



RTO Enrolment Form

RTO: 91474

COURSE DETAILS

Course name

Preferred course dates

Mode of delivery Face to face OR Distance

Unique Student Identifier

APPLICANT'S DETAILS

Title (Miss, Ms, Mrs, Mr, etc)..... Surname

Given name Date of birth

Home telephone Mobile no.

Email

Address

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 or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territoryPostcode

Postal address (if different from above)?

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. PO Box 254)

Suburb, locality or town

State/territoryPostcode

EMPLOYMENT DETAILS (IF APPLICABLE)

Place of employment

Work telephone

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?

Australia

Other, please specify

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

No, English only, go to question 9

Yes, other. Please specify

How well do you speak English?

Very well

Well

Not well

Not at all

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

Yes

No, go to question 12

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list (you may indicate more than one area):

Hearing/deaf

Physical

Intellectual

Learning

Mental illness

Acquired brain impairment

Visio

Medical condition

Other

SCHOOLING

What is your highest COMPLETED school level? (tick ONE box only)

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Never attended school, go to question 14

In which YEAR did you complete that school level?

Are you still attending secondary school?

- Yes
- No

PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications?

- Yes
- No, go to question 17

If YES, then tick ANY applicable boxes.

- Bachelor degree or higher degree
- Advanced diploma or associate degree
- Diploma (or associate diploma)
- Certificate IV (or advanced certificate/technician)
- Certificate III (or trade certificate)
- Certificate II
- Certificate I
- Certificates other than the above

EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (tick ONE box only)

- Full-time employee
- Part-time employee
- Self employed – not employing others
- Employer
- Employed – unpaid worker in a family business
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/ apprenticeship? (tick ONE box only)

- 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 wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

IMPORTANT NOTICE
ALL COURSE FEES ARE PAYABLE IN FULL ON APPLICATION

PAYMENT DETAILS

Please find enclosed my cheque/money order for the sum of \$ made payable to Australian College of Nursing.

Please debit my: Mastercard Visa Amount \$

Card No --- Expiry date

Cardholder's name Cardholder's signature

PLEASE POST OR FAX YOUR COMPLETED ENROLMENT FORM TO:

**Student Services Centre, Australian College of Nursing, PO Box 650, Parramatta NSW 2124.
Telephone (02) 9745 7500 • Facsimile (02) 6282 3565 • Email: customerservices@acn.edu.au**

ACN reserves the right to refuse enrolment to any course or program and to cancel or suspend any program at any time or for any reason as determined by ACN.

Cancellation and Refund Policy

All applications to withdraw from a course/subject must be in writing to ACN.

Course fees are refunded when the withdrawal occurs prior to the course census date*, less the non-refundable administrative fee. If withdrawal occurs after census date there is no refund. In accordance with ACN's Refund Policy:

1. ACN reserves the right to cancel or postpone a course or program for any reason determined by ACN. In these circumstances a full refund may be made.
2. In some instances courses are subject to non-refundable fees.
3. Details of fees, where applicable, are published in the relevant course information and are also available from ACN's Student Services Centre.
4. Intention of withdrawal from all courses and programs must be made in writing to the ACN Executive Manager Education Division, within the indicated time frame, for a refund to be made. Time frames are published in relevant course/program information and also are available from ACN's Student Services Centre.
5. Refunds will be processed within fourteen (14) days after receipt of a validated request and will be made only by cheque, posted to the recipient.

***NOTE:** Census date is ten days after course commencement date (not applicable to CPD courses). For further information contact the Student Services Centre on 02 9745 7500.

Please refer to ACN website for fee information.

PRIVACY ISSUES: ACN collects your personal information for administrative use and to provide you with information about our activities and promotions. Please let us know if you do not wish to receive such information.