY STATUS - EVIDENCE AS REQUIRED: DRIVERS LICENCE, PASSPORT, BIRTH CERTIFICATE, CITIZENSHIP

Are you an Australian Citizen? *(please tick)*	☐ Yes	TAFE International ID *(if applicable)*					
	☐ No	Residency Status or Visa Subclass Number					
Country of Birth		Date of Arrival to Australia					
Main Language		Aboriginal or Torres Strait Islander	Yes		No		

GUARDIAN DETAILS FOR STUDENTS UNDER 18 YEARS

Title	Last Name	First Name/s

Guardian Address	State	Post Code

Home Phone	Mobile	Work Phone

Guardian Email

Parent / Guardian Signature		Date	

	I have read the Important Terms and Conditions of Enrolment and agree to abide by these Terms & Conditions and the South Regional TAFE By-Laws.	Student Signature	
	I consent to the payment option I selected being actioned and to being contacted to finalise payment and enrolment.	Date	

STUDENT STATISTICAL QUESTIONNAIRE								
Aboriginal or Torres Strait Islander	**Yes**		**No**		**Prefer not to answer**			
DISABILITY								
No		**Yes**		**IF YES Please tick Disability Type**				
Hearing /Deaf		Physical		Learning		Mental Illness		
Intellectual		Mobility		Vision		Medical		
Other		Acquired brain injury						
Would you like to receive advice on support services, equipment and facilities which may assist you ?								
No		**Yes**						
EDUCATIONAL BACKGROUND / Australian (or Equivalent Study)								
Highest School Level Completed - Please tick				**Year Completed**				
Did not got to school		Year 8 or below		Completed Year 9 or equivalent		Completed Year 10		
Completed Year 11		Completed Year 12		Not Stated - no response				
Currently Attending School ?	Yes		No					
School ID (CCID								
School Name					State			
For Under 18 Students Please proivde your most recent School Name								
Highest Level of Particpation								
Participation Level - Please tick				**Year Completed**				
Postgraduate		Bachelor		Certificate / Diploma		Incomplete Course		
Secondary Education		Other Qualification		Complete VET Award		Incomplete VET Award		
Highest Level of Completion								
Completion Level - Please tick				**Year Completed**				
Postgraduate		Bachelor		Advanced Diploma or Associate Degree		Diploma or Associate Diploma		
Cert IV or Adv Cert IV / Technician		Certificate III or Trade Certificate		Certificate II		Certificate I		
Certificate other than above								
STUDY REASON								
To get a job		To develop my existing business		To start my own business		To try for a different career		
To get a better job or promotion		It was a requirement of my job		I want extra skills for my job		To get into another course of study		
For personal interest / self development		To get skills for community / voluntary work		Other Reasons				
EMPLOYMENT BACKGROUND								
Full-time Employee		Part-time Employee		Self-employed - not employing others		Employer		
Employed - unpaid worker in family business		Unemployed - seeking full-time work		Unemployed - seeking part-time work		Not employed - not seeking employment		