



ENROLMENT FORM

for Charles Institute of Technology

CRICOS 03287M RTO 91849 ABN 6141905526

1. Personal Information: (Please print)

Family Name: _____
Given Name (s): _____ Preferred Name: _____
Nationality: _____
First Language: _____ Other Languages: _____
Date of Birth: _____ Gender: () Male () Female
Country of Birth: _____
Home address: _____
Suburb: _____ Post code: _____
Phone number: _____ Mobile Phone: _____
E-mail: _____

2. Course Details:

Course being applied for: _____
Date to start: _____

**** If you are an International student are you currently living in: (please circle)**

Australia or Overseas

3. Education:

Name of College/University: _____
Qualification/ level obtained: _____
Year completed: _____

Name of High School: _____
High School level obtained: _____
Year completed: _____

4. Emergency Contact details:

Full Name: _____
Phone Number: _____ Mobile Phone: _____
Relationship: _____

5. Special Needs:

Do you have any learning or other disabilities or medical conditions which may affect your learning?
() Yes () No

If yes, please specify details and any special arrangements required from the college.

By signing this Form, I certify that the information provided is true and correct. I further certify that I have been provided sufficient information about my rights and obligations to make an informed decision about enrolment and I agree to the services being provided:

Student's Signature: _____ Date: _____