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. Recognition of Prior Learning:

Charles Institute of Technology offers Recognition of Prior Learning (RPL) for students.

Are you interested in enquiring about your eligibility for undertaking RPL in the training that CIT offers? (please circle)

Yes No

4. Education:

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

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

5. Emergency Contact details:

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

6. 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: _____