



ENROLMENT FORM

IS THIS THE FIRST TIME YOU HAVE ENROLLED AT THIS ORGANISATION?

YES ☐ NO ☐

COURSE COMMENCEMENT DATE: _____

COURSE COMPLETION DATE: _____

UNIQUE STUDENT IDENTIFIER: _____ (get your USI at: www.usi.gov.au)

NOTE: PLEASE PROVIDE A COPY OF THE ID USED TO OBTAIN YOUR USI.

TITLE: MR ☐ MISS ☐ MRS ☐ MS ☐ OTHER ☐ _____

GENDER: MALE ☐ FEMALE ☐

FAMILY NAME: _____ GIVEN NAME: _____

DATE OF BIRTH: (DD/MM/YYYY) ____/____/____



ADDRESS OF USUAL RESIDENCE:

NUMBER AND STREET: _____

SUBURB: _____ STATE/TERRITORY: _____ POSTCODE: _____

PHONE: _____ WORK: _____ MOBILE: _____

E-MAIL: _____ FAX: _____



POSTAL ADDRESS:

NUMBER AND STREET: _____

PO BOX OR ROADSIDE DELIVERY BOX: _____

SUBURB: _____ STATE/TERRITORY: _____ POSTCODE: _____



NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

SUBURB: _____ STATE/TERRITORY: _____ POSTCODE: _____

PHONE: _____



EMPLOYER:

COMPANY NAME: _____

ADDRESS: _____

SUBURB: _____ STATE/TERRITORY: _____ POSTCODE: _____

PHONE: _____

ARE YOU ENROLLING IN UNITS OF COMPETENCY?

YES ☐ NO ☐

I WILL BY STUDYING (TICK ONE BOX ONLY)

FULL TIME ☐



ENROLMENT FORM

SELECT THE COURSE YOU WANT TO ENROLL, YOU CAN SELECT MULTIPLE FOR PACKAGED COURSE

SELECT THE COURSES	COURSE CODE & TITLE	CRICOS COURSE CODE	COURSE DURATION
<input type="checkbox"/>	ICT50220 Diploma of Information Technology (Advanced Programming and Front end Web development)	106633H	78 WEEKS
<input type="checkbox"/>	BSB50820 Diploma of Project Management	106636E	78 WEEKS
<input type="checkbox"/>	ICT60220 Advanced Diploma of Information Technology (Telecommunications network engineering and IT strategy and organizational development)	106635F	104 WEEKS
<input type="checkbox"/>	RIL60520 Advanced Diploma of Civil Construction Design	106638C	104 WEEKS
<input type="checkbox"/>	BSB60720 Advanced Diploma of Program Management	106637D	78 WEEKS
<input type="checkbox"/>	BSB80120 Graduate Diploma of Management (Learning)	103491H	104 WEEKS



ENROLMENT FORM

AVETMISS DATA COLLECTION

1. In which country were you born?

Australia Other – Please Specify _____

2. Do you have permanent residence in Australia? YES NO

3. Are you of Aboriginal or Torres Strait Islander origin?

Yes, Aboriginal NO

Torres Strait Islander Both Aboriginal/ATSI

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

Yes, Other– Please Specify _____

No, English Only (Go to Question 6)

5. How well do you speak English? Very Well Well Not Well Not At All

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

Yes No (Go to Question 8)

7. If YES, then please indicate the areas of disability, impairment or long-term condition.

(You may indicate more than one area.)

Hearing/Deaf	Physical	Intellectual	Learning	Mental illness
Acquired Brain Impairment		Vision	Medical Condition	Other

8. 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 Equivalent

Never Attended School ... (Go to Question 11)

9. In which YEAR did you complete that school level? _____

10. Are you still attending secondary school? YES NO

11. Have you attempted or completed any of the following qualifications? Tick Yes or No to ANY applicable boxes.

Level of Qualification	Attempted	Completed
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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 above



ENROLMENT FORM

12. 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

13. Your major reason for study? (Tick ONE box only.)

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, Self-Development or Other Reason

NSW GOVERNMENT FUNDING DATA COLLECTION

A. Is your home address considered a remote or regional area?

Remote ☐ Regional ☐ – Area Name _____

B. Do you live in social housing? YES

NO

C. Are you or a parent or guardian in receipt of a specified Commonwealth benefit? If yes, what is the benefit? _____

who receives the benefit?

*Please provide evidence of concession card with your enrolment _____

If it is a parent or guardian are you listed as a dependant? YES

NO

Recognition of Prior Learning

Are you seeking Recognition of Prior Learning? YES

NO



ENROLMENT FORM

Student Visa Applicants:

Overseas students must provide evidence of English language qualifications.

PROFICIENCY IN ENGLISH:

Very well

Well

Not Well

Not at all

Have you undertaken an English Language Proficiency Test in last 2 years?

Yes

No

Please tick the relevant Proficiency Test you have undertaken and write score as highlighted:

IELTS (Academic): minimum overall band of _____ list of individual band score

Listening _____ Reading _____ Writing _____ Speaking _____

Pearson Test of English (Academic): minimum score _____ list of individual band score

Listening _____ Reading _____ Writing _____ Speaking _____

Cambridge English Advanced (CAE) score of: _____

Certificate in Advanced English (CAE) of _____ or equivalent _____

Occupational English Test (OET) score of PASS: _____

TOEFL Paper Based (PB) score of: _____

TOEFL Internet Based Test (IBT) score of: _____

Passport No: _____

Have you previously held a Visa for study in Australia?

YES

NO

Are you applying for your visa from Australia?

YES

NO

If not, which country will you apply for your visa from?

YES

NO

Do you have an Education consultant or immigration Lawyer?

YES

NO

Name of Agent

Contact Person

Telephone

Email address



ENROLMENT FORM



STUDENT DECLARATION

I have read and accepted the terms and conditions of the fees and refund policy as described in the Pre-enrolment Information.

I give permission for Sydney Business & Development Institute to review and report my training progress with representatives from the Department of Education and Training, Department of Industry and my employer (if applicable).

I understand that I can authorise others to receive this information only by completing a Participant Records Access Form.

The information provided by you may be used by or on behalf of the State or Commonwealth Governments for statistical purposes, conducting surveys, enrolment, educational or strategic planning purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

SIGNATURE: _____ DATE: ____ / ____ / ____



DOCUMENT CHECKLIST

Completed Enrolment Application Form

Certified copy of education transcripts

Certified copy of your passport

Certified copy of your IELTS score or other English Proficiency Test

Certified copy of your Visa stamp page (if applicable)

Relevant employment details (if applicable)

Overseas Student Health Cover if available

Onshore Student Address proof is required (e.g., driver licence, bank statement)

OFFICE USE ONLY

Checked student details for accuracy

Received By: _____ Signature: _____ Date: _____