

ENROLMENT FORM

(For use when enrolling at SAHEC for the first time)

STUDENT PERSONAL DETAILS (CONFIDENTIAL)*

Surname: _____ Given Names: _____

Home Address: _____ PostCode: _____

Postal Address (if different) : _____ PostCode: _____

Ph: Home: _____ Work: _____ Mobile: _____

Email: _____ (If listed, newsletters will be emailed to you)

Date of Birth: _____

Country of birth: _____ Aust Citizen Resident Indigenous Australian

1. Language most frequently spoken at home English Other(specify) _____

2. How well do you speak English? Very Well Well Not Well Not at all

Disability

1. Do you have any disability?

Yes, please indicate below No

Hearing Learning Mobility Vision Medical

Other (Please specify)

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

Yes No

Highest completed secondary school level: Year 12 Year 11 Year 10 Year 9 or lower

Year in which you completed your highest secondary school level _____

Post-secondary courses completed: (please tick 1 or more boxes).

Bachelor Degree or higher Diploma/Associate Diploma

Advanced Diploma/Associate Degree Certificate/Trade Certificate/Technician

Which of the following best describes your current employment status?

Employee

Self-employed

Unemployed – seeking work

Not employed – not seeking work

What is your current occupation?

EMERGENCY CONTACT DETAILS

Name: _____ Address: _____

_____ Post Code: _____ Tel(home): _____

(Bus): _____ (Mob): _____ Relationship: _____

We recommend an interview with a Course Counsellor to ensure you understand all aspects of studying and to provide assistance with your timetable arrangement.

Course Name: _____

Please list below the modules you are enrolling in.

MODULE CODE	MODULE COMMENCEMENT DATE	COST PER MODULE
		\$
		\$
		\$
		\$
		\$
		\$

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		\$
		\$
		\$
		\$
		\$
		\$

