

RE- ENROLMENT FORM

(for use when re-enrolling at SAHEC)

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)

EMERGENCY CONTACT DETAILS

Name: _____ Address: _____

_____ Post Code: _____ Tel(home): _____

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

Course Name: _____

Please list below the modules you are enrolling in

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

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

Cancellation of enrolment and refund entitlement

Fees are charged for withdrawing from enrolled modules.

If a student withdraws from a module/s in which they have enrolled more than 4 weeks prior to the start of the semester or block, a cancellation fee of **\$100 (total)** will apply. Other fees that have been paid will be refunded.

If a student withdraws from a module/s in which they have enrolled less than 4 weeks prior to the start of the semester or block, a cancellation fee of **\$50 per module** (i.e. the module deposit/registration fee) will apply. Other fees that have been paid will be refunded.

If a student withdraws from an enrolled module/s after the module has commenced, a cancellation fee of **\$200 per module** will apply. The balance of fees will be held in credit for up to 2 years for use towards future study at SAHEC.

If a student withdraws from an enrolled module/s after the start of the semester or block, but before that/those modules have commenced, a cancellation fee of **\$100 per module** will apply. The balance of fees will be held in credit for up to 2 years for use towards future study at SAHEC.

External study or flexible delivery modules are not refundable if study material has been forwarded to the student.

Requests for refund of fees should be made to the Finance Manager using an Application for Refund of Fees form.

If a student is receiving AUSTUDY/ABSTUDY, it is the student's responsibility to notify Centrelink if there is any change to their circumstance and/or if the student reduces their study load. It is not the responsibility of the College to notify Centrelink of any of these changes.

Please ensure your lecturer is aware of any cultural needs or religious issues to be considered.

Declaration:

I, hereby declare that:

1. The information provided by me on this enrolment form is accurate and complete.
2. The SAHEC policies and procedures have been made available to me and I have read, understood and accepted these as conditions of my enrolment at the College.
3. I understand that it is my responsibility to ensure that the workload, which I have enrolled into, complies with Youth Allowance/ Austudy/ Abstudy requirements if I wish to receive any of these study assistance entitlements.
4. I understand that it is my responsibility to check the Administration Notice Boards, SAHEC website and newsletters for any important announcements or Policy & Procedure changes. I undertake to do this on a regular basis, knowing that these are the main communication links between SAHEC Administration and the student body.
I understand that it is my responsibility to ensure that at all times during my study at SAHEC I will remain familiar with current Policies and Procedures and that unfamiliarity with SAHEC's CURRENT policies and Procedures will not be accepted as an excuse for failure to comply with them.
5. *I consent to the provision of my personal details, by SAHEC, to the Department of Further Education, Employment, Science and Technology (DFEEST). The DFEEST Quality Branch may use this information to conduct a satisfaction survey, using a standard survey instrument. Otherwise, in compliance with the Privacy Amendment (Private Sector) Act 2000, the information provided on this form will only be used for purposes associated with my enrolment at SAHEC.

Student Signature: _____ Date: ____/____/____

If under 18 years of age at time of enrolment, signature of parent or guardian is required

Name of parent/guardian: _____ Signature: _____

PAYMENT METHOD:

- Cheque Money Order

or, PLEASE DEBIT MY CREDIT CARD FOR THE AMOUNT OF \$

- Visa MasterCard

A/C No: EXP. DATE: /

NAME SHOWING ON CARD: _____ CARDHOLDER'S SIGNATURE _____

- The following must be forwarded with this form to complete your enrolment:**
1. **\$50 per module deposit/registration *(part of listed module fee – not an additional charge).**
 2. **Two passport size photos.**

Please complete all the required details on this enrolment form and forward with the above to:
 SOUTH AUSTRALIAN HEALTH EDUCATION CENTRE PTY LTD
 88 Currie Street
 ADELAIDE SA 5000
 Phone: (08) 8410 1975 Fax: (08) 8410 3338 A.B.N. 69 213 375 394