



STUDENT ENROLMENT PACK



STUDENT REGISTRATION FORM

1. Student Details:

Student ID (existing TAFE student):		Date of Birth:	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other
Given Name:		Family Name:	
Middle Name/s:		Preferred Name:	
Email:		Phone Number/s:	
School ID (VETDSS student):		Curriculum Council number:	
Unique Student Identifier (USI) Number:			

Have you previously enrolled as a student at Central Regional TAFE this year?

☐ Yes – Only complete the below questions if your circumstances have changed.

☐ No – All of the below questions must be completed.

2. Course details:

Course Level:	<input type="checkbox"/> Short Course <input type="checkbox"/> Skill Set <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input checked="" type="checkbox"/> Cert IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Dip
Course Name:	Leadership and Management

3. Addresses:

Permanent Home:	<input type="checkbox"/>
Contact (Postal):	<input type="checkbox"/>
Temporary Preferred:	<input type="checkbox"/>

4. Guardian Details:

Name:	<input type="checkbox"/>
Permanent Home:	<input type="checkbox"/>
Contact (Postal):	<input type="checkbox"/>
Email:	<input type="checkbox"/>
Phone Number/s:	<input type="checkbox"/>

5. Emergency Contact:

Name:	Phone Number/s:
Address:	

6. Nationality and Cultural Details:

Nationality:	Country of Birth:
Main Nationality Country:	Main Language:
Dual Nationality Country:	Proficiency in Spoken English: <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Main Nationality Effective From:	Aboriginal or Torres Strait Islander: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Prefer not to answer
Year of Entry:	

7. Visa:

Class:

Subclass:

8. Disability:

☐ Yes ☐ No

- | | | | | |
|--|-----------------------------------|---------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Hearing | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Mobility | <input type="checkbox"/> Vision | <input type="checkbox"/> Physical | <input type="checkbox"/> Other |

Would you like to receive advice on support services, equipment and facilities which may assist you?

☐ Yes ☐ No

9. Educational Background Australian (or Equivalent):

Are you still attending school? ☐ Yes ☐ No

In what year did you complete school?

What high school did you last attend?

Highest School Level Completed

- | | |
|---|--|
| <input type="checkbox"/> Did not go to school | <input type="checkbox"/> Completed year 10 |
| <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> Completed year 11 |
| <input type="checkbox"/> Completed year 9 or equivalent | <input type="checkbox"/> Completed year 12 |

Highest Level Completed

- | | |
|---|--|
| <input type="checkbox"/> Postgraduate | <input type="checkbox"/> Certificate III or Trade Certificate |
| <input type="checkbox"/> Bachelor | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Advanced Dip or Associate Degree | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Diploma or Associate Diploma | <input type="checkbox"/> Certificate other than those already listed |
| <input type="checkbox"/> Cert IV or Adv Cert/Technician | <input type="checkbox"/> N/A |

10. Reasons for Enrolling

- | | | |
|---|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing 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 want extra skills for my job | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest/self-development |
| <input type="checkbox"/> To get skills for community/voluntary work | <input type="checkbox"/> Other reasons i.e. Future Leaders Program | |

11. Current Employment Status

- | | |
|--|--|
| <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 family business | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Not employed – not seeking employment |

CONCESSION & PAYMENT DETAILS

12. Concession Type:

- | | |
|--|--|
| <input type="checkbox"/> Austudy/Abstudy | <input type="checkbox"/> Health Care Card |
| <input type="checkbox"/> Pensioner Card | <input type="checkbox"/> Veteran Health Benefit Card |
| <input type="checkbox"/> Youth Allowance – Student | <input type="checkbox"/> Job Keeper |
| <input type="checkbox"/> Job Seeker | |

CRN Number: _____

Start Date: _____

Expiry Date: _____

**Please provide a copy of the front and back of your concession card.*

13. Payment Options

- | | |
|---|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> EFTPOS |
| <input type="checkbox"/> Centrepay | <input type="checkbox"/> Direct Credit |
| <input type="checkbox"/> Purchase Order | <input type="checkbox"/> Payment Plan (Minimum deposit required) |
| | <input type="checkbox"/> \$100 – Concession card holders or Lower Fees Local Skills courses |
| | <input type="checkbox"/> \$200 – All other courses |

14. Outstanding Fees:

Any expenses, costs or disbursements incurred by Central Regional TAFE in recovering any outstanding monies including debt collection fees and solicitor's costs shall be paid by the student or Guarantor if the student is under 18 years of age.

