



# Enrolment Form (Domestic)

## 1 Personal Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

What is the address location and postcode of the suburb, locality or town in which you usually live?

Street Address: \_\_\_\_\_ Suburb, Locality or Town: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Enter Postcode here: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Permanent Residency Status:

- |  |  |
|--|--|
| <input type="checkbox"/> Australian Citizen  | <input type="checkbox"/> Permanent Resident      |
| <input type="checkbox"/> New Zealand Citizen | <input type="checkbox"/> Torres Strait Islanders |
| <input type="checkbox"/> Indigenous          | <input type="checkbox"/> Other Residency (Other) |

In which country were you born?  
 Australia  Other - Please Specify \_\_\_\_\_

Do you hold a current Health Care Card:  
 Yes (Please attach a copy)  
 No

VSN Number (If applicable) \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?  
 No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

## 2 Language and Cultural Diversity

Do you speak a language other than English at home?

- No, English only  
 Yes, Other (Please specify below) \_\_\_\_\_

How well do you speak English?

- Very Well  Well  
 Not Well  Not at All

## 3 Disability

Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

If Yes, please indicate the areas of disability, impairment or long-term condition (You may indicate more than one area.)

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Learning                  | <input type="checkbox"/> Vision            |
| <input type="checkbox"/> Physical     | <input type="checkbox"/> Mental Illness            | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Other             |

## 4 Schooling

Are you still attending Secondary School?  Yes  No

What is your highest COMPLETED school level? (Tick one box only)

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 9 or Equivalent |
| <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 8 or Lower      |
| <input type="checkbox"/> Completed Year 10 | <input type="checkbox"/> Did not go to High School      |

In which year did you complete that school level?  
\_\_\_\_\_

## 5 Previous Qualification Achieved

Have you SUCCESSFULLY completed any of the following qualifications?  Yes  No If Yes, tick ANY applicable boxes

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate IV or Advanced           | <input type="checkbox"/> Certificate I                     |
| <input type="checkbox"/> Advanced Diploma or Associate    | <input type="checkbox"/> Certificate/Technician               | <input type="checkbox"/> Certificates Other Than the Above |
| <input type="checkbox"/> Degree                           | <input type="checkbox"/> Certificate III of Trade Certificate |  |
| <input type="checkbox"/> Diploma or Associate Diploma     | <input type="checkbox"/> Certificate II                       |  |

## 6 Employment

Of the following categories, which BEST describes your current employment status? Tick ONE box only.

- Full-time Employee       Employed - Unpaid Worker in a Family Business       Not Employed - Not Seeking Employment  
 Part-time Employee  
 Self Employed - Not Employing Others       Unemployed - Seeking Full-time Work  
 Employer       Unemployed - Seeking Part-time Work

## 7 Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

- To get a job       To get a better job or promotion       For personal interest of self-development  
 To develop my existing business       It was a requirement of my job       Other reasons  
 To start my own business       I wanted extra skills for my job  
 To try for a different career       To get another course of study
- (specify) \_\_\_\_\_

## 8 Course Preference

- VET     ELICOS     HS

1st Course: \_\_\_\_\_ 2nd Course: (if applicable) \_\_\_\_\_

3rd Course: (if applicable) \_\_\_\_\_

Start Date (DD/MM/YYYY):

Please check [www.ozford.edu.au](http://www.ozford.edu.au) for intake dates.

Study Load:

- Full time     Part time

Study Mode:

- Classroom     Online     Distance  
 Apprenticeship/Traineeships  
 Off-site, Delivery Address  
 Workplace Assessment - Employer Contact Phone No.

Payment Method:

- Full Fee Payment     VET FEE - Help     Government Funded

Do you wish to apply for Recognition of Current Competency (RCC) or Recognition Prior Learning (RPL) or Credit Transfer (CCT)?

- Yes     No    If yes,  RCC     RPL     CCT

How did you find out about Ozford?

- Relative/Friend     Newspaper     Internet     Educational Expo     School/College     Other \_\_\_\_\_

## 9 Terms and Conditions

### Declaration

I agree to the terms and conditions of enrolment published on [www.ozford.edu.au](http://www.ozford.edu.au) and will abide by them.

I declare that I have read and fully understand the course requirements, terms and conditions of enrolment, payment of tuition fees, refund policy, personal information, change of address, grievance procedure and other requirements at Ozford. I authorise the institution to release personal and/or medical information for educational purposes or to meet legal obligations or in the case of an emergency, as authorised by the institution in accordance with the institution's privacy policy and procedures and the Victorian Privacy and Health Records Act. I understand that, Ozford is required to provide the Victorian Government, through Higher Education and Skills Group, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at [www.skills.vic.gov.au/corporate/statistics\\_data](http://www.skills.vic.gov.au/corporate/statistics_data)). Higher Education and Skills Group may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Higher Education and Skills Group may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I declare that the information contained in this application is true and correct.

Signature (Applicant)

Print Name

Date

Guardian Signature (If under 18)

Print Name

Date

### Office Use Only

Date enrolment received:  /  /     Enrolment fee received:  Yes     No  
 If no, reason: \_\_\_\_\_  
 Enrolment fee deferred:  Yes     No  
 If yes, reason: \_\_\_\_\_  
 Payment amount received: \$     Payment plan:  Yes     No  
 Workplace name: \_\_\_\_\_    Workplace contact person: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 HESG     VET FEE-HELP     Full fee paying

Ozford College, Ozford English Language Centre and Ozford College of Business are trading names of Ozford College Pty Ltd, Ozford English Language Centre Pty Ltd and Ozford Business College Pty Ltd.

All correspondence to:  
Level 9, 123 Lonsdale Street  
Melbourne 3000 VIC Australia

T +61 3 8663 7188  
F +61 3 9662 9223  
E [domestic@ozford.edu.au](mailto:domestic@ozford.edu.au)  
[www.ozford.edu.au](http://www.ozford.edu.au)

Ozford English Language Centre  
ABN 35 100 454 475  
CRICOS Provider Code No. 02501G

Ozford College  
ABN 41 102 265 225  
Registered School No. 2016  
CRICOS Provider Code No. 02427A

Ozford College of Business  
ABN 82 106 243 378  
RTO No. 21442  
CRICOS Provider Code No. 02573B

