## **ENROLMENT FORM**

## for Charles Institute of Technology

CRICOS 03287M RTO 91849 ABN 6141905526

1.	Personal Information: (Please print)				
	Family Name:				
	Given Name (s):	Pr	eferred Name:		
			r Languages:		
	Date of Birth:				
	Home address:				
	Suburb:	Post	code:		
			le Phone:		
	E-mail:				
2.	Course Details: Course being applied for: Date to start:  ** If you are an International student				
	Australia or Overseas	t are you c	urrently fiving in. (pieuse cucie)		
3.		ovider under the VET Student Loans scheme. This udent Loan in order to fund part of your studies			
	Are you interested in enquiring about your eligibility for a VET Student Loan? (please circle				
		Yes	No		
4. Recognition of Prior Learning Charles Institute of Technology offers Recognition of Prior Learning (RPL) for students.					
	Are you interested in enquiring about your offers? (please circle)	our eligibil	ity for undertaking RPL in the training that CIT		
		Yes	No		

5.	Education:					
	Name of College/University:					
	Qualification/ level obtained.					
	Year completed:					
	Name of High School:					
	High School level obtained:					
	Year completed:					
6.	Emergency Contact details:					
	Full Name:					
	Full Name:  Phone Number: Mobile Phone:  Relationship:					
	Relationship:					
7.	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:						
St	rudent's Signature: Date:					