15. Guarantor Details:

Name: _____

Address: _____

Phone: _____

Signature: _____

16. Student Declaration and Consent:

I declare that the information I have provided to the best of my knowledge is true and correct and that I have read and agree to all of the [Terms and Conditions](#) of enrolment.

Student Full Name: _____ Date: _____

Student Signature:
[or electronic acknowledgement]

If student is under 18 years of age a parent or guardian must also sign this form.

Parent / Guardian
Full Name: _____ Date: _____

Parent / Guardian Signature
[or electronic acknowledgement]

Consent and Health Care Information Form (CF003F2)

Student Surname:			
Student First Name:		Date of Birth:	
Student ID:		Gender:	

Health Care Information

Information is treated confidentially and provided to Central Regional TAFE (CRTAFE) staff as required, including those staff organising excursions, and employers of students attending industry placement.

Emergency Contact Person Name:			
Home Ph:		Work Ph:	
		Mob:	
Address:			
Emergency Contact Person Name:			
Home Ph:		Work Ph:	
		Mob:	
Address:			

Please list any medical condition that the staff at CRTAFE should be aware of that **may impact on** their ability to undertake their course. For example, diabetes, severe allergy, pregnancy, physical impairment etc.:

Student Signature

Date

Please note:

Students are advised that should they have an accident whilst on campus and the attending CRTAFE First Aid Officer considers it necessary to call an ambulance, due to their injured or unconscious state, the student will be responsible for all costs associated with the calling of the ambulance.

Students, or where the student is under 18 years of age their parent / guardian/responsible adult, are required to inform CRTAFE of any medical information changes throughout the course of their enrolment.

Students Under 18 Years of Age Consent

Please identify your relationship to the student listed above: (please circle):

☐ Parent

☐ Guardian

☐ Responsible adult

As the parent/guardian/responsible adult of the above named student, I acknowledge that the information I have provided is correct and I have read and understood the attached letter titled "Information Concerning Students Under 18 Years of Age" and I consent to the above named student undertaking studies at CRTAFE.

Name

Parent / Guardian Signature

Date

Please note: If your child has a medical condition please ensure you contact the Manager Student Services on 1800 672 700 to discuss the management of your child's medical condition.

In the event of an emergency every effort will be made by CRTAFE to contact you.

STUDENT CENTRELINK CONSENT FORM

This written consent form will be used provided to Centrelink, authorising them to provide information to Central Regional TAFE (CRTAFE) in order to assess your eligibility in relation to concessions or services provided by CRTAFE.

STUDENT AUTHORISATION

I authorise CRTAFE to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink or Department of Veterans' Affairs Customer details and relevant concession card status in order to enable the business to determine if I qualify for a concession.

I authorise The Australian Government Department of Human Services (the Department) to provide the results of that enquiry to CRTAFE.

I understand that the Department will use information I have provided to CRTAFE to confirm my eligibility for relevant concessions and will disclose to CRTAFE personal information including my name, address, payment and concession card type and status.

This consent, once signed, remains valid while I am a student of CRTAFE unless I withdraw it by contacting CRTAFE or the Department.

I can obtain proof of my circumstances/details from the Department and provide it to CRTAFE so that my eligibility for relevant concessions can be determined.

If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for concessions provided by CRTAFE.

Date: _____

Signed: _____

Note: More information about Centrelink Confirmation eServices can be provided in person by Centrelink or is also available on their website www.centrelink.gov.au

It all starts here.



centralregionaltafe.wa.edu.au
1800 672 700 | info@crtafe.wa.edu.au

